

FM Municipio_4 Tiers 2021

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

FM Obamacare 2021_4Tiers

Page 1 of 162

Update Date: 3/2021



Lista de Medicamentos de Municipio

(Actualizado en marzo 2021)

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

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente

Segundo Nivel: Medicamentos de Marca Preferidos.

Tercer Nivel: Medicamentos de Marca No Preferidos.

Cuarto Nivel: Medicamentos Especializados, Biosimilares o Biotecnológicos

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

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]		
FM Obamacare 2021_4Tiers		Page 2 of 162
		Update Date: 3/2021

FM Municipio_4 Tiers 2021

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]

FM Obamacare 2021_4Tiers

Page 3 of 162

Update Date: 3/2021

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]	8
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	17
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].....	18
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS].....	22
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES].....	28
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA].....	31
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN].....	32
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	35
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	36
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	38
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN].....	38
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA].....	39
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	40
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	40
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	41

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]	47
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] ...	48
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	50
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	53
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	53
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	56
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	57
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	58
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]	62
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	64
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	75
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	78
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	79
DEVICES [DISPOSITIVOS]	83
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	83

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]	84
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	87
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	90
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	94
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]	94
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	103
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	105
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	105
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	105
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	106

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

IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....	106
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].....	109
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS].....	110
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS] .	110
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS].....	113
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS].....	117
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].....	118
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	126
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	126
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS].....	127

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]			
BAC 50-325-40 mg tab	1		QL(90 / 30)
BUPAP 50-300 mg tab	3		QL(90 / 30)
butalbital-acetaminophen 50-300 mg tab	1	BUPAP	QL(90 / 30)
butalbital-acetaminophen 50-325 mg tab	1	TENCON	QL(90 / 30)
butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab	1	ESGIC	QL(90 / 30)
butalbital-apap-cafeine 50-300-40 mg cap	1	FIORICET	QL(90 / 30)
butalbital-aspirin-cafeine 50-325-40 mg tab	1		QL(90 / 30)
butalbital-aspirin-cafeine 50-325-40 mg cap	1	FIORINAL	QL(90 / 30)
duraxin 300-200-20 mg cap	1		
QUTENZA 8 % ext kit	4		PA
QUTENZA (2 PATCH) 8 % ext kit	4		PA
TENCON 50-325 mg tab	3		QL(90 / 30)
VANATOL LQ 50-325-40 mg/15ml soln	3		QL(1350 / 30)
VANATOL S 50-325-40 mg/15ml soln	3		QL(1350 / 30)
ZEBUTAL 50-325-40 mg cap	3		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
adult aspirin regimen 81 mg tab dr	1		QL(30 / 30), AL
aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 600 mg rect supp, 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin 81 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin adult 325 mg tab	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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 strength 81 mg tab chew</i>	1		QL(30 / 30), AL
ASPIR-LOW 81 mg tab dr	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	3		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>childrens aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<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

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>diclofenac epolamine 1.3 % patch</i>	1	FLECTOR	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 1.5 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
DUEXIS 800-26.6 mg tab	3		
ECOTRIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN LOW STRENGTH 81 mg tab dr	1		QL(30 / 30), AL
ECIPRIN 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
<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>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
FENORTHO 200 mg cap	3		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 adult aspirin 325 mg tab</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
IBU 600 mg tab	1		
IBU 800 mg tab	3		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
INDOCIN 50 mg rect supp	3		
INDOCIN 25 mg/5ml susp	3		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
<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

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
MEDIQUE ASPIRIN 325 mg tab	1		QL(30 / 30), AL
<i>mefenamic acid 250 mg cap</i>	1	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>	1	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	3		
NAPRELAN 750 mg tab er 24 hr	3		
<i>napro 15 % crm</i>	1		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab</i>	1	ANAPROX	
<i>naproxen sodium 550 mg tab</i>	1	ANAPROX DS	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	1	NAPRELAN	
NORWICH ASPIRIN 325 mg tab	1		QL(30 / 30), AL
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<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

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ra aspirin adult low strength 81 mg tab chew</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 pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	1		
<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
SPRIX 15.75 mg/spray nasal soln	3		
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 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
ZIPSOR 25 mg cap	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]
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>	1	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		PA
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA
KADIAN 200 mg cap er 24 hr	3		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>	1	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>	1	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>	1	AVINZA	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	2		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>	1	OXYCONTIN	PA
OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr	2		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]
abuse-deterr, 60 mg tab er 12 hr abuse-deterr			
oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr	1	OPANA ER	
tramadol hcl er 150 mg cap er 24 hr	1		PA
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	ULTRAM ER	PA
tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	RYZOLT	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
ABSTRAL 400 mcg tab subl, 600 mcg tab subl, 800 mcg tab subl	3		
acetaminophen-codeine 300-15 mg tab, 300-60 mg tab	1	TYLENOL WITH CODEINE	
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	
acetaminophen-codeine #2 300-15 mg tab	1	TYLENOL WITH CODEINE	
acetaminophen-codeine #3 300-30 mg tab	1	TYLENOL WITH CODEINE	
acetaminophen-codeine #4 300-60 mg tab	1	TYLENOL WITH CODEINE	
ASCOMP-CODEINE 50-325-40-30 mg cap	3		
butalbital-apap-caff-cod 50-300-40-30 mg cap	1	FIORICET WITH CODEINE	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	FIORICET WITH CODEINE	
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	FIORINAL WITH CODEINE	
butorphanol tartrate 10 mg/ml nasal soln	1	STADOL	QL(2.5 / 30)
carisoprodol-aspirin-codeine 200-325-16 mg tab	1	SOMA COMPOUND WITH CODEINE	
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	1		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln, 75 mg/1.5ml inj soln, 75 mg/ml inj soln	3		
ENDOCET 2.5-325 mg tab	3		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	1	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	3		
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq</i>	1	DILAUDID	
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA
LAZANDA 100 mcg/act nasal soln, 300 mcg/act nasal soln, 400 mcg/act nasal soln	3		
LORCET 5-325 mg tab	3		
LORCET HD 10-325 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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LORCET PLUS 7.5-325 mg tab	3		
LORTAB 10-300 mg/15ml oral elix	3		
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	2		
OXAYDO 5 mg tab, 7.5 mg tab	3		
<i>oxycodone hcl 10 mg tab, 20 mg tab, 5 mg cap</i>	1		
<i>oxycodone hcl 15 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	1	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>	1	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>	1	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1		
PRIMLEV 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	3		
SUBSYS 100 mcg subl liq, 1200 (600 X 2) mcg subl liq, 1600 (800 X 2) mcg subl liq, 200 mcg subl liq, 400 mcg subl liq, 600 mcg subl liq, 800 mcg subl liq	3		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 17 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANACAINE 10 % oint	3		
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	3		
GEBAUERS SPRAY AND STRETCH ext aer	3		
GLYDO 2 % External Prefilled Syringe	3		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1		
<i>lidocaine hcl 3 % crm</i>	1		
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1		
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidopin 3 % crm</i>	1		
LIDO-PRILO CAINE PACK 2.5-2.5 % ext kit	3		
PRAMOX 1 % gel	3		
<i>premium lidocaine 5 % oint</i>	1		
SYNERA 70-70 mg patch	3		
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>	1	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	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>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	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>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
VIVITROL 380 mg im susp	4		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>	1	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	3		PA, QL(120 / 365)
CHANTIX 1 mg tab	3		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab	3		PA, QL(106 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	1		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>	1		PA, QL(28 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 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>	1		PA, QL(2772 / 365)
<i>eq nicotine polacrilex 4 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>eq nicotine polacrilex 2 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>	1		PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	1		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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gnp nicotine 14 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	3		PA, QL(84 / 365)
<i>gnp nicotine mini 2 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 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>	1		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>	1		PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>HABITROL 21 mg/24hr td patch 24hr</i>	3		PA, QL(84 / 365)
<i>hm nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>hm nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>hm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg</i>	3		PA, QL(2772 / 365)
<i>KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg</i>	3		PA, QL(2772 / 365)
<i>NICODERM CQ 7 mg/24hr td patch 24hr</i>	3		PA, QL(28 / 365)
<i>NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	3		PA, QL(84 / 365)
<i>NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	3		PA, QL(2772 / 365)
<i>NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg</i>	3		PA, QL(2772 / 365)
<i>NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum</i>	3		PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	1		QL(112 / 365)

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nicotine 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
NICOTROL 10 mg inhaler	3		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	3		PA, QL(160 / 365)
<i>px stop smoking aid 2 mg m/t gum, 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>	1		PA, QL(2772 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>ra nicotine gum 2 mg m/t gum, 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>	1		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>	1		PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>sm nicotine 2 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>sm nicotine polacrilex 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>sr nicotine 2 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 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>tgt nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1		PA, QL(2772 / 365)
<i>tgt nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1		PA, QL(2772 / 365)
<i>tgt nicotine step one 21 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
<i>tgt nicotine step three 7 mg/24hr td patch 24hr</i>	1		PA, QL(28 / 365)
<i>tgt nicotine step two 14 mg/24hr td patch 24hr</i>	1		PA, QL(84 / 365)
THRIVE 2 mg m/t gum	3		PA, QL(2772 / 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>	1	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	3		
<i>baciim 50000 unit im soln</i>	1	BACI-IM	
<i>bacitracin 50000 unit im soln</i>	1	BACI-IM	
BETADINE OPHTHALMIC PREP 5 % ophth soln	3		
CENTANY 2 % oint	3		
CENTANY AT 2 % ext kit	3		
CLEOCIN 100 mg vag supp	3		
CLINDACIN ETZ 1 % swab	3		
CLINDACIN-P 1 % swab	3		
CLINDAGEL 1 % gel	3		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	3	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	3		
FEM PH 0.9-0.025 % vag gel	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		PA
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	1	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>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
MONUROL 3 gm pckt	3		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
PRIMSOL 50 mg/5ml soln	3		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	3		
SULFAMYLON 85 mg/gm crm	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	4		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	1	CECLOR	

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]
cefaclor er 500 mg tab er 12 hr	1	CECLOR CD	
cefadroxil 500 mg cap	1	DURICEF	
cefadroxil 1 gm tab	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp	1	OMNICEF	
cefdinir 250 mg/5ml susp	1	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	1	SPECTRACEF	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	1	SUPRAX	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
cefuroxime axetil 250 mg tab	1	CEFTIN	
cefuroxime axetil 500 mg tab	1	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	1		
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 750 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
SUPRAX 100 mg tab chew, 200 mg tab chew	3		
SUPRAX 500 mg/5ml susp	3		
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	1	AMOXIL	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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</i>	1	AUGMENTIN	
<i>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</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	3		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	1	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin g sodium 5000000 unit inj soln</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	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>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	1	BIAXIN	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		
E.E.S. 400 400 mg tab	3		
<i>ery 2 % pad</i>	1		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		
<i>erythromycin base 500 mg tab</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
ZITHROMAX 1 gm pckt	3		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
CIPRO 250 MG/5ML (5%) susp	3		
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	

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>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	3		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg cap dr prt, 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
MONDOXYNE NL 100 mg cap, 75 mg cap	3		
MORGIDOX 1 x 100 mg cmb kit, 100 mg cap, 2 x 100 mg cmb kit	3		
NUTRIDOX 75 mg oral kit	3		
OKEBO 75 mg cap	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]
tetracycline hcl 250 mg cap, 500 mg cap	1		
VIBRAMYCIN 50 mg/5ml syr	3		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	3		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	KEPPRA	
levetiracetam 100 mg/ml soln	1	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	KEPPRA XR	
ROWEEPR 1000 mg tab, 500 mg tab, 750 mg tab	3		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	3		
ethosuximide 250 mg cap	1	ZARONTIN	
ethosuximide 250 mg/5ml soln	1	ZARONTIN	
zonisamide 100 mg cap, 50 mg cap	1	ZONEGRAN	
zonisamide 25 mg cap	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
clobazam 2.5 mg/ml susp	1	ONFI	
clobazam 10 mg tab, 20 mg tab	1	ONFI	
clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint	1	KLONOPIN	
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	3		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	3		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		
DIASTAT ACUDIAL 20 mg rect gel	3		
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 28 of 162
			Update Date: 3/2021

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	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>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 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, 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<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>	1		
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	4	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>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
<i>LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit</i>	3		
<i>lamotrigine 25 & 50 & 100 mg oral kit</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]
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew	1	LAMICTAL	
lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	1	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	3		
BANZEL 40 mg/ml susp	3		
carbamazepine 100 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
DILANTIN 100 mg cap, 30 mg cap	3		
DILANTIN 125 mg/5ml susp	3		
DILANTIN INFATABS 50 mg tab chew	3		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
fosphenytoin sodium 500 mg pe/10ml inj soln	1		
fosphenytoin sodium 100 mg pe/2ml inj soln	1	CEREBYX	

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>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
PEGANONE 250 mg tab	3		
PHENYTEK 200 mg cap, 300 mg cap	3		
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	1	DILANTIN	
TEGRETOL 200 mg tab	3		
TEGRETOL 100 mg/5ml susp	3		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	3		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	2		
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>	1	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 31 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
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>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	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>	1	NAMENDA XR	
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	3		
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	3		
<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>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	1	FORFIVO XL	
<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>	1	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	3		
<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>	1	REMERON	

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]
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	3		
MARPLAN 10 mg tab	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrirs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrssi/Irsns (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>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	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>	1	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>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	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>	1	SERZONE	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	1	SYMBYAX	
paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 30 mg tab	1	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	3		
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	
trazodone hcl 300 mg tab	1	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 225 mg tab er 24 hr	1		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	3		
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ELAVIL	
amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab	1	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	1	ASENDIN	
chlorthalidone-amitriptyline 10-25 mg tab	1	LIMBITROL	
chlorthalidone-amitriptyline 5-12.5 mg tab	1	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	

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>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	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>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<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	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	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]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>PHENADOZ 12.5 mg rect supp, 25 mg rect supp</i>	3		
<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</i>	1	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	1	PHENERGAN	
<i>PROMETHEGAN 50 mg rect supp</i>	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]
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 100 mg tab	4		QL(1 / 30)
ANZEMET 50 mg tab	4		QL(2 / 30)
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap	1	EMEND	
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	2		
granisetron hcl 1 mg tab	1	KYTRIL	QL(6 / 30)
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	QL(9 / 30)
ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln	1	ZOFRAN	
ondansetron hcl 24 mg tab	1	ZOFRAN	QL(1 / 30)
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	QL(9 / 30)
palonosetron hcl 0.25 mg/5ml iv soln	4	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	3		
ZUPLENZ 4 mg oral film, 8 mg oral film	3		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	3		
bio-statin 1000000 unit cap, 500000 unit cap	1		
CICLODAN 8 % ext soln	3		PA
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
ciclopirox treatment 8 % ext kit	1	PENLAC	
clotrimazole 10 mg m/t troche	1	MYCELEX	
clotrimazole 1 % ext soln	1	MYCELEX	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
CRESEMBA 186 mg cap	3		PA
DERMAZENE 1-1 % crm	3		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
ERTACZO 2 % crm	3		
EXELDERM 1 % crm	3		
EXELDERM 1 % ext soln	3		
EXODERM 25-1 % lot	3		
<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>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1		
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1		
<i>itraconazole 10 mg/ml soln</i>	1		PA
<i>itraconazole 100 mg cap</i>	1	SPORANOX	PA
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
LOPROX 0.77 % ext kit	3		
MENTAX 1 % crm	3		
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	1		
<i>naftifine hcl 1 % gel</i>	1		
<i>naftifine hcl 2 % crm</i>	1	NAFTIN	
NATACYN 5 % ophth susp	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]
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	3		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
ORAVIG 50 mg bucc tab	3		
oxiconazole nitrate 1 % crm	1	OXISTAT	
OXISTAT 1 % lot	3		
QUINJA 1.25-1 % gel	3		
terbinafine hcl 250 mg tab	1	LAMISIL	PA
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	
terconazole 80 mg vag supp	1	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	4	VFEND	PA
voriconazole 40 mg/ml susp	4	VFEND	PA
VUSION 0.25-15-81.35 % oint	3		
XOLEGEL 2 % gel	3		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	3		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	3		
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>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			

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>anucort-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % foam	3		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1		
<i>hydrocortisone acetate 25 mg rect supp, 30 mg rect supp</i>	1		
<i>mezparox-hc 1-2.5 % crm</i>	1		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
PROCTO-MED HC 2.5 % crm	3		
PROCTO-PAK 1 % crm	3		
PROCTOSOL HC 2.5 % crm	3		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<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)
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
MIGRANAL 4 mg/ml nasal soln	3		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>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 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]
sumatriptan 5 mg/act nasal soln	1	IMITREX	QL(12 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj	1	IMITREX	QL(2 / 30)
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	1	IMITREX	QL(9 / 30)
sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	1	IMITREX STATDOSE	QL(2 / 30)
sumatriptan-naproxen sodium 85- 500 mg tab	1	TREXIMET	QL(9 / 30)
SUMAVEL DOSEPRO 6 mg/0.5ml sc soln jet-inj	3		QL(3 / 30)
TOSYMRA 10 mg/act nasal soln	2		
zolmitriptan 5 mg tab, 5 mg tab disint	1	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	2		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	1		
pyridostigmine bromide 60 mg/5ml soln	1	MESTINON	
pyridostigmine bromide 60 mg tab	1	MESTINON	
pyridostigmine bromide er 180 mg tab er	1	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	1		
rifabutin 150 mg cap	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
CAPASTAT SULFATE 1 gm inj soln	4		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>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	1		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
TRECTOR 250 mg tab	3		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>busulfan 6 mg/ml iv soln</i>	4	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	1		PA
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	4		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA
LEUKERAN 2 mg tab	4		PA
MATULANE 50 mg cap	4		PA
<i>melphalan 2 mg tab</i>	4	ALKERAN	PA
<i>melphalan hcl 50 mg iv soln</i>	4	ALKERAN	PA
MYLERAN 2 mg tab	4		PA
TEMODAR 100 mg iv soln	4		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	4	THIOPLEX	PA
ZANOSAR 1 gm iv soln	4		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	4		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	4	CASODEX	
ERLEADA 60 mg tab	4		PA
<i>flutamide 125 mg cap</i>	4	EULEXIN	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>nilutamide 150 mg tab</i>	4	NILANDRON	PA
NUBEQA 300 mg tab	4		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	4		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	4		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	4		PA
SOLTAMOX 10 mg/5ml soln	4		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	4	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	PA
CARAC 0.5 % crm	4		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
FLUOROPLEX 1 % crm	3		
<i>fluorouracil 0.5 % crm</i>	4	CARAC	PA
<i>fluorouracil 5 % crm</i>	4	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	4	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	4	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	4	PURINETHOL	PA
NIPENT 10 mg iv soln	4		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	4		PA
ADRIAMYCIN 2 mg/ml iv soln	4		PA
ADRUCIL 2.5 gm/50ml iv soln	4		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	4		PA
ARRANON 5 mg/ml iv soln	4		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	4	TRISENOX	PA
BENDEKA 100 mg/4ml iv soln	4		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	4	BLENOXANE	PA
<i>bortezomib 3.5 mg iv soln</i>	4		PA
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 42 of 162
			Update Date: 3/2021

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carmustine 100 mg iv soln</i>	4		PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	4		PA
<i>cladribine 10 mg/10ml iv soln</i>	4	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	4	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	4		PA
<i>cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln</i>	4		PA
<i>dacarbazine 100 mg iv soln, 200 mg iv soln</i>	4		PA
<i>dactinomycin 0.5 mg iv soln</i>	4	COSMEGEN	PA
<i>daunorubicin hcl 20 mg/4ml iv soln</i>	4		PA
<i>decitabine 50 mg iv soln</i>	4	DACOGEN	PA
<i>dexrazoxane hcl 500 mg iv soln</i>	4		PA
<i>dexrazoxane hcl 250 mg iv soln</i>	4	ZINECARD	PA
<i>docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc</i>	4	TAXOTERE	PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	1	ADRIAMYCIN	PA
<i>doxorubicin hcl liposomal 2 mg/ml iv inj</i>	4	DOXIL	PA
<i>epirubicin hcl 50 mg/25ml iv soln</i>	4		PA
<i>epirubicin hcl 200 mg/100ml iv soln</i>	4	ELLENCE	PA
<i>floxuridine 0.5 gm inj soln</i>	4		PA
<i>fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln</i>	4		PA
<i>fulvestrant 250 mg/5ml im soln</i>	4	FASLODEX	PA
<i>gemcitabine hcl 2 gm iv soln, 200 mg iv soln</i>	4		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	4		PA
<i>gemcitabine hcl 1 gm iv soln</i>	4	GEMZAR	PA
<i>HALAVEN 1 mg/2ml iv soln</i>	4		PA
<i>idarubicin hcl 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	4		PA
<i>idarubicin hcl 10 mg/10ml iv soln</i>	4	IDAMYCIN	PA
<i>IFEX 3 gm iv soln</i>	4		PA
<i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>	4	IFEX	PA

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	4	IFEX	PA
<i>irinotecan hcl 500 mg/25ml iv soln</i>	4		PA
<i>irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	4	CAMPTOSAR	PA
ISTODAX (OVERFILL) 10 mg iv soln	4		PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	4		PA
JEVTANA 60 mg/1.5ml iv soln	4		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	4		PA
KANJINTI 150 mg iv soln, 420 mg iv soln	4		PA
KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln	4		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	4	MUTAMYCIN	PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	4	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	4	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	4	TAXOL	PA
PERJETA 420 mg/14ml iv soln	4		PA
PHOTOFRIN 75 mg iv soln	4		PA
PROLEUKIN 22000000 unit iv soln	4		PA
TABLOID 40 mg tab	4		PA
<i>teniposide 10 mg/ml iv soln</i>	4		PA
TICE BCG 50 mg i-vesic susp	3		PA
TOTECT 500 mg iv soln	4		PA
TREANDA 100 mg iv soln, 25 mg iv soln	4		PA
VELCADE 3.5 mg inj soln	4		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	4		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	4	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	4	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	4		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]
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	4	PARAPLATIN	PA
<i>ERWINAZE 10000 unit inj soln</i>	4		PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	4		PA
<i>fludarabine phosphate 50 mg iv soln</i>	4	FLUDARA	PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	4		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	4		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc, 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	4		PA
<i>ONCASPAS 750 unit/ml inj soln</i>	4		PA
<i>VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	4		PA
<i>ZOLINZA 100 mg cap</i>	4		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	4	ARIMIDEX	
<i>exemestane 25 mg tab</i>	4	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	4	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
<i>ETOPOPHOS 100 mg iv soln</i>	4		PA
<i>etoposide 50 mg cap</i>	4		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	4	VEPESID	PA
<i>HYCAMTIN 0.25 mg cap, 1 mg cap</i>	4		PA
<i>TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	4		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	4		PA
<i>topotecan hcl 4 mg iv soln</i>	4	HYCAMTIN	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]
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
AFINITOR 10 mg tab	4		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	4		PA
CAPRELSA 100 mg tab, 300 mg tab	4		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
ERIVEDGE 150 mg cap	4		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	4		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	4		PA
IRESSA 250 mg tab	4		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	4		PA
KEYTRUDA 100 mg/4ml iv soln	4		PA
NEXAVAR 200 mg tab	4		PA
ROZLYTREK 100 mg cap, 200 mg cap	4		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	4		PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	4		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	4		PA
TYKERB 250 mg tab	4		PA
VOTRIENT 200 mg tab	4		PA
XALKORI 200 mg cap, 250 mg cap	4		PA
ZELBORAF 240 mg tab	4		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]
ZYDELIG 100 mg tab, 150 mg tab	4		PA
ZYKADIA 150 mg tab	4		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	4		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	4		PA
GAZYVA 1000 mg/40ml iv soln	4		PA
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
TRAZIMERA 420 mg iv soln	4		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	4		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	PA
PANRETIN 0.1 % gel	4		PA
TARGRETIN 1 % gel	4		PA
<i>tretinoin 10 mg cap</i>	4	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	4	MESNEX	PA
MESNEX 400 mg tab	4		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>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	3		
ALINIA 100 mg/5ml susp	3		QL(60 / 3)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		ST
COARTEM 20-120 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]
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	ST
<i>mefloquine hcl 250 mg tab</i>	1		
<i>primaquine phosphate 26.3 mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	1	DARAPRIM	
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
<i>CROTAN 10 % lot</i>	3		PA
<i>lindane 1 % shampoo</i>	1		PA
<i>malathion 0.5 % lot</i>	1	OVIDE	PA
<i>NATROBA 0.9 % ext susp</i>	3		PA
<i>permethrin 5 % crm</i>	1	ELIMITE	PA
<i>SKLICE 0.5 % lot</i>	3		PA
<i>spinosad 0.9 % ext susp</i>	1		PA
<i>sulfurated lime ext soln</i>	1		PA
<i>ULESFIA 5 % lot</i>	3		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	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	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>	1	SYMMETREL	
<i>amantadine hcl 50 mg/5ml syr</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<i>tolcapone 100 mg tab</i>	4	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>	1	PARLODEL	

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]
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	4		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	4		PA
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	2		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
<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>	1	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
APOKYN 30 mg/3ml sc soln cart	4		PA
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-</i>	1	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			
STALEVO 125 31.25-125-200 mg tab	3		
STALEVO 150 37.5-150-200 mg tab	3		
STALEVO 200 50-200-200 mg tab	3		
STALEVO 50 12.5-50-200 mg tab	3		
STALEVO 75 18.75-75-200 mg tab	3		
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	1	AZILECT	
selegiline hcl 5 mg tab	1		
selegiline hcl 5 mg cap	1	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	3		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - 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	1		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	THORAZINE	
COMPRO 25 mg rect supp	1		
fluphenazine decanoate 25 mg/ml inj soln	1	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	1	PROLIXIN	
haloperidol 0.5 mg tab, 20 mg tab	1	HALDOL	
haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	1	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	1	HALDOL	
haloperidol lactate 5 mg/ml inj soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc	1	HALDOL	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 50 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 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>	1	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
<i>FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	3		
<i>FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab</i>	3		
<i>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</i>	4		PA
<i>LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	3		
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	

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>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL 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	4		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	2		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	3		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			

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>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
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]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
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]			
<i>valganciclovir hcl 450 mg tab</i>	1	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
ZIRGAN 0.15 % ophth gel	3		
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	4		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	4		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	4		PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	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	4		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	4	EPCLUSA	PA
ZEPATIER 50-100 mg tab	4		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]
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
<i>ribavirin 200 mg tab</i>	4	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	4	REBETOL	PA
Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % crm, 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
DENAVIR 1 % crm	3		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	4	FAMVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
XERESE 5-1 % crm	3		
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	4		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	4		PA
ISENTRESS HD 600 mg tab	4		PA
STRIBILD 150-150-200-300 mg tab	4		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	4		PA
COMPLERA 200-25-300 mg tab	4		PA
EDURANT 25 mg tab	4		PA
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	4	SUSTIVA	PA
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	4		PA
<i>nevirapine 50 mg/5ml susp</i>	4	VIRAMUNE	PA
<i>nevirapine 200 mg tab</i>	4	VIRAMUNE	PA
<i>nevirapine er 100 mg tab er 24 hr</i>	4	VIRAMUNE XR	PA
<i>nevirapine er 400 mg tab er 24 hr</i>	4	VIRAMUNE XR	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>	4	ZIAGEN	PA
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 54 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>abacavir sulfate 20 mg/ml soln</i>	4	ZIAGEN	PA
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	4	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	4	TRIZIVIR	PA
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	4	VIDEX	PA
DOVATO 50-300 mg tab	4		PA
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	4	TRUVADA	PA
EMTRIVA 200 mg cap	4		PA
EMTRIVA 10 mg/ml soln	4		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	4	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	4	EPIVIR	PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	4	COMBIVIR	PA
RETROVIR 10 mg/ml iv soln	4		PA
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	4	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	4	VIREAD	PA
VIDEX 2 gm soln	4		PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	4		PA
VIREAD 40 mg/gm oral pwdr	4		PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	4	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	4	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	4		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	4		PA
SELZENTRY 20 mg/ml soln	4		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	4		PA
APTIVUS 100 mg/ml soln	4		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	4	REYATAZ	PA
CRIXIVAN 200 mg cap, 400 mg cap	4		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>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	PA
INVIRASE 500 mg tab	4		PA
KALETRA 100-25 mg tab, 200-50 mg tab	4		PA
LEXIVA 50 mg/ml susp	4		PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	4	KALETRA	PA
NORVIR 100 mg pckt	4		PA
NORVIR 80 mg/ml soln	4		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	4		PA
PREZISTA 100 mg/ml susp	4		PA
<i>ritonavir 100 mg tab</i>	4	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	4		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/blister inh aer pwdr br act	3		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack	2		
XOFLUZA (80 MG DOSE) 2 x 40 mg tab pack	2		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			

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 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	3		
DORAL 15 mg tab	3		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>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	
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1		
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
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]			
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 57 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
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>	1	PRECOSE	
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	3		ST
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	3		ST
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	3	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	3	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	3	OSENI	ST
BYDUREON 2 mg sc pen-inj	2		
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		
CYCLOSET 0.8 mg tab	3		
FARXIGA 10 mg tab, 5 mg tab	2		
<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 XL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr</i>	1	GLUCOTROL XL	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	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	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	3		ST
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		ST
INVOKANA 100 mg tab, 300 mg tab	3		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		
JARDIANCE 10 mg tab, 25 mg tab	2		
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	3		ST
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		ST
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<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 XR	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	3		ST
ONGLYZA 2.5 mg tab, 5 mg tab	3		ST
OSENI 12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	3		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		
QTERN 10-5 mg tab, 5-5 mg tab	3		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	3		ST
STEGLATRO 15 mg tab, 5 mg tab	3		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	3		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		
TANZEUM 30 mg sc pen-inj	3		ST
<i>tolbutamide 500 mg tab</i>	1	ORINASE	
TRADJENTA 5 mg tab	2		
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	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]
VICTOZA 18 mg/3ml sc soln pen-inj	2		
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	2		
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj kit</i>	3		
KORLYM 300 mg tab	3		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30), ST
HUMALOG 100 unit/ml sc soln	2		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		QL(15 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 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]
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(6 / 30)
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
LEVEMIR 100 unit/ml sc soln	2		QL(20 / 30)
LEVEMIR FLEXTOUCH 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	2		QL(15 / 30)
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		QL(15 / 30)
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]			
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150 mg/ml sc soln, 30 mg/0.3ml sc soln, 300 mg/3ml inj soln, 40 mg/0.4ml sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>	4	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	4	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000 unit/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln,	4		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]
7500 unit/0.3ml sc soln, 95000 unit/3.8ml sc soln			
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	2		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	3		
<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	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	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	4		PA
<i>azacitidine 100 mg inj susp</i>	4	VIDAZA	PA
MOZOBIL 24 mg/1.2ml sc soln	4		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	4		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	3		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml	4		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]
inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln			
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	4		PA
ZIEXTENZO 6 mg/0.6ml sc soln pfs	4		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	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>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</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>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	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>	1	ATACAND	
<i>eprosartan mesylate 600 mg tab</i>	1	TEVETEN	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<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>	1	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	1	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>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	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	
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<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	

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]
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	PACERONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	2		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	3		
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	3		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	

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>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	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 LA 120 mg tab er 24 hr	3		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	1	CARDIZEM	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er 180 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	1		
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er coated beads 180 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 360 mg cap er 24 hr</i>	1	TIAZAC	
<i>dilt-xr 120 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>dilt-xr 180 mg cap er 24 hr</i>	1	TIAZAC	
<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>	1	DYNACIRC	
<i>MATZIM LA 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	3		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	1	ADALAT CC	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>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</i>	2		
<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>	1	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>	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>ALDACTAZIDE 50-50 mg tab</i>	3		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	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>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	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</i>	1	CADUET	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>			
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	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>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
<i>BIDIL 20-37.5 mg tab</i>	3		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	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>	1	CAPOZIDE	
<i>DEMSEER 250 mg cap</i>	3		
<i>DIGITEK 250 mcg tab</i>	2		
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>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</i>	3		
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isoxsuprine hcl 10 mg tab</i>	1		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<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>	1	LOPRESSOR HCT	
<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>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<i>TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab</i>	2		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	

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>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	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	1	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>	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSpra	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
<i>DIURIL 250 mg/5ml susp</i>	3		
<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>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>ANTARA 30 mg cap, 90 mg cap</i>	3		
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	

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 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	3		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
TRIGLIDE 160 mg tab	3		
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	3		
<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>	1	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	1	QUESTRAN LIGHT	

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>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PREVALITE 4 gm/dose oral pwdr	3		
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	3		
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</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>	1	IMDUR	
MINITRAN 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	3		
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	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>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	1	NITROSTAT	
NITROMIST 400 mcg/spray tl aer soln	3		
NITRO-TIME 9 mg cap er	3		
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]			
<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>	1	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>	1	ADDERALL	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1	PROCENTRA	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXEDRINE	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		

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]
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>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</i>	1	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>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</i>	1		
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
<i>methylphenidate hcl er 10 mg tab er</i>	1	METADATE	
<i>methylphenidate hcl er 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE	

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 (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	1		
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr</i>	1	RITALIN LA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		
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	3		
HORIZANT 300 mg tab er, 600 mg tab er	3		
NUDEXTA 20-10 mg cap	3		
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	4	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	2		PA, QL(30 / 30)
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	LYRICA	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>	1	LYRICA	PA, QL(90 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
CAMPATH 30 mg/ml iv soln	4		PA
dalfampridine er 10 mg tab er 12 hr	4	AMPYRA	PA
dimethyl fumarate 240 mg cap dr, 120 & 240 mg oral misc, 120 mg cap dr	4	TECFIDERA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
glatiramer acetate 20 mg/ml sc soln pfs	4	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
MAYZENT 0.25 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
VUMERITY 231 mg cap dr	4		PA
VUMERITY (STARTER) 231 mg cap dr	4		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	4		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]			
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	3		
BOCASAL m/t pckt	3		
CAPHOSOL m/t soln	3		
cevimeline hcl 30 mg cap	1	EVOXAC	

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]
FIRST-MOUTHWASH BLM m/t susp	3		
KEPIVANCE 6.25 mg iv soln	4		PA
<i>lidocaine hcl 4 % m/t soln</i>	1		
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
NEUTRASAL m/t pckt	3		
NUMOISYN m/t liq	3		
ORALONE 0.1 % m/t paste	3		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
SALIVAMAX m/t pckt	3		
TOPEX TOPICAL ANESTHETIC 20 % Mouth/Throat Aerosol	3		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	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	3		ST
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	4	SORIATANE	PA
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	3		
AVAR CLEANSER 10-5 % ext emul	3		
AVAR-E EMOLLIENT 10-5 % crm	3		
AVAR-E GREEN 10-5 % crm	3		
AVITA 0.025 % crm, 0.025 % gel	3		PA
AZELEX 20 % crm	3		
BENZACLIN 1-5 % gel	3		ST
BENZACLIN WITH PUMP 1-5 % gel	3		ST
BENZAMYCIN 5-3 % gel	3		ST
<i>benzoyl peroxide 5.3 % foam, 8 % gel</i>	1		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BIONECT 0.2 % gel	3		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bp wash 7 % ext liq</i>	1		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	1	TACLONEX	
CALCITRENE 0.005 % oint	3		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CLINDACIN ETZ 1 % ext kit	3		
CLINDACIN PAC 1 % ext kit	3		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	3		
CORTANE-B 10-10-1 mg/ml lot	3		
COSENTYX 150 mg/ml sc soln pfs	4		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	4		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	4		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	4		PA
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DRITHO-CREME HP 1 % crm	3		
EPIDUO 0.1-2.5 % gel	2		
EPIDUO FORTE 0.3-2.5 % gel	2		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1		
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	1		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	1	ZYCLARA	PA
IODOSORB 0.9 % gel	3		
LEVULAN KERASTICK 20 % ext soln	3		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1		
<i>lidocaine-hydrocortisone ace 2-2 % rect kit, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1		
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1		
<i>methoxsalen rapid 10 mg cap</i>	4	OXSORALEN-ULTRA	PA
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
NEUAC 1.2-5 % gel	3		
NORITATE 1 % crm	3		
ONEXTON 1.2-3.75 % gel	2		
OVACE PLUS 10 % crm	3		
PICATO 0.015 % gel, 0.05 % gel	3		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	3		
PROMISEB crm	3		
PRUDOXIN 5 % crm	3		
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	3		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	3		PA
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	3		
ROSADAN 0.75 % crm, 0.75 % gel	3		
SANTYL 250 unit/gm oint	3		
SCALACORT DK 2 & 2-2 % ext kit	3		
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
sodium sulfacetamide 10 % shampoo	1		
SORILUX 0.005 % foam	3		
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	4		PA
sulfacetamide sodium 10 % (cleans) gel, 10 % ext liq	1		
sulfacetamide sodium-sulfur 10-4 % pad	1		
sulfacetamide sodium-sulfur 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot, 9-4.5 % ext liq	1		
sulfacetamide sodium-sulfur 8-4 % ext susp, 9-4 % ext liq	1		
sulfacetamide sod-sulfur wash 9-4.5 % ext kit	1		
sulfacetamide-sulfur in urea 10-5 % ext emul	1		
SYNALAR TS 0.01 % ext kit	3		
TACLONEX 0.005-0.064 % ext susp	3		
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	PA
tazarotene 0.1 % crm	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	2		PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	1	RETIN-A	PA
tretinoin microsphere 0.04 % gel, 0.1 % gel	1	RETIN-A	PA
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	1	RETIN-A	PA
VECTICAL 3 mcg/gm oint	3		
VELTIN 1.2-0.025 % gel	3		ST
VEREGEN 15 % oint	3		
virt-sulf 10-5 % crm	1		
zaclir cleansing 8 % lot	1		
ZIANA 1.2-0.025 % gel	3		ST
ZITHRANOL 1 % shampoo	3		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZONALON 5 % crm	3		
ZYCLARA 3.75 % crm	3		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	3		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			
EUFLEXXA 20 mg/2ml i-artic soln pfs	4		PA
GENVISC 850 25 mg/2.5ml i-artic soln pfs	4		PA
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	4		PA
ORTHOVISC 30 mg/2ml i-artic soln pfs	4		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	4		PA
SYNVISC 16 mg/2ml i-artic soln pfs	4		PA
SYNVISC ONE 48 mg/6ml i-artic soln pfs	4		PA
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000 unit cap dr prt, 6000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	3		
<i>miglustat 100 mg cap</i>	4	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	3		ST
PERTZYE 16000 unit cap dr prt, 24000-86250 unit cap dr prt, 4000 unit cap dr prt, 8000 unit cap dr prt	3		ST
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
VIOKACE 10440 unit tab, 20880 unit tab	3		ST

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]
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	2		
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	3		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1		
<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>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1		
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab disint, 0.125 mg tab subl</i>	1		
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1		
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1		
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	3		
<i>oscimin 0.125 mg tab</i>	1		
<i>oscimin 0.125 mg tab subl</i>	1		
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1		
<i>propantheline bromide 15 mg tab</i>	1	PRO-BANTHINE	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 84 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SR 0.375 mg tab er 12 hr	3		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>amoxicill-clarithro-lansopraz oral misc</i>	1	PREVPAC	QL(336 / 365)
CHENODAL 250 mg tab	3		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
ENTEREG 12 mg cap	3		
<i>metoclopramide hcl 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	3		ST
MOTOFEN 1-0.025 mg tab	3		
MOVANTIK 12.5 mg tab, 25 mg tab	2		ST
<i>paregoric 2 mg/5ml oral tinct</i>	1		
PYLERA 140-125-125 mg cap	3		QL(360 / 365)
RELISTOR 150 mg tab	3		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	3		ST
SYMPROIC 0.2 mg tab	2		ST
TRULANCE 3 mg tab	3		ST
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	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>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>nizatidine 15 mg/ml soln</i>	1	AXID	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 85 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1	ZANTAC	
<i>ranitidine hcl 50 mg/2ml inj soln</i>	1	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>	1	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	3		ST
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	3		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<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	2		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST

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>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	3		
FIRST-OMEPRAZOLE 2 mg/ml susp	3		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
NEXIUM 2.5 mg pckt, 5 mg pckt	3		ST
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	3		
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	1	ZEGERID	QL(90 / 365)
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		ST
PROTONIX 40 mg pckt	3		ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	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]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	3		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml syr</i>	1	DITROPAN	

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>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	3		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>trospium chloride 20 mg tab</i>	1	SANCTURA	
<i>trospium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
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	3		
<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>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<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	
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>	1	URECHOLINE	
ELMIRON 100 mg cap	3		
ENCARE 100 mg vag supp	3		
HYOPHEN 81.6 mg tab	3		
LITHOSTAT 250 mg tab	3		
OPTIONS CONCEPTROL 4 % vag gel	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]
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	3		
PHENAZO 200 mg tab	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
PHOSPHASAL 81.6 mg tab	3		
RIMSO-50 50 % i-vesic soln	3		
SHUR-SEAL CONTRACEPTIVE 2 % vag gel	3		
THIOLA 100 mg tab	3		
TODAY SPONGE 1000 mg vag misc	3		
<i>trientine hcl 250 mg cap</i>	4	SYPRINE	PA
URELLE 81 mg tab	3		
URIMAR-T 120 mg tab	3		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		
URYL 81.6 mg tab	3		
USTELL 120 mg cap	3		
<i>uticap 120 mg cap</i>	1		
UTIRA-C 81.6 mg tab	3		
UTRONA-C 81.6 mg tab	3		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	3		
VCF VAGINAL CONTRACEPTIVE 12.5 % vag foam, 4 % vag gel	3		
VILAMIT MB 118 mg cap	3		
VILEVEV MB 81 mg tab	3		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	1		
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	3		
<i>sevelamer carbonate 800 mg tab</i>	1	REVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 89 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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]			
ALA SCALP 2 % lot	3		
ala-cort 1 % crm	1	ALA-CORT	
ala-cort 2.5 % crm	1	HYTONE	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	1	ACLOVATE	
amcinonide 0.1 % crm, 0.1 % oint	1	CYCLOCORT	
amcinonide 0.1 % lot	1	CYCLOCORT	
APEXICON E 0.05 % crm	3		
betamethasone dipropionate 0.05 % crm, 0.05 % oint	1	DIPROSONE	
betamethasone dipropionate 0.05 % lot	1	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % gel, 0.05 % oint	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	1	DIPROLENE	
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	1		
betamethasone valerate 0.1 % crm, 0.1 % oint	1	BETA-VAL	
betamethasone valerate 0.1 % lot	1	BETA-VAL	
betamethasone valerate 0.12 % foam	1	LUXIQ	
CAPEX 0.01 % shampoo	3		
clobetasol prop emollient base 0.05 % crm	1	TEMOVATE-E	
clobetasol propionate 0.05 % oint	1	CLOBEX	
clobetasol propionate 0.05 % ext soln	1	CLOBEX	
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	1	CLODAN	
clobetasol propionate 0.05 % foam	1	OLUX	
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 90 of 162
			Update Date: 3/2021

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clobetasol propionate 0.05 % gel</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1		
<i>clocortolone pivalate 0.1 % crm</i>	1		
CLODAN 0.05 % shampoo	3		
CLODERM 0.1 % crm	3		
CORDRAN 4 mcg/sqcm tape	3		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
DESONATE 0.05 % gel	3		
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 1.5 mg (51) tab pack</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
DEXPAK 10 DAY 1.5 mg (35) 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]

FM Municipio 4 Tiers 2021

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	3		
DEXPAK 6 DAY 1.5 mg (21) tab pack	3		
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % oint	3		
HALOG 0.1 % ext soln	3		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	

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

FM Municipio 4 Tiers 2021

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>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	3		
MILLIPRED DP 5 mg (21) tab pack, 5 mg (48) tab pack	3		
MILLIPRED DP 12-DAY 5 mg (48) tab pack	3		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
NOLIX 0.05 % lot	3		
PANDEL 0.1 % crm	3		
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20</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>mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>			
<i>prednisone 10 mg (48) tab pack</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
<i>psorcon 0.05 % crm</i>	1	PSORCON	
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	3		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln	3		
TEXACORT 2.5 % ext soln	3		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
TRIANEX 0.05 % oint	3		
TRIDERM 0.1 % crm	3		
VERDESO 0.05 % foam	3		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDVAP	PA
STIMATE 1.5 mg/ml nasal soln	3		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES			
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 94 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
testosterone 40.5 MG/2.5GM (1.62%) td gel	1		PA
testosterone 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	1	ANDROGEL	PA
testosterone 30 mg/act td soln	1	AXIRON	PA
testosterone 12.5 MG/ACT (1%) td gel	1	VOGELXO	PA
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	1	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	2		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	2		PA
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	3		
alyacen 1/35 1-35 mg-mcg tab	1		QL(28 / 28)
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	1		QL(28 / 28)
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	3		
AMETHIA 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
AMETHIA LO 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
AMETHYST 90-20 mcg tab	3		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ARANELLE 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
AUBRA 0.1-20 mg-mcg tab	3		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	3		QL(28 / 28)
BEKYREE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
CAZANT 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
CHATEAL 0.15-30 mg-mcg tab	3		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	3		
COMBIPATCH 0.05-0.14 mg/day tdkw patch, 0.05-0.25 mg/day tdkw patch	3		
COVARYX 1.25-2.5 mg tab	3		
COVARYX HS 0.625-1.25 mg tab	3		
CYCLAFEM 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
CYCLAFEM 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
CYRED 0.15-30 mg-mcg tab	3		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	3		
DELYLA 0.1-20 mg-mcg tab	3		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	3		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1		QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	BEKYREE 28 DAY	QL(28 / 28)

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	3		
DIVIGEL 1 mg/gm td gel	3		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	OCELLA 28 DAY	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
ELINEST 0.3-30 mg-mcg tab	3		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1		
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1		
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
ESTROSTEP FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	1	ZOVIA 1/35E	QL(28 / 28)
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	1	ZOVIA 1/50E	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	1	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	3		
FALMINA 0.1-20 mg-mcg tab	3		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	3		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
FEMYNOR 0.25-35 mg-mcg tab	3		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	3		
GIANVI 3-0.02 mg tab	3		QL(28 / 28)
INTROVALE 0.15-0.03 mg tab	3		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	3		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	3		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	3		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	3		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	3		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	3		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	3		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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
levonorgest-eth est & eth est 42-21-21-7 days tab	1	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	1	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	1	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	1	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	3		QL(28 / 28)
LILLOW 0.15-30 mg-mcg tab	3		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	3		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	3		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	3		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	3		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	3		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	3		QL(28 / 28)
marlissa 0.15-30 mg-mcg tab	1		QL(28 / 28)
MELODETTA 24 FE 1-20 mg-mcg(24) tab chew	3		QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	3		
MENOSTAR 14 mcg/24hr tdwk patch	3		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	3		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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	3		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	3		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	3		QL(28 / 28)
NIKKI 3-0.02 mg tab	3		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg tab	1		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab	1	BLISOVI 24 FE 1/20 28 DAY	QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew	1	MINASTRIN 24 FE	QL(28 / 28)
norethindrone acet-ethinyl est 1-20 mg-mcg tab	1	LOESTRIN 1/20	QL(28 / 28)
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	1	FEMHRT 0.5/2.5 28 DAY	
norethindrone-eth estradiol 1-5 mg-mcg tab	1	FYAVOLV	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	1	FEMCOM FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	1	GENERESS FE 28	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1		QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN LO	QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NUVARING 0.12-0.015 mg/24hr vag ring	3		QL(1 / 28)
OGESTREL 0.5-50 mg-mcg tab	3		QL(28 / 28)
ORTHO-NOVUM 1/35 (28) 1-35 mg-mcg tab	3		QL(28 / 28)
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
PHILITH 0.4-35 mg-mcg tab	3		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	3		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	3		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	3		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	3		
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	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
QUARTETTE 42-21-21-7 days tab	3		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	3		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	3		QL(91 / 91)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	3		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	3		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	3		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	3		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	3		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	3		QL(28 / 28)

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]
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	3		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	3		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	3		QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	BEKYREE 28 DAY	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	3		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	3		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	3		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	3		QL(3 / 28)
YUVAFEM 10 mcg vag tab	2		
ZARAH 3-0.03 mg tab	3		QL(28 / 28)
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	3		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	3		
CAMILA 0.35 mg tab	3		QL(28 / 28)
CRINONE 4 % vag gel	3		PA
DEBLITANE 0.35 mg tab	3		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	3		QL(1 / 90)
DEPO-PROVERA 400 mg/ml im susp	4		PA
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	3		
ECONTRA ONE-STEP 1.5 mg tab	3		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	3		PA
JENCYCLA 0.35 mg tab	3		QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1		
LYZA 0.35 mg tab	3		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]
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	4	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	4	MEGACE	PA
MIRENA (52 MG) 20 mcg/24hr iud	4		PA
MY CHOICE 1.5 mg tab	3		
MY WAY 1.5 mg tab	3		
NEW DAY 1.5 mg tab	3		
NEXPLANON 68 mg sc implant	3		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
NORLYROC 0.35 mg tab	3		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	3		
OPTION 2 1.5 mg tab	3		
PLAN B ONE-STEP 1.5 mg tab	3		
PREVENTEZA 1.5 mg tab	3		
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
REACT 1.5 mg tab	3		
SHAROBEL 0.35 mg tab	3		QL(28 / 28)
TAKE ACTION 1.5 mg tab	3		
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>	1	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]			

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	3		
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>levothyroxine sodium 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>	1	SYNTHROID	
LEVEXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NATURE-THROID 113.75 mg tab, 130 mg tab, 146.25 mg tab, 16.25 mg tab, 162.5 mg tab, 195 mg tab, 260 mg tab, 32.5 mg tab, 325 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
<i>np thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	3		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 15 mg tab, 30 mg tab, 60 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]
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	3		
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	3		
WESTHROID 130 mg tab, 195 mg tab, 32.5 mg tab, 65 mg tab, 97.5 mg tab	3		
WP THYROID 113.75 mg tab, 130 mg tab, 16.25 mg tab, 32.5 mg tab, 48.75 mg tab, 65 mg tab, 81.25 mg tab, 97.5 mg tab	3		
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	4		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroides) - Supresores De Hormonas]			
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	1	SENSIPAR	
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]			
cabergoline 0.5 mg tab	1	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	4		PA

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FIRMAGON 80 mg sc soln	4		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	4		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
ORILISSA 150 mg tab, 200 mg tab	4		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	4		PA
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>	1		
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	3		PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	4		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	4		PA

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cyclosporine 100 mg cap, 25 mg cap</i>	4	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	4	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	4	NEORAL	PA
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	4	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	4		PA
GENGRAF 100 mg/ml soln	4		PA
HUMIRA 10 mg/0.1ml 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	4		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA
<i>methotrexate 2.5 mg tab</i>	1		
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj 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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		
mycophenolate mofetil 250 mg cap, 500 mg tab	4	CELLCEPT	PA
mycophenolate mofetil 200 mg/ml susp	4	CELLCEPT	PA
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	4	MYFORTIC	PA
ORENCIA 250 mg iv soln	4		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
RENFLEXIS 100 mg iv soln	4		PA
RINVOQ 15 mg tab er 24 hr	4		PA
SANDIMMUNE 100 mg/ml soln	3		PA
sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab	4	RAPAMUNE	PA
tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	4	PROGRAF	PA
temsirolimus 25 mg/ml iv soln	4	TORISEL	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	4		
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		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	4		QL(2 / 365)
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	4		QL(2 / 365)
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	4		QL(2 / 365)
RHOPHYLAC 1500 unit/2ml inj soln pfs	4		QL(2 / 365)

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]
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	4		QL(2 / 365)
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	4		PA
ARCALYST 220 mg sc soln	4		PA
ILARIS 150 mg/ml sc soln	3		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	4		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	4		PA
RIDAURA 3 mg cap	3		
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 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
CORTIFOAM 10 % foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - 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]
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	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)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
BINOSTO 70 mg tab eff	3		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
<i>pamidronate disodium 30 mg iv soln, 90 mg iv soln</i>	4		PA
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	4		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	4		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
<i>TYMLOS 3120 mcg/1.56ml sc soln pen-inj</i>	4		PA
XGEVA 120 mg/1.7ml sc soln	4		PA
<i>zoledronic acid 4 mg/100ml iv soln</i>	4		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA
<i>zoledronic acid 4 mg/5ml iv conc</i>	4	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			

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]
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
ACTICARNITINE SF 1 gm/10ml soln	1		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	3		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE dev	3		QL(12 / 30)
DUREX REALFEEL dev	3		QL(12 / 30)
FANTASY LUBRICATED misc	3		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
FC FEMALE CONDOM misc	3		
FC2 FEMALE CONDOM misc	3		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	3		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	1		
KAMELEON LUBRICATED misc	3		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	3		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	3		QL(12 / 30)
K-Y ME & YOU EXTRA LUBRICATED dev	3		QL(12 / 30)
K-Y ME & YOU INTENSE dev	3		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine (dietary) 1 gm/10ml soln</i>	1		
<i>levocarnitine l-tartrate 330 mg tab</i>	1		
LIFESTYLES ASSORTED COLORS misc	3		QL(12 / 30)
LIFESTYLES EXTRA STRENGTH misc	3		QL(12 / 30)
LIFESTYLES FORM FITTING misc	3		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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LIFESTYLES LUBRICATED misc	3		QL(12 / 30)
LIFESTYLES RIBBED misc	3		QL(12 / 30)
LIFESTYLES SKYN ORIGINAL misc	3		QL(12 / 30)
LIFESTYLES SPERMICIDAL LUBE misc	3		QL(12 / 30)
LIFESTYLES STUDDERED misc	3		QL(12 / 30)
LIFESTYLES ULTRA SENSITIVE misc	3		QL(12 / 30)
LIFESTYLES VIBRA-RIBBED misc	3		QL(12 / 30)
LIFESTYLES XTRA PLEASURE misc	3		QL(12 / 30)
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	3		
OMNIFLEX DIAPHRAGM vag diaph	3		
PARAGARD INTRAUTERINE COPPER iud	4		PA
<i>premium condoms lubricated misc</i>	1		QL(12 / 30)
REALITY LATEX CONDOMS misc	3		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	3		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	3		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	3		QL(12 / 30)
TRUSTEX LUBRICATED misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	3		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	3		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]
TRUSTEX NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	3		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	3		
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	3		
ALTACAINE 0.5 % ophth soln	3		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	3		
atropine sulfate 1 % ophth oint	1		
atropine sulfate 1 % ophth soln	1		
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclopentolate hcl 2 % ophth soln	1		
cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln	1		
HOMATROPAIRE 5 % ophth soln	3		
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 113 of 162
			Update Date: 3/2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MIOCHOL-E 20 mg i-ocul soln	3		PA
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
RESTASIS 0.05 % ophth emul	3		
RESTASIS MULTIDOSE 0.05 % ophth emul	3		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	1		
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	3		
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
BEPREVE 1.5 % ophth soln	3		
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
LASTACFT 0.25 % ophth soln	2		
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATANOL	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	

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>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
AZOPT 1 % ophth susp	2		
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
<i>brimonidine tartrate 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate 0.15 % ophth soln</i>	1	ALPHAGAN P	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT PF	
DUREZOL 0.05 % ophth emul	2		
IOPIDINE 1 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	3		PA
OZURDEX 0.7 mg Intravitreal Implant	4		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	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>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTOCARPINE	
RETISERT 0.59 mg Intravitreal Implant	3		
<i>timolol maleate 0.5 % (daily) ophth soln</i>	1	ISTALOL	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs</i>	1	TIMOPTIC XE	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	2		
ALOMIDE 0.1 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1		
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	3		
FML FORTE 0.25 % ophth susp	3		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR LS	
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	

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>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEVANAC 0.1 % ophth susp	3		
PRED MILD 0.12 % ophth susp	3		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	3		PA
ZYLET 0.5-0.3 % ophth susp	3		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN Z	
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>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
CIPRODEX 0.3-0.1 % otic susp	2		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
CORTIC-ND 10-10-1 mg/ml otic soln	3		
<i>exotic-hc 10-10-1 mg/ml otic soln</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]
fluocinolone acetonide 0.01 % otic oil	1	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	1	ACETASOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	1	CORTISPORIN	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	3		
ciprofloxacin hcl 0.2 % otic soln	1		
ofloxacin 0.3 % otic soln	1	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]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	1	ASTELIN	QL(30 / 30)
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	QL(30 / 30)
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
cetirizine hcl 1 mg/ml soln	1	ZYRTEC	
clemastine fumarate 2.68 mg tab	1	TAVIST	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	1	CLARINEX	
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	
hydroxyzine pamoate 100 mg cap	1	VISTARIL	

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>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/inh inh aer pwdr br act, 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (7 METERED DOSES) 110 mcg/inh inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	3		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	3		QL(25 / 25)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 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	2		QL(120 / 30)

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FLOVENT HFA 44 mcg/act inh aer	2		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	2		QL(12 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	3		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	2		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	2		
QNASL CHILDRENS 40 mcg/act nasal aer soln	2		
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		QL(10.6 / 30)
<i>ra budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
ZETONNA 37 mcg/act nasal aer soln	3		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
INCRUSE ELLIPTA 62.5 mcg/inh inh aer pwdr br act	2		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]
<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>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
SEEBRI NEOHALER 15.6 mcg inh cap	3		QL(60 / 30), ST
SPIRIVA HANDIHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	3		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatoimiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	1	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>	1	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	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>	1	VOSPIRE ER	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR	QL(36 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	3	VENTOLIN HFA	QL(36 / 30), ST
ARCAPTA NEOHALER 75 mcg inh cap	2		QL(30 / 30)
BROVANA 15 mcg/2ml inh neb soln	3		QL(60 / 30)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)

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>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	3	XOPENEX HFA	QL(30 / 30), ST
PERFOROMIST 20 mcg/2ml inh neb soln	3		
PROAIR HFA 108 (90 Base) mcg/act inh aer soln	2		QL(17 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	2		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		QL(56 / 30)
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	3		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	3		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
CAYSTON 75 mg inh soln	4		PA
KALYDECO 150 mg tab, 25 mg pckt	4		PA
KITABIS PAK 300 mg/5ml inh neb soln	4		PA
PULMOZYME 1 mg/ml inh soln	4		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	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>	1	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]			

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]
DALIRESP 250 mcg tab, 500 mcg tab	3		
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
<i>theophylline 80 mg/15ml soln</i>	1		
<i>theophylline er 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
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	4		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA
OPSUMIT 10 mg tab	4		PA
<i>sildenafil citrate 10 mg/ml susp</i>	4		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	4		PA
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>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	3		
ADVAIR DISKUS 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	2		QL(60 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
benzonatate 100 mg cap, 200 mg cap	1		
benzonatate 150 mg cap	1		
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(10.7 / 30)
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(11.8 / 30)
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	2		QL(60 / 30)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	3		QL(13 / 30), ST
fluticasone-salmeterol 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	1	ADVAIR DISKUS	QL(60 / 30)
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	1	AIRDUO	QL(1 / 30)
GILPHEX TR 10-388 mg tab	3		
GILTUSS TR 10-28-388 mg tab	3		
hydrocod polst-cpm polst er 10-8 mg/5ml susp er	1	TUSSIONEX PENNKINETIC EXT	
hydrocodone-homatropine 5-1.5 mg tab	1		
hydrocodone-homatropine 5-1.5 mg/5ml syr	1		
hydromet 5-1.5 mg/5ml syr	1		
HYPERSAL 3.5 % inh neb soln	3		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NEBUSAL 6 % inh neb soln	3		
phenyleph-promethazine-cod 5-6.25-10 mg/5ml syr	1		
promethazine vc/codeine 6.25-5-10 mg/5ml syr	1		
promethazine-codeine 6.25-10 mg/5ml soln	1		
promethazine-dm 6.25-15 mg/5ml syr	1		
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr	1		
PULMOSAL 7 % inh neb soln	3		
ribavirin 6 gm inh soln	4	VIRAZOLE	
sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln	1		
sodium chloride 7 % inh neb soln	1		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	2		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	2		QL(13.8 / 30)
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	4		PA
TUSSICAPS 10-8 mg cap er 12 hr	3		
WIXELA INHUB 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	1		QL(60 / 30)
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
promethazine-phenylephrine 6.25-5 mg/5ml syr	1	PHENERGAN VC	
SEMPREX-D 8-60 mg cap	3		
TUSNEL 60-30-400 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]
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 Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
BOTOX 100 unit inj soln, 200 unit inj soln	4		PA
carisoprodol 350 mg tab	1	SOMA	
carisoprodol 250 mg tab	1	SOMA	
carisoprodol-aspirin 200-325 mg tab	1	SOMA	
chlorzoxazone 500 mg tab	1	PARAFON	
cyclobenzaprine hcl 7.5 mg tab	1	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	3		
enovarx-cyclobenzaprine hcl 20 mg/gm td crm	1		
LORZONE 375 mg tab, 750 mg tab	3		
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
methocarbamol 1000 mg/10ml inj soln	1	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	4		PA
orphenadrine citrate 30 mg/ml inj soln	1	NORFLEX	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	
XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln	4		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 subl, 5 mg tab subl	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>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	3		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	
<i>ramelteon 8 mg tab</i>	1	ROZEREM	
SECONAL 100 mg cap	3		
XYREM 500 mg/ml soln	4		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	3		AL
<i>animal shapes/iron 18 mg tab chew</i>	1		AL
ATABEX EC 29-1 mg tab dr	3		
BAL-CARE DHA 27-1 & 430 mg oral misc	3		
<i>bite-a-mins/iron 15 mg tab chew</i>	1		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	3		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	3		
<i>calcium-folic acid plus d 1342-1 mg oral wafer</i>	1		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CARBAGLU 200 mg tab	3		
CEROVITE JR 18 mg tab chew	1		AL
<i>child chewable vitamins/iron tab chew</i>	1		AL
<i>childrens animal shapes 18 mg 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	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	3		
CITRANATAL DHA 27-1 & 250 mg oral misc	3		
CITRANATAL RX 27-1 mg tab	3		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 250 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	3		
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pkt</i>	1		
DUET DHA 400 25-1 & 400 mg oral misc	3		
DUET DHA BALANCED 25-1 & 267 mg oral misc	3		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	3		
ELITE-OB 50-1.25 mg tab	3		
<i>eq complete multivitamin child 18 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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>eqi child multivit/minerals 18 mg tab chew</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	3		AL
<i>ferrous sulfate 220 (44 Fe) mg/5ml liq, 220 (44 Fe) mg/5ml oral elix, 300 (60 Fe) mg/5ml syr, 75 (15 Fe) mg/ml soln</i>	1		AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	3		AL
FLINTSTONES COMPLETE 18 mg tab chew	1		AL
FLINTSTONES W/IRON 18 mg 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	3		
<i>fruity chews/iron tab chew</i>	1		AL
GALZIN 25 mg cap, 50 mg cap	3		
<i>gnp animal shapes plus iron 15 mg tab chew</i>	1		AL
<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>hm animal shapes 18 mg tab chew</i>	1		AL
<i>hm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	1		AL
INATAL GT tab	3		
IROFOL 100-1000-15 mg-mcg/5ml liq	3		AL
<i>iron supplement 220 (44 Fe) mg/5ml oral elix</i>	1		AL
<i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>	1		AL
IRON UP 15 mg/0.5ml liq	3		AL

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KLOR-CON 20 meq pckt	2		
KLOR-CON M10 10 meq tab er	2		
KLOR-CON M15 15 meq tab er	2		
KLOR-CON SPRINKLE 8 meq cap er	3		
KLOR-CON/EF 25 meq tab eff	2		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>kp niacin 500 mg tab</i>	1		
K-PHOS 500 mg tab	3		
K-PHOS NO 2 305-700 mg tab	3		
K-PRIME 25 meq tab eff	3		
K-TAB 8 meq tab er	2		
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	3		
MARNATAL-F 60-1 mg cap	3		
<i>multi-vit/iron/fluoride 0.25-10 mg/ml soln</i>	1		AL
<i>multi-vitamin drops/fe 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
MYNATAL cap, 90-1 mg tab	3		
MYNATAL ADVANCE tab	3		
<i>mynatal plus tab</i>	1		
<i>mynatal-z tab</i>	1		
<i>mynate 90 plus tab er</i>	1		
NATACHEW 28-1 mg tab chew	3		
NATALVIT tab	3		
NEEVO DHA 27-1.13 mg cap	3		
NESTABS 32-1 mg tab	3		
NESTABS DHA 32-1 mg oral misc	3		
<i>niacin 500 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	3		
NOVAFERRUM 125 125-100 mg-unt/5ml liq	3		AL

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	3		AL
OB COMPLETE 50-1.25 mg tab	3		
OB COMPLETE ONE 50-1-476 mg cap	3		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	3		
OB COMPLETE/DHA 30-10-1-200 mg cap	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		
O-CAL PRENATAL tab	3		
ORACIT 490-640 mg/5ml soln	3		
<i>pc pediatric iron drops 15 mg/ml soln</i>	3		AL
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	3		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	3		
<i>plain niacin 500 mg tab</i>	1		
<i>pnv tabs 29-1 29-1 mg tab</i>	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha plus 27-1.13-0.4 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>polyvitamin/iron 18 mg tab chew</i>	1		AL
<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>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		

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

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
PR NATAL 400 29-1-200 & 400 mg oral misc	3		
PR NATAL 400 EC 29-1-200 & 400 mg (dr) oral misc	3		
PR NATAL 430 29-1-200 & 430 mg oral misc	3		
PR NATAL 430 EC 29-1-200 & 430 mg (dr) oral misc	3		
<i>prenaisance 29-1.25-325 mg cap</i>	1		
<i>prenaisance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	3		
<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>	1		
<i>prenatal plus iron 29-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	3		
<i>preplus 27-1 mg tab</i>	1		
<i>pretab 29-1 mg tab</i>	1		
PX CHILDRENS VITAMIN 18 mg tab chew	1		AL
<i>px folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>qc childrens complete 18 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]

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	1		
<i>ra no flush niacin 500 mg tab</i>	1		
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
SELECT-OB 29-1 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1		
<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
TARON-C DHA 53.5-38-1 mg cap	3		
TARON-CRYSTALS 3300-1002 mg pckt	3		
TARON-PREX 30-1.2-265 mg cap	3		
<i>thrivite 19 1 mg tab</i>	1		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	3		
TRICARE PRENATAL DHA ONE 27-1-500 mg cap	3		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	3		
<i>tri-tabs dha 32-1 mg oral misc</i>	1		
TRIVEEN-DUO DHA 29-1-200 & 400 mg oral misc	3		

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 CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	3		
VINATE II 29-1 mg tab	3		
VINATE ONE 60-1 mg tab	3		
<i>virt-c dha 53.5-38-1 mg cap</i>	1		
<i>virt-nate dha 28-1-200 mg cap</i>	1		
<i>virt-phos 250 neutral 155-852-130 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	3		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	3		
VIVA DHA 28-1-200 mg cap	3		
<i>vol-plus 27-1 mg tab</i>	1		
<i>vol-tab rx 29-1 mg tab</i>	1		
<i>vp-pnv-dha 28-1-215.8 mg cap</i>	1		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	3		
ZATEAN-PN PLUS 28-0.6-0.4-340 mg cap	3		
<i>zoo friends plus iron 15 mg tab chew</i>	1		AL
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	3		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
FERRIPROX 500 mg tab	4		PA
FERRIPROX 100 mg/ml soln	4		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	4		PA
PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]			
FM Obamacare 2021_4Tiers			Page 134 of 162
			Update Date: 3/2021

FM Municipio 4 Tiers 2021

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
SPS 15 gm/60ml susp	3		

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

A

<i>abacavir sulfate</i>	54, 55	<i>ala-cort</i>	90
<i>abacavir sulfate-lamivudine</i>	55	ALA-QUIN	36
<i>abacavir-lamivudine-zidovudine</i>	55	<i>albendazole</i>	47
ABATRON.....	127	<i>albuterol sulfate</i>	121
<i>abiraterone acetate</i>	41	<i>albuterol sulfate er</i>	121
ABRAXANE	42	<i>albuterol sulfate hfa</i>	121
ABSTRAL.....	15	<i>alclometasone dipropionate</i>	90
<i>acamprosate calcium</i>	18	ALDACTAZIDE	69
ACANYA	79	<i>alendronate sodium</i>	110
<i>acarbose</i>	58	ALFERON N.....	53
<i>acebutolol hcl</i>	66	<i>alfuzosin hcl er</i>	88
<i>acetaminophen-codeine</i>	15	ALIMTA	42
<i>acetaminophen-codeine #2</i>	15	ALINIA.....	47
<i>acetaminophen-codeine #3</i>	15	<i>aliskiren fumarate</i>	69
<i>acetaminophen-codeine #4</i>	15	<i>allopurinol</i>	38
<i>acetazolamide</i>	115	<i>almotriptan malate</i>	39
<i>acetazolamide er</i>	115	ALOCRIAL.....	114
<i>acetic acid</i>	117	<i>alogliptin benzoate</i>	58
<i>acetylcysteine</i>	123	<i>alogliptin-metformin hcl</i>	58
<i>acitretin</i>	79	<i>alogliptin-pioglitazone</i>	58
ACTICARNITINE SF.....	111	ALOMIDE	116
ACTIMMUNE	109	ALORA.....	95
ACUVAIL.....	116	<i>alosetron hcl</i>	86
<i>acyclovir</i>	54	ALPHAGAN P	115
<i>adapalene</i>	79	<i>alprazolam</i>	57
<i>adapalene-benzoyl peroxide</i>	79	<i>alprazolam er</i>	57
ADEMPAS	123	ALPRAZOLAM INTENSOL	57
ADLYXIN.....	58	<i>alprazolam xr</i>	57
ADLYXIN STARTER PACK	58	ALREX	116
ADRENALIN	123	ALTABAX	22
ADRIAMYCIN	42	ALTACAINE	113
ADRUCIL	42	ALTAFRIN.....	113
<i>adult aspirin regimen</i>	8	ALTOPREV	73
ADVAIR DISKUS	123	ALVESCO	119
ADVAIR HFA	123, 124	<i>alyacen 1/35</i>	95
AFINITOR	46	<i>alyacen 7/7/7</i>	95
AFTERA.....	102	AMABELZ	95
<i>aimsco lubricated</i>	111	<i>amantadine hcl</i>	48
AIRDUO RESPIClick 113/14.....	124	<i>ambrisentan</i>	123
AIRDUO RESPIClick 232/14.....	124	<i>amcinonide</i>	90
AIRDUO RESPIClick 55/14.....	124	AMETHIA	95
AKTEN.....	113	AMETHIA LO	95
ALA SCALP	90	AMETHYST.....	95
		<i>amiloride hcl</i>	72

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

FM Municipio_4 Tiers 2021

<i>amiloride-hydrochlorothiazide</i>	69	ARZERRA	47
<i>aminocaproic acid</i>	64	ASCOMP-CODEINE	15
<i>amiodarone hcl</i>	66	ASMANEX (120 METERED DOSES)	119
AMITIZA.....	86	ASMANEX (14 METERED DOSES)	119
<i>amitriptyline hcl</i>	34	ASMANEX (30 METERED DOSES)	119
<i>amlodipine besy-benazepril hcl</i>	69	ASMANEX (60 METERED DOSES)	119
<i>amlodipine besylate</i>	67	ASMANEX (7 METERED DOSES)	119
<i>amlodipine besylate-valsartan</i>	69	ASMANEX HFA	119
<i>amlodipine-atorvastatin</i>	69	<i>aspirin</i>	8
<i>amlodipine-olmesartan</i>	70	<i>aspirin 81</i>	8
<i>amlodipine-valsartan-hctz</i>	70	<i>aspirin adult</i>	8
<i>amoxapine</i>	34	<i>aspirin adult low dose</i>	9
<i>amoxicill-clarithro-lansopraz</i>	85	<i>aspirin adult low strength</i>	9
<i>amoxicillin</i>	24	<i>aspirin childrens</i>	9
<i>amoxicillin-pot clavulanate</i>	25	<i>aspirin ec</i>	9
<i>amoxicillin-pot clavulanate er</i>	25	<i>aspirin ec adult low strength</i>	9
<i>amphetamine-dextroamphet er</i>	75	<i>aspirin ec low dose</i>	9
<i>amphetamine-dextroamphetamine</i>	75	<i>aspirin ec low strength</i>	9
<i>ampicillin</i>	25	<i>aspirin low dose</i>	9
ANACAINE.....	18	<i>aspirin low strength</i>	9
<i>anagrelide hcl</i>	63	<i>aspirin-dipyridamole er</i>	64
ANALPRAM-HC.....	79	ASPIR-LOW	9
<i>anastrozole</i>	45	ATABEX EC	127
ANGELIQ.....	95	<i>atazanavir sulfate</i>	55
<i>animal shapes/iron</i>	127	<i>atenolol</i>	66
ANTARA	72	<i>atenolol-chlorthalidone</i>	70
<i>anucort-hc</i>	39	<i>atomoxetine hcl</i>	76
ANZEMET.....	36	<i>atorvastatin calcium</i>	73
APEXICON E	90	<i>atovaquone</i>	47
APLENZIN	32	<i>atovaquone-proguanil hcl</i>	47
APOKYN.....	49	ATRIPLA	54
<i>apraclonidine hcl</i>	115	ATROPEN	84
<i>aprepitant</i>	36	<i>atropine sulfate</i>	113
APTIVUS.....	55	ATROVENT HFA.....	120
AQUORAL	78	AUBAGIO	77
ARANELLE	96	AUBRA.....	96
ARANESP (ALBUMIN FREE)	63	AUGMENTIN.....	25
ARCALYST	109	AVAR CLEANSER	79
ARCAPTA NEOHALER	121	AVAR-E EMOLLIENT.....	79
<i>aripiprazole</i>	51	AVAR-E GREEN	79
<i>armodafinil</i>	127	<i>avidoxy</i>	27
ARMOUR THYROID	104	AVIDOXY DK	27
ARNUITY ELLIPTA.....	119	AVITA.....	79
ARRANON	42	AVONEX PEN.....	77
<i>arsenic trioxide</i>	42	AVONEX PREFILLED.....	78

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

FM Municipio_4 Tiers 2021

<i>azacitidine</i>	63	<i>betamethasone dipropionate aug</i>	90
AZASAN.....	106	<i>betamethasone sod phos & acet</i>	90
AZASITE.....	114	<i>betamethasone valerate</i>	90
<i>azathioprine</i>	106	BETASERON.....	78
<i>azelastine hcl</i>	114, 118	<i>betaxolol hcl</i>	66, 115
<i>azelastine-fluticasone</i>	118	<i>bethanechol chloride</i>	88
AZELEX.....	79	BETIMOL	115
<i>azithromycin</i>	25	BETOPTIC-S.....	115
AZOPT	115	BEVESPI AEROSPHERE	124
AZURETTE	96	<i>bexarotene</i>	47
B		<i>bicalutamide</i>	41
BAC	8	BICILLIN C-R	25
<i>baciim</i>	22	BICILLIN C-R 900/300	25
<i>bacitracin</i>	22, 114	BICILLIN L-A.....	25
<i>bacitracin-polymyxin b</i>	113	BIDIL	70
<i>bacitra-neomycin-polymyxin-hc</i>	116	BIKTARVY	54
<i>baclofen</i>	53	<i>bimatoprost</i>	117
BAL-CARE DHA	127	BINOSTO	110
BALZIVA	96	BIONECT	80
BANZEL.....	30	<i>bio-statin</i>	36
BAQSIMI ONE PACK	61	<i>bisoprolol fumarate</i>	67
BAQSIMI TWO PACK.....	61	<i>bisoprolol-hydrochlorothiazide</i>	70
BASAGLAR KWIKPEN	61	<i>bite-a-mins/iron</i>	127
BAYER ADVANCED ASPIRIN REG ST	9	<i>bleomycin sulfate</i>	42
BAYER ASPIRIN	9	BLEPHAMIDE	116
BAYER ASPIRIN EC LOW DOSE	9	BLEPHAMIDE S.O.P.....	116
BAYER ASPIRIN REGIMEN.....	9	BLISOVI FE 1.5/30.....	96
BAYER LOW DOSE	9	BLISOVI FE 1/20.....	96
BECONASE AQ.....	119	BOCASAL	78
BEKYREE	96	<i>bortezomib</i>	42
<i>benazepril hcl</i>	65	BOSULIF.....	46
<i>benazepril-hydrochlorothiazide</i>	70	BOTOX.....	126
BENDEKA.....	42	<i>bp 10-1</i>	80
BENLYSTA	106	<i>bp cleansing wash</i>	80
BENZACLIN.....	79	<i>bp wash</i>	80
BENZACLIN WITH PUMP	79	<i>bpo foaming cloths</i>	80
BENZAMYCIN	79	BPROTECTED PEDIA IRON	127
<i>benzonatate</i>	124	BPROTECTED PEDIA POLY-VITE/FE.....	127
<i>benzoyl peroxide</i>	79	BREO ELLIPTA.....	124
<i>benzoyl peroxide-erythromycin</i>	79	<i>briellyn</i>	96
<i>benztropine mesylate</i>	48	BRILINTA	64
BEPREVE.....	114	<i>brimonidine tartrate</i>	115
BESIVANCE	114	<i>bromfenac sodium (once-daily)</i>	116
BETADINE OPHTHALMIC PREP.....	22	<i>bromocriptine mesylate</i>	48
<i>betamethasone dipropionate</i>	90	BROVANA.....	121

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

FM Municipio_4 Tiers 2021

<i>budesonide</i>	109, 119	<i>captopril</i>	65
<i>bumetanide</i>	72	<i>captopril-hydrochlorothiazide</i>	70
BUPAP.....	8	CARAC.....	42
<i>buprenorphine</i>	14	CARBAGLU	128
<i>buprenorphine hcl</i>	18	<i>carbamazepine</i>	30
<i>buprenorphine hcl-naloxone hcl</i>	18, 19	<i>carbamazepine er</i>	30
<i>bupropion hcl</i>	32	CARBATROL	30
<i>bupropion hcl er (smoking det)</i>	19	<i>carbidopa</i>	49
<i>bupropion hcl er (sr)</i>	32	<i>carbidopa-levodopa</i>	49
<i>bupropion hcl er (xl)</i>	32	<i>carbidopa-levodopa er</i>	49
<i>buspirone hcl</i>	56	<i>carbidopa-levodopa-entacapone</i>	49
<i>busulfan</i>	41	<i>carbinoxamine maleate</i>	118
<i>butalbital-acetaminophen</i>	8	<i>carboplatin</i>	45
<i>butalbital-apap-caff-cod</i>	15	CARDIZEM LA	67
<i>butalbital-apap-caffeine</i>	8	CARDURA XL	88
<i>butalbital-asa-caff-codeine</i>	15	<i>carisoprodol</i>	126
<i>butalbital-aspirin-caffeine</i>	8	<i>carisoprodol-aspirin</i>	126
<i>butorphanol tartrate</i>	15	<i>carisoprodol-aspirin-codeine</i>	15
BYDUREON.....	58	<i>carmustine</i>	43
BYDUREON BCISE.....	58	<i>carteolol hcl</i>	115
BYETTA 10 MCG PEN	58	<i>carvedilol</i>	67
BYETTA 5 MCG PEN	58	<i>carvedilol phosphate er</i>	67
BYSTOLIC	67	CAYA	111
C		CAYSTON.....	122
<i>cabergoline</i>	105	CAZANT	96
CALCIFOL	127	<i>cefaclor</i>	23
<i>calcipotriene</i>	80	<i>cefaclor er</i>	24
<i>calcipotriene-betameth diprop</i>	80	<i>cefadroxil</i>	24
<i>calcitonin (salmon)</i>	110	<i>cefdinir</i>	24
CALCITRENE	80	<i>cefditoren pivoxil</i>	24
<i>calcitriol</i>	80, 110	<i>cefixime</i>	24
<i>calcium acetate (phos binder)</i>	89	<i>cefpodoxime proxetil</i>	24
<i>calcium-folic acid plus d</i>	127	<i>cefprozil</i>	24
CAMBIA	9	<i>ceftriaxone sodium</i>	24
CAMILA.....	102	<i>cefuroxime axetil</i>	24
CAMPATH	78	<i>celecoxib</i>	9
CAMRESE	96	CELONTIN	28
CAMRESE LO	96	CENTANY	22
<i>candesartan cilexetil</i>	65	CENTANY AT	22
<i>candesartan cilexetil-hctz</i>	70	<i>cephalexin</i>	24
CAPASTAT SULFATE.....	40	CEROVITE JR	128
<i>capecitabine</i>	42	<i>cetirizine hcl</i>	118
CAPEX.....	90	CETRAXAL	118
CAPHOSOL	78	<i>cevimeline hcl</i>	78
CAPRELSA.....	46	CHANTIX	19

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

FM Municipio_4 Tiers 2021

CHANTIX CONTINUING MONTH PAK	19	<i>clemastine fumarate</i>	118
CHANTIX STARTING MONTH PAK	19	CLEOCIN	22
CHATEAL	96	CLIMARA PRO	96
CHEMET	134	CLINDACIN ETZ	22, 80
CHENODAL	85	CLINDACIN PAC.....	80
<i>child chewable vitamins/iron</i>	128	CLINDACIN-P	22
<i>childrens animal shapes</i>	128	CLINDAGEL	22
<i>childrens aspirin</i>	9	<i>clindamycin hcl</i>	22
<i>childrens aspirin low strength</i>	9	<i>clindamycin palmitate hcl</i>	22
<i>childrens multivitamin/iron</i>	128	<i>clindamycin phos-benzoyl perox</i>	80
<i>childrens vitamins/iron</i>	128	<i>clindamycin phosphate</i>	22, 23
<i>chlordiazepoxide hcl</i>	57	<i>clindamycin-tretinoin</i>	80
<i>chlordiazepoxide-amitriptyline</i>	34	<i>clobazam</i>	28
<i>chlordiazepoxide-clidinium</i>	84	<i>clobetasol prop emollient base</i>	90
<i>chloroquine phosphate</i>	47	<i>clobetasol propionate</i>	90, 91
<i>chlorpromazine hcl</i>	50	<i>clobetasol propionate e</i>	91
<i>chlorthalidone</i>	72	<i>clobetasol propionate emulsion</i>	91
<i>chlorzoxazone</i>	126	<i>clocortolone pivalate</i>	91
<i>cholestyramine</i>	73	CLODAN	91
<i>cholestyramine light</i>	73	CLODERM	91
CICLODAN	36	<i>clofarabine</i>	43
<i>ciclopirox</i>	36	<i>clomipramine hcl</i>	34
<i>ciclopirox olamine</i>	36	<i>clonazepam</i>	28
<i>ciclopirox treatment</i>	36	<i>clonidine</i>	64
<i>cilostazol</i>	64	<i>clonidine hcl</i>	64
CILOXAN	114	<i>clonidine hcl er</i>	76
<i>cimetidine</i>	85	<i>clopidogrel bisulfate</i>	64
<i>cimetidine hcl</i>	85	<i>clorazepate dipotassium</i>	57
<i>cinacalcet hcl</i>	105	<i>clotrimazole</i>	36
CIPRO	26	<i>clotrimazole-betamethasone</i>	37
CIPRO HC	117	<i>clozapine</i>	53
CIPRODEX	117	<i>c-nate dha</i>	128
<i>ciprofloxacin hcl</i>	26, 114, 118	COARTEM	47
<i>ciprofloxacin-dexamethasone</i>	117	<i>codeine sulfate</i>	15
<i>cisplatin</i>	43	<i>colchicine</i>	38
<i>citalopram hydrobromide</i>	33	<i>colchicine-probenecid</i>	38
CITRANATAL 90 DHA	128	<i>colesevelam hcl</i>	74
CITRANATAL ASSURE	128	<i>colestipol hcl</i>	74
CITRANATAL B-CALM	128	COLY-MYCIN S	117
CITRANATAL DHA	128	COMBIGAN.....	115
CITRANATAL RX.....	128	COMBIPATCH	96
<i>cladribine</i>	43	COMBIVENT RESPIMAT	120
CLARINEX-D 12 HOUR.....	125	COMPLERA	54
<i>clarithromycin</i>	25, 26	<i>complete natal dha</i>	128
<i>clarithromycin er</i>	26	<i>completenate</i>	128

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

FM Municipio_4 Tiers 2021

COMPRO.....	50	<i>cyclosporine</i>	107
CO-NATAL FA	128	<i>cyclosporine modified</i>	107
CONCEPT DHA.....	128	<i>cyproheptadine hcl</i>	118
CONCEPT OB	128	CYRAMZA.....	46
<i>condoms</i>	111	CYRED.....	96
CONDYLOX.....	80	CYSTAGON	83
<i>constulose</i>	86	<i>cytarabine</i>	43
CONZIP	14	<i>cytarabine (pf)</i>	43
CORDRAN.....	91	<i>cytra k crystals</i>	128
CORTANE-B.....	80	D	
CORTIC-ND.....	117	<i>dacarbazine</i>	43
CORTIFOAM	109	<i>dactinomycin</i>	43
<i>cortisone acetate</i>	91	<i>dalfampridine er</i>	78
CORTISPORIN.....	23	DALIRESP	123
COSENTYX	80	<i>danazol</i>	95
COSENTYX (300 MG DOSE)	80	<i>dantrolene sodium</i>	53
COSENTYX SENSOREADY (300 MG)	80	<i>dapsone</i>	40, 80
COSENTYX SENSOREADY PEN	80	<i>darifenacin hydrobromide er</i>	87
COVARYX	96	DASETTA 1/35.....	96
COVARYX HS	96	DASETTA 7/7/7	96
CREON.....	83	<i>daunorubicin hcl</i>	43
CRESEMBA.....	37	DAYSEE.....	96
CRINONE	102	DAYTRANA.....	76
CRIVIVAN.....	55	DEBLITANE	102
<i>cromolyn sodium</i>	85, 114, 122	<i>decitabine</i>	43
CROTAN.....	48	<i>deferasirox</i>	134
<i>cvs aspirin</i>	9	DELESTROGEN	96
<i>cvs aspirin adult low dose</i>	9	DELYLA	96
<i>cvs aspirin adult low strength</i>	9	<i>demeclocycline hcl</i>	27
<i>cvs aspirin ec</i>	9	DEMEROL	16
<i>cvs aspirin low dose</i>	9	DEMSEER.....	70
<i>cvs aspirin low strength</i>	10	DENAVIR	54
<i>cvs chewable childrens vitamin</i>	128	DEPAKOTE.....	28
<i>cvs childrens complete</i>	128	DEPAKOTE ER.....	28
<i>cvs folic acid</i>	128	DEPAKOTE SPRINKLES.....	28
<i>cvs nicotine</i>	19	DEPO-ESTRADIOL.....	96
<i>cvs nicotine polacrilex</i>	19	DEPO-MEDROL	91
CYCLAFEM 1/35	96	DEPO-PROVERA	102
CYCLAFEM 7/7/7	96	DEPO-SUBQ PROVERA 104	102
<i>cyclobenzaprine hcl</i>	126	DERMAZENE.....	37
CYCLOMYDRIL	114	<i>desipramine hcl</i>	35
<i>cyclopentolate hcl</i>	113	<i>desloratadine</i>	118
<i>cyclophosphamide</i>	41	<i>desmopressin ace spray refig</i>	94
<i>cycloserine</i>	41	<i>desmopressin acetate</i>	94
CYCLOSET.....	58	<i>desmopressin acetate spray</i>	94

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

FM Municipio_4 Tiers 2021

<i>desogestrel-ethinyl estradiol</i>	96	<i>dilt-xr</i>	68
DESONATE	91	<i>dimenhydrinate</i>	35
<i>desonide</i>	91	<i>dimethyl fumarate</i>	78
<i>desoximetasone</i>	91	<i>diphenhydramine hcl</i>	118
<i>desvenlafaxine succinate er</i>	33	<i>diphenoxylate-atropine</i>	85
<i>dexamethasone</i>	91	<i>dipyridamole</i>	64
DEXAMETHASONE INTENSOL.....	91	<i>disopyramide phosphate</i>	66
<i>dexamethasone sod phosphate pf</i>	91	<i>disulfiram</i>	18
<i>dexamethasone sodium phosphate</i>	91, 115	DIURIL	72
DEXILANT	86	<i>divalproex sodium</i>	29
<i>dexmethylphenidate hcl</i>	76	<i>divalproex sodium er</i>	29
<i>dexmethylphenidate hcl er</i>	76	DIVIGEL	97
DEXTAK 10 DAY	91	<i>docetaxel</i>	43
DEXTAK 13 DAY	92	<i>dofetilide</i>	66
DEXTAK 6 DAY	92	<i>donepezil hcl</i>	31
<i>dexrazoxane hcl</i>	43	DORAL	57
<i>dextroamphetamine sulfate</i>	75	<i>dorzolamide hcl</i>	115
<i>dextroamphetamine sulfate er</i>	75	<i>dorzolamide hcl-timolol mal</i>	115
DIASTAT ACUDIAL	28	<i>dorzolamide hcl-timolol mal pf</i>	115
<i>diazepam</i>	29, 57	DOVATO	55
DIAZEPAM INTENSOL	57	<i>doxazosin mesylate</i>	88
<i>diazoxide</i>	61	<i>doxepin hcl</i>	35
<i>diclofenac epolamine</i>	10	<i>doxercalciferol</i>	110
<i>diclofenac potassium</i>	10	<i>doxorubicin hcl</i>	43
<i>diclofenac sodium</i>	10, 116	<i>doxorubicin hcl liposomal</i>	43
<i>diclofenac sodium er</i>	10	<i>doxycycline</i>	80
<i>diclofenac-misoprostol</i>	10	<i>doxycycline hyclate</i>	27
<i>dicloxacillin sodium</i>	25	<i>doxycycline monohydrate</i>	27
<i>dicyclomine hcl</i>	84	<i>doxylamine-pyridoxine</i>	35
<i>didanosine</i>	55	DRITHO-CREME HP	80
DIFICID	26	<i>dronabinol</i>	36
DIFIL-G FORTE	123	<i>droperidol</i>	56
<i>diflorasone diacetate</i>	92	<i>drospiren-eth estrad-levomefol</i>	97
<i>diflunisal</i>	10	<i>drospirenone-ethinyl estradiol</i>	97
DIGITEK	70	DROXIA	42
<i>digox</i>	70	DUET DHA 400	128
<i>digoxin</i>	70	DUET DHA BALANCED	128
<i>dihydroergotamine mesylate</i>	39	DUEXIS	10
DILANTIN	30	DULERA	124
DILANTIN INFATABS	30	<i>duloxetine hcl</i>	33
DILATRATE-SR	74	<i>duraxin</i>	8
<i>diltiazem hcl</i>	67	DUREX EXTRA SENSITIVE	111
<i>diltiazem hcl er</i>	68	DUREX REALFEEL	111
<i>diltiazem hcl er beads</i>	68	DUREZOL	115
<i>diltiazem hcl er coated beads</i>	68	<i>dutasteride</i>	88

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

FM Municipio_4 Tiers 2021

<i>dutasteride-tamsulosin hcl</i>	88	<i>enulose</i>	86
DUTOPROL	70	EPIDUO	80
DYSPORT.....	126	EPIDUO FORTE	80
E		EPIFOAM	39
E.E.S. 400.....	26	<i>epinastine hcl</i>	114
<i>econazole nitrate</i>	37	<i>epirubicin hcl</i>	43
ECONTRA EZ.....	102	<i>eplerenone</i>	72
ECONTRA ONE-STEP	102	<i>eprosartan mesylate</i>	65
ECOTRIN.....	10	<i>eq adult aspirin low strength</i>	10
ECOTRIN LOW STRENGTH	10	<i>eq aspirin</i>	10
ECPIRIN	10	<i>eq aspirin adult low dose</i>	10
EDLUAR	126	<i>eq aspirin low dose</i>	10
<i>ed-spaz</i>	84	<i>eq childrens aspirin</i>	10
EDURANT.....	54	<i>eq complete multivitamin child</i>	128
<i>efavirenz</i>	54	<i>eq nicotine</i>	19
EFFER-K.....	128	<i>eq nicotine polacrilex</i>	19
ELESTRIN	97	<i>eq nicotine step 3</i>	19
<i>eletriptan hydrobromide</i>	39	<i>eql aspirin</i>	10
ELIGARD	105	<i>eql aspirin ec</i>	10
ELINEST	97	<i>eql aspirin low dose</i>	10
ELIQUIS.....	62	<i>eql child multivit/minerals</i>	129
ELIQUIS DVT/PE STARTER PACK	62	<i>eql nicotine polacrilex</i>	19
ELITE-OB.....	128	EQUETRO	30
ELIXOPHYLLIN	123	ERBITUX.....	47
ELLA	102	<i>ergoloid mesylates</i>	31
ELMIRON.....	88	ERGOMAR.....	39
EMCYT	42	<i>ergotamine-caffeine</i>	39
EMEND	36	ERIVEDGE.....	46
EMSAM.....	33	ERLEADA	41
<i>emtricitabine-tenofovir df</i>	55	<i>erlotinib hcl</i>	46
EMTRIVA.....	55	ERTACZO	37
<i>enalapril maleate</i>	65	ERWINAZE	45
<i>enalapril-hydrochlorothiazide</i>	70	<i>ery</i>	26
ENBREL.....	107	ERY-TAB.....	26
ENBREL MINI	107	ERYTHROCIN STEARATE.....	26
ENBREL SURECLICK	107	<i>erythromycin</i>	26, 114
ENCARE	88	<i>erythromycin base</i>	26
<i>endocet</i>	16	<i>erythromycin ethylsuccinate</i>	26
ENDOCET	16	<i>escitalopram oxalate</i>	33
<i>enovarx-cyclobenzaprine hcl</i>	126	<i>esomeprazole magnesium</i>	87
<i>enoxaparin sodium</i>	62	<i>est estrogens-methyltest</i>	97
<i>entacapone</i>	48	<i>est estrogens-methyltest ds</i>	97
<i>entecavir</i>	53	<i>est estrogens-methyltest hs</i>	97
ENTEREG.....	85	<i>estazolam</i>	57
ENTRESTO	70	<i>estradiol</i>	97

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

FM Municipio_4 Tiers 2021

<i>estradiol valerate</i>	97	FEMYNOR	98
<i>estradiol-norethindrone acet</i>	97	<i>fenofibrate</i>	72, 73
ESTRING	97	<i>fenofibrate micronized</i>	73
ESTROGEL	98	<i>fenofibric acid</i>	73
ESTROSTEP FE.....	98	<i>fenoprofen calcium</i>	10
<i>eszopiclone</i>	127	FENORTH0	10
<i>ethacrynic acid</i>	72	<i>fentanyl</i>	14
<i>ethambutol hcl</i>	41	<i>fentanyl citrate</i>	16
<i>ethosuximide</i>	28	FENTORA	16
<i>ethyl chloride</i>	18	FER-IN-SOL	129
<i>ethynodiol diac-eth estradiol</i>	98	FERRIPROX	134
<i>etodolac</i>	10	<i>ferrous sulfate</i>	129
<i>etodolac er</i>	10	<i>fe-vite iron</i>	129
<i>etonogestrel-ethinyl estradiol</i>	98	FIBRICOR	73
ETOPOPHOS	45	<i>finasteride</i>	88
<i>etoposide</i>	45	FIRMAGON	106
EUFLEXXA	83	FIRMAGON (240 MG DOSE).....	106
EVAMIST	98	FIRST-LANSOPRAZOLE.....	87
<i>everolimus</i>	46, 107	FIRST-MOUTHWASH BLM	79
EXELDERM	37	FIRST-OMEPRAZOLE.....	87
<i>exemestane</i>	45	FIRST-PROGESTERONE VGS	102
EXODERM.....	37	FIRVANQ	23
<i>exotic-hc</i>	117	FLAREX	116
<i>ezetimibe</i>	74	<i>flavoxate hcl</i>	87
<i>ezetimibe-simvastatin</i>	74	<i>flecainide acetate</i>	66
F			
FA-8	129	FLINTSTONES COMPLETE	129
FALMINA	98	FLINTSTONES W/IRON	129
<i>famciclovir</i>	54	FLOVENT DISKUS	119
<i>famotidine</i>	85	FLOVENT HFA	120
FANAPT	51	<i>floxuridine</i>	43
FANAPT TITRATION PACK	51	<i>fluconazole</i>	37
FANTASY LUBRICATED.....	111	<i>flucytosine</i>	37
FANTASY LUBRICATED/SPERMICIDE	111	<i>fludarabine phosphate</i>	45
FARXIGA	58	<i>fludrocortisone acetate</i>	92
FARYDAK	46	<i>flunisolide</i>	120
FAYOSIM.....	98	<i>fluocinolone acetonide</i>	92, 118
FC FEMALE CONDOM.....	111	<i>fluocinolone acetonide body</i>	92
FC2 FEMALE CONDOM.....	111	<i>fluocinolone acetonide scalp</i>	92
<i>febuxostat</i>	38	<i>fluocinonide</i>	92
<i>felbamate</i>	29	<i>fluocinonide emulsified base</i>	92
<i>felodipine er</i>	68	<i>fluoritab</i>	129
FEM PH	23	<i>fluorometholone</i>	116
FEMCAP	111	FLUOROPLEX	42
FEMRING	98	<i>fluorouracil</i>	42, 43
		<i>fluoxetine hcl</i>	33

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

FM Municipio_4 Tiers 2021

<i>fluoxetine hcl (pmdd)</i>	33	<i>generlac</i>	86
<i>fluphenazine decanoate</i>	50	GENGRAF	107
<i>fluphenazine hcl</i>	50	GENTAK	114
FLURA-DROPS	129	<i>gentamicin sulfate</i>	22, 114
<i>flurandrenolide</i>	92	GENVISC 850	83
<i>flurazepam hcl</i>	127	GIANVI	98
<i>flurbiprofen</i>	11	GILENYA.....	78
<i>flurbiprofen sodium</i>	116	GILPHEX TR	124
<i>flutamide</i>	41	GILTUSS TR	124
<i>fluticasone propionate</i>	92, 120	<i>glatiramer acetate</i>	78
<i>fluticasone-salmeterol</i>	124	GLEOSTINE.....	41
<i>fluvastatin sodium</i>	73	<i>g-levocarnitine s/f</i>	111
<i>fluvoxamine maleate</i>	33	<i>glimepiride</i>	58
<i>fluvoxamine maleate er</i>	33	<i>glipizide</i>	58
FML.....	116	<i>glipizide er</i>	58
FML FORTE.....	116	<i>glipizide xl</i>	58
<i>folate</i>	129	<i>glipizide-metformin hcl</i>	59
<i>folic acid</i>	129	<i>glucagon emergency</i>	61
FOLIVANE-OB.....	129	<i>glyburide</i>	59
<i>fondaparinux sodium</i>	62	<i>glyburide micronized</i>	59
FORFIVO XL.....	32	<i>glyburide-metformin</i>	59
FOSAMAX PLUS D	110	<i>glycopyrrolate</i>	84
<i>fosamprenavir calcium</i>	56	GLYDO.....	18
<i>fosinopril sodium</i>	65	GLYXAMBI.....	59
<i>fosinopril sodium-hctz</i>	70	<i>gnp adult aspirin low strength</i>	11
<i>fosphenytoin sodium</i>	30	<i>gnp animal shapes plus iron</i>	129
FRAGMIN	62	<i>gnp aspirin</i>	11
<i>frovatriptan succinate</i>	39	<i>gnp aspirin low dose</i>	11
<i>fruity chews/iron</i>	129	<i>gnp budesonide nasal spray</i>	120
<i>fulvestrant</i>	43	<i>gnp childrens chewables/iron</i>	129
<i>furosemide</i>	72	<i>gnp folic acid</i>	129
FUZEON	55	<i>gnp nicotine</i>	19, 20
FYAVOLV	98	<i>gnp nicotine mini</i>	20
G		<i>gnp nicotine polacrilex</i>	20
<i>gabapentin</i>	29	<i>goodsense aspirin</i>	11
<i>galantamine hydrobromide</i>	31	<i>goodsense aspirin adult low st</i>	11
<i>galantamine hydrobromide er</i>	31	<i>goodsense aspirin low dose</i>	11
GALZIN	129	<i>goodsense nicotine</i>	20
<i>gatifloxacin</i>	114	GRALISE.....	77
GAZYVA	47	<i>granisetron hcl</i>	36
GEBAUERS PAIN EASE	18	<i>griseofulvin microsize</i>	37
GEBAUERS SPRAY AND STRETCH	18	<i>griseofulvin ultramicrosize</i>	37
GELNIQUE	87	<i>guanfacine hcl</i>	64
<i>gemcitabine hcl</i>	43	<i>guanfacine hcl er</i>	76
<i>gemfibrozil</i>	73	<i>guanidine hcl</i>	40

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

FM Municipio_4 Tiers 2021

H		<i>hydrocodone-homatropine</i>	124
HABITROL	20	<i>hydrocodone-ibuprofen</i>	16
HALAVEN	43	<i>hydrocortisone</i>	92, 109
<i>halobetasol propionate</i>	92	<i>hydrocortisone (perianal)</i>	39
HALOG	92	<i>hydrocortisone ace-pramoxine</i>	39, 80
<i>haloperidol</i>	50	<i>hydrocortisone acetate</i>	39
<i>haloperidol decanoate</i>	50	<i>hydrocortisone butyr lipo base</i>	92
<i>haloperidol lactate</i>	50	<i>hydrocortisone butyrate</i>	92
<i>h-e-b aspirin</i>	11	<i>hydrocortisone valerate</i>	93
<i>hm adult aspirin</i>	11	<i>hydrocortisone-acetic acid</i>	118
<i>hm animal shapes</i>	129	<i>hydrocortisone-iodoquinol</i>	37
<i>hm aspirin</i>	11	<i>hydrocort-pramoxine (perianal)</i>	80
<i>hm aspirin ec</i>	11	<i>hydromet</i>	124
<i>hm aspirin ec low dose</i>	11	<i>hydromorphone hcl</i>	16
<i>hm folic acid</i>	129	<i>hydromorphone hcl er</i>	16
<i>hm nicotine</i>	20	<i>hydroxychloroquine sulfate</i>	48
<i>hm nicotine polacrilex</i>	20	<i>hydroxyurea</i>	42
HOMATROPAIRE	113	<i>hydroxyzine hcl</i>	56, 118
HORIZANT	77	<i>hydroxyzine pamoate</i>	118
HUMALOG	61	HYOPHEN	88
HUMALOG JUNIOR KWIKPEN	61	<i>hyoscyamine sulfate</i>	84
HUMALOG KWIKPEN	61	<i>hyoscyamine sulfate er</i>	84
HUMALOG MIX 50/50	61	<i>hyoscyamine sulfate sl</i>	84
HUMALOG MIX 50/50 KWIKPEN	61	<i>hyosyne</i>	84
HUMALOG MIX 75/25	61	HYPERRHO S/D	108
HUMALOG MIX 75/25 KWIKPEN	61	HYPERSAL	124
HUMIRA	107	I	
HUMIRA PEDIATRIC CROHNS START	107	<i>ibandronate sodium</i>	110
HUMIRA PEN	107	IBRANCE	46
HUMIRA PEN-CD/UC/HS STARTER	107	IBU	11
HUMIRA PEN-PS/UV/ADOL HS START	107	<i>ibuprofen</i>	11
HUMIRA PEN-PSOR/UEIT STARTER	107	ICAR	129
HUMULIN 70/30	61	<i>idarubicin hcl</i>	43
HUMULIN 70/30 KWIKPEN	61	IFEX	43
HUMULIN N	61	<i>ifosfamide</i>	43, 44
HUMULIN N KWIKPEN	61	ILARIS	109
HUMULIN R	61	<i>imatinib mesylate</i>	46
HUMULIN R U-500 (CONCENTRATED)	62	<i>imipramine hcl</i>	35
HUMULIN R U-500 KWIKPEN	62	<i>imipramine pamoate</i>	35
HYALGAN	83	<i>imiquimod</i>	81
HYCAMTIN	45	<i>imiquimod pump</i>	81
<i>hydralazine hcl</i>	74	INATAL GT	129
<i>hydrochlorothiazide</i>	72	INCRUSE ELLIPTA	120
<i>hydrocod polst-cpm polst er</i>	124	<i>indapamide</i>	72
<i>hydrocodone-acetaminophen</i>	16	INDERAL XL	67

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

FM Municipio_4 Tiers 2021

INDOCIN.....	11	JANUVIA	59
<i>indomethacin</i>	11	JARDIANCE.....	59
<i>indomethacin er</i>	11	JENCYCLA	102
INLYTA	46	JENTADUETO	59
INNOPRAN XL.....	67	JENTADUETO XR	59
INTELENCE.....	54	JEVTANA	44
INTRON A.....	53	JOLESSA	98
INTROVALE.....	98	JULEBER	98
INVEGA SUSTENNA.....	51	JUNEL 1/20	98
INVIRASE	56	JUNEL FE 1.5/30	98
INVOKAMET	59	JUNEL FE 1/20	98
INVOKAMET XR.....	59	K	
INVOKANA	59	KADCYLA	44
<i>iodoquinol-hc-aloe polysacch</i>	37	KADIAN.....	14
IODOSORB.....	81	KAITLIB FE	98
IOPIDINE	115	KALETRA.....	56
<i>ipratropium bromide</i>	121	KALYDECO.....	122
<i>ipratropium-albuterol</i>	121	KAMELEON LUBRICATED.....	111
<i>irbesartan</i>	65	KANJINTI	44
<i>irbesartan-hydrochlorothiazide</i>	71	KARIVA.....	98
IRESSA.....	46	KAZANO	59
<i>irinotecan hcl</i>	44	KENALOG	93
IROFOL.....	129	KEPIVANCE.....	79
<i>iron supplement</i>	129	KESIMPTA.....	78
<i>iron supplement childrens</i>	129	<i>ketoconazole</i>	37
IRON UP	129	<i>ketoprofen</i>	11
ISENTRESS.....	54	<i>ketoprofen er</i>	11
ISENTRESS HD	54	<i>ketorolac tromethamine</i>	11, 116
ISIBLOOM.....	98	KEVZARA	109
<i>isoniazid</i>	41	KEYTRUDA.....	46
<i>isosorbide dinitrate</i>	74	<i>kimono</i>	111
<i>isosorbide mononitrate</i>	74	KIMONO COLORS.....	111
<i>isosorbide mononitrate er</i>	74	<i>kimono micro thin</i>	111
<i>isoxsuprine hcl</i>	71	<i>kimono micro thin plus</i>	111
<i>isradipine</i>	68	<i>kimono plus</i>	111
ISTODAX (OVERFILL)	44	<i>kimono ps</i>	111
<i>itraconazole</i>	37	<i>kimono ps plus</i>	111
<i>ivermectin</i>	47	<i>kimono sensation</i>	111
IXEMPRA KIT	44	<i>kimono sensation plus</i>	111
J		KIMONO SPECIAL.....	111
JADENU SPRINKLE.....	134	KITABIS PAK	122
JAKAFI.....	46	KLOR-CON	130
JANTOVEN.....	63	KLOR-CON M10	130
JANUMET	59	KLOR-CON M15	130
JANUMET XR	59	KLOR-CON SPRINKLE.....	130

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

FM Municipio_4 Tiers 2021

KLOR-CON/EF	130	leflunomide	109
<i>kls aspirin ec</i>	11	letrozole	45
<i>kls aspirin low dose</i>	11	leucovorin calcium	45
KLS QUIT2	20	LEUKERAN	41
KLS QUIT4	20	leuprolide acetate	106
KOMBIGLYZE XR	59	levabuterol hcl	121, 122
KORLYM	61	levabuterol tartrate	122
<i>kp aspirin</i>	11	LEVEMIR	62
<i>kp folic acid</i>	130	LEVEMIR FLEXTOUCH	62
<i>kp niacin</i>	130	levetiracetam	28
K-PHOS	130	levetiracetam er	28
K-PHOS NO 2	130	levobunolol hcl	115
K-PRIME	130	levocarnitine	111
KRISTALOSE	86	levocarnitine (dietary)	111
K-TAB	130	levocarnitine l-tartrate	111
KURVELO	98	levocetirizine dihydrochloride	119
K-Y ME & YOU EXTRA LUBRICATED	111	levofloxacin	26, 115
K-Y ME & YOU INTENSE	111	levoleucovorin calcium	45
KYNMOBI	49	LEVONEST	98
KYNMOBI TITRATION KIT	49	levonorgest-eth est & eth est	99
KYPROLIS	44	levonorgest-eth estrad 91-day	99
L		levonorgestrel	102
<i>labetalol hcl</i>	67	levonorgestrel-ethinyl estrad	99
<i>lactulose</i>	86	levonorg-eth estrad triphasic	99
<i>lactulose encephalopathy</i>	86	LEVORA 0.15/30 (28)	99
LAMICTAL XR	29	levorphanol tartrate	14
<i>lamivudine</i>	53, 55	LEVO-T	104
<i>lamivudine-zidovudine</i>	55	levothyroxine sodium	104
<i>lamotrigine</i>	29, 30	LEVOXYL	104
<i>lamotrigine er</i>	30	LEVULAN KERASTICK	81
LAND BEFORE TIME MULTIVITAMIN	130	LEXIVA	56
<i>lansoprazole</i>	87	<i>lidocaine</i>	18
<i>lanthanum carbonate</i>	89	<i>lidocaine hcl</i>	18, 79
LANTUS	62	<i>lidocaine hcl urethral/mucosal</i>	18
LANTUS SOLOSTAR	62	<i>lidocaine viscous hcl</i>	79
LARIN 1.5/30	98	<i>lidocaine-hydrocort (perianal)</i>	81
LARIN 1/20	98	<i>lidocaine-hydrocortisone ace</i>	81
LARIN 24 FE	98	<i>lidocaine-prilocaine</i>	18
LARIN FE 1.5/30	98	<i>lidopin</i>	18
LARIN FE 1/20	98	LIDO-PRILO CAINE PACK	18
LASTACFT	114	LIFESTYLES ASSORTED COLORS	111
<i>latanoprost</i>	117	LIFESTYLES EXTRA STRENGTH	111
LATUDA	51	LIFESTYLES FORM FITTING	111
LAZANDA	16	LIFESTYLES LUBRICATED	112
LEENA	98	LIFESTYLES RIBBED	112

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

FM Municipio_4 Tiers 2021

LIFESTYLES SKYN ORIGINAL	112	LUPRON DEPOT (6-MONTH)	106
LIFESTYLES SPERMICIDAL LUBE	112	LUPRON DEPOT-PED (1-MONTH).....	106
LIFESTYLES STUDDER	112	LUPRON DEPOT-PED (3-MONTH).....	106
LIFESTYLES ULTRA SENSITIVE	112	LUTERA.....	99
LIFESTYLES VIBRA-RIBBED	112	LYRICA CR	77
LIFESTYLES XTRA PLEASURE	112	LYSODREN	105
LILLOW.....	99	LYZA	102
<i>lindane</i>	48	M	
<i>linezolid</i>	23	<i>mafenide acetate</i>	23
LINZESS.....	86	MAGNEBIND 400.....	130
<i>liothyronine sodium</i>	104	<i>malathion</i>	48
LIPOFEN.....	73	<i>maprotiline hcl</i>	33
<i>lisinopril</i>	65	<i>marlissa</i>	99
<i>lisinopril-hydrochlorothiazide</i>	71	MARNATAL-F	130
<i>lithium</i>	57	MARPLAN	33
<i>lithium carbonate</i>	57, 58	MATULANE.....	41
<i>lithium carbonate er</i>	58	MATZIM LA	68
LITHOSTAT	88	MAVYRET	53
<i>little animals plus iron</i>	130	MAXIDEX	116
LIVALO	73	<i>maxx</i>	112
LO LOESTRIN FE.....	99	<i>maxx plus</i>	112
LOESTRIN 1.5/30 (21).....	99	MAYZENT	78
LOESTRIN 1/20 (21).....	99	MAYZENT STARTER PACK.....	78
LOESTRIN FE 1/20	99	<i>meclizine hcl</i>	35
<i>lopinavir-ritonavir</i>	56	<i>meclofenamate sodium</i>	12
LOPROX	37	MEDIQUE ASPIRIN	12
<i>lorazepam</i>	57	MEDROL	93
LORCET	16	<i>medroxyprogesterone acetate</i>	103
LORCET HD	16	<i>mefenamic acid</i>	12
LORCET PLUS.....	17	<i>mefloquine hcl</i>	48
LORTAB.....	17	<i>megestrol acetate</i>	103
LORZONE.....	126	<i>meijer aspirin ec</i>	12
<i>losartan potassium</i>	65	MELODETTA 24 FE.....	99
<i>losartan potassium-hctz</i>	71	<i>meloxicam</i>	12
LOSEASONIQUE	99	<i>melphalan</i>	41
LOTEMAX.....	116	<i>melphalan hcl</i>	41
LOTEMAX SM	116	<i>memantine hcl</i>	32
<i>loteprednol etabonate</i>	116	<i>memantine hcl er</i>	32
<i>lovastatin</i>	73	MENEST	99
LOW-OGESTREL	99	MENOSTAR.....	99
<i>loxapine succinate</i>	51	MENTAX	37
LUMIGAN.....	117	<i>meperidine hcl</i>	17
LUPRON DEPOT (1-MONTH)	106	<i>meprobamate</i>	56
LUPRON DEPOT (3-MONTH)	106	<i>mercaptapurine</i>	42
LUPRON DEPOT (4-MONTH)	106	<i>mesalamine</i>	109

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

FM Municipio_4 Tiers 2021

<i>mesalamine-cleanser</i>	109	<i>MILLIPRED</i>	93
<i>mesna</i>	47	<i>MILLIPRED DP</i>	93
<i>MESNEX</i>	47	<i>MILLIPRED DP 12-DAY</i>	93
<i>metformin hcl</i>	59	<i>MINIPRIN LOW DOSE</i>	12
<i>metformin hcl er</i>	59	<i>MINITRAN</i>	74
<i>methamphetamine hcl</i>	75	<i>minocycline hcl</i>	27
<i>methazolamide</i>	115	<i>minocycline hcl er</i>	27
<i>methenamine hippurate</i>	23	<i>minoxidil</i>	74
<i>methenamine mandelate</i>	23	<i>MIOCHOL-E</i>	114
<i>methimazole</i>	106	<i>MIOSTAT</i>	115
<i>methocarbamol</i>	126	<i>MIRCETTE</i>	100
<i>methotrexate</i>	107	<i>MIRENA (52 MG)</i>	103
<i>methotrexate sodium</i>	107, 108	<i>mirtazapine</i>	32
<i>methotrexate sodium (pf)</i>	108	<i>misoprostol</i>	86
<i>methoxsalen rapid</i>	81	<i>mitomycin</i>	44
<i>methscopolamine bromide</i>	84	<i>MITOSOL</i>	112
<i>methyl dopa</i>	64	<i>mitoxantrone hcl</i>	45
<i>methyl dopa-hydrochlorothiazide</i>	71	<i>mm aspirin</i>	12
<i>methylphenidate hcl</i>	76	<i>modafinil</i>	127
<i>methylphenidate hcl er</i>	76	<i>moexipril hcl</i>	65
<i>methylphenidate hcl er (cd)</i>	76, 77	<i>mometasone furoate</i>	93, 120
<i>methylphenidate hcl er (la)</i>	77	<i>MONDOXYNE NL</i>	27
<i>methylprednisolone</i>	93	<i>MONO-LINYAH</i>	100
<i>methylprednisolone acetate</i>	93	<i>montelukast sodium</i>	120
<i>methylprednisolone sodium succ</i>	93	<i>MONUROL</i>	23
<i>metoclopramide hcl</i>	85	<i>MORGIDOX</i>	27
<i>metolazone</i>	72	<i>morphine sulfate</i>	17
<i>metoprolol succinate er</i>	67	<i>morphine sulfate er</i>	14
<i>metoprolol tartrate</i>	67	<i>morphine sulfate er beads</i>	14
<i>metoprolol-hydrochlorothiazide</i>	71	<i>MOTEGRITY</i>	85
<i>metronidazole</i>	23, 81	<i>MOTOFEN</i>	85
<i>mexiletine hcl</i>	66	<i>MOVANTIK</i>	85
<i>mezparox-hc</i>	39	<i>moxifloxacin hcl</i>	26, 115
<i>MIBELAS 24 FE</i>	99	<i>MOZOBIL</i>	63
<i>miconazole 3</i>	37	<i>MULTAQ</i>	66
<i>miconazole-zinc oxide-petrolat</i>	37	<i>multi-vit/iron/fluoride</i>	130
<i>MICRHOGAM ULTRA-FILTERED PLUS</i>	108	<i>multi-vitamin drops/fe</i>	130
<i>MICROGESTIN 1.5/30</i>	100	<i>multi-vitamin/fluoride/iron</i>	130
<i>MICROGESTIN 1/20</i>	100	<i>multivitamins plus iron child</i>	130
<i>MICROGESTIN FE 1.5/30</i>	100	<i>mupirocin</i>	23
<i>MICROGESTIN FE 1/20</i>	100	<i>mupirocin calcium</i>	23
<i>midodrine hcl</i>	64	<i>MY CHOICE</i>	103
<i>MIGERGOT</i>	39	<i>MY WAY</i>	103
<i>miglustat</i>	83	<i>mycophenolate mofetil</i>	108
<i>MIGRANAL</i>	39	<i>mycophenolate sodium</i>	108

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

FM Municipio_4 Tiers 2021

MYLERAN.....	41	nevirapine.....	54
MYNATAL.....	130	nevirapine er	54
MYNATAL ADVANCE.....	130	NEW DAY	103
<i>mynatal plus</i>	130	NEXAVAR	46
<i>mynatal-z</i>	130	NEXIUM	87
<i>mynate 90 plus</i>	130	NEXPLANON	103
MYOBLOC.....	126	<i>niacin</i>	130
MYRBETRIQ.....	87	<i>niacin (antihyperlipidemic)</i>	74
N		<i>niacin er (antihyperlipidemic)</i>	74
<i>nabumetone</i>	12	NIACOR	74
<i>nadolol</i>	67	<i>nicardipine hcl</i>	68
<i>naftifine hcl</i>	37	NICODERM CQ	20
NALFON	12	NICORETTE	20
<i>naltrexone hcl</i>	19	NICORETTE MINI.....	20
NAMENDA XR TITRATION PACK	32	NICORETTE STARTER KIT	20
NAPRELAN.....	12	<i>nicotine</i>	20, 21
<i>napro</i>	12	<i>nicotine mini</i>	21
<i>naproxen</i>	12	<i>nicotine polacrilex</i>	21
<i>naproxen sodium</i>	12	<i>nicotine step 1</i>	21
<i>naproxen sodium er</i>	12	<i>nicotine step 2</i>	21
<i>naratriptan hcl</i>	39	<i>nicotine step 3</i>	21
NATACHEW	130	NICOTROL.....	21
NATACYN.....	37	NICOTROL NS.....	21
NATALVIT.....	130	<i>nifedipine</i>	68
NATAZIA.....	100	<i>nifedipine er</i>	68
<i>nateglinide</i>	60	<i>nifedipine er osmotic release</i>	69
NATROBA.....	48	NIKKI.....	100
NATURE-THROID	104	<i>nilutamide</i>	42
NEBUSAL	125	<i>nimodipine</i>	69
NECON 0.5/35 (28).....	100	NIPENT	42
NEEVO DHA.....	130	<i>nisoldipine er</i>	69
<i>nefazodone hcl</i>	33	NITRO-BID	74
<i>neomycin sulfate</i>	22	NITRO-DUR	74
<i>neomycin-bacitracin zn-polymyx</i>	114	<i>nitrofurantoin</i>	23
<i>neomycin-polymyxin-dexameth</i>	116, 117	<i>nitrofurantoin macrocrystal</i>	23
<i>neomycin-polymyxin-gramicidin</i>	114	<i>nitrofurantoin monohyd macro</i>	23
<i>neomycin-polymyxin-hc</i>	117, 118	<i>nitroglycerin</i>	75
NEOTUSS PLUS	125	NITROMIST	75
NESINA.....	60	NITRO-TIME	75
NESTABS	130	NIVA-PLUS	130
NESTABS DHA.....	130	NIVESTYM.....	63
NEUAC	81	<i>nizatidine</i>	85
NEUPRO.....	49	NOLIX	93
NEUTRASAL	79	<i>norethin ace-eth estrad-fe</i>	100
NEVANAC.....	117	<i>norethindrone</i>	103

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

FM Municipio_4 Tiers 2021

<i>norethindrone acetate</i>	103	<i>olmesartan medoxomil-hctz</i>	71
<i>norethindrone acet-ethinyl est</i>	100	<i>olmesartan-amlodipine-hctz</i>	71
<i>norethindrone-eth estradiol</i>	100	<i>olopatadine hcl</i>	114, 119
<i>norethin-eth estradiol-fe</i>	100	<i>omega-3-acid ethyl esters</i>	74
<i>norgestimate-eth estradiol</i>	100	<i>omeprazole</i>	87
<i>norgestim-eth estrad triphasic</i>	100	OMEPRAZOLE+SYRSPEND SF ALKA.....	87
NORITATE.....	81	<i>omeprazole-sodium bicarbonate</i>	87
NORLYROC.....	103	OMNARIS	120
NORPACE CR	66	OMNIFLEX DIAPHRAGM	112
NORTREL 7/7/7	100	ONCASPAR	45
<i>nortriptyline hcl</i>	35	<i>ondansetron</i>	36
NORVIR	56	<i>ondansetron hcl</i>	36
NORWICH ASPIRIN	12	ONEXTON	81
NOVAFERRUM 125	130	ONGLYZA	60
NOVAFERRUM PEDIATRIC DROPS.....	131	OPCICON ONE-STEP	103
NOXAFIL.....	38	OPSUMIT	123
<i>np thyroid</i>	104	OPTION 2	103
NPLATE	63	OPTIONS CONCEPTROL	88
NUBEQA.....	42	OPTIONS GYNOL II CONTRACEPTIVE	89
NUCYNTA.....	17	ORACIT.....	131
NUCYNTA ER.....	14	ORALONE.....	79
NUDEXTA	77	ORAVIG	38
NULEV	84	ORENCIA.....	108
NUMOISYN.....	79	ORENCIA CLICKJECT	108
NUTRIDOX	27	ORILISSA.....	106
NUVARING	101	<i>orphenadrine citrate</i>	126
NYAMYC.....	38	<i>orphenadrine citrate er</i>	126
<i>nystatin</i>	38	ORTHO-NOVUM 1/35 (28)	101
<i>nystatin-triamcinolone</i>	38	ORTHO-NOVUM 7/7/7 (28)	101
O		ORTHOVISC.....	83
OB COMPLETE	131	<i>oscimin</i>	84
OB COMPLETE ONE	131	<i>oscimin sr</i>	84
OB COMPLETE PETITE.....	131	<i>oseltamivir phosphate</i>	56
OB COMPLETE PREMIER.....	131	OSENI	60
OB COMPLETE/DHA	131	OTEZLA	109
OBSTETRIX DHA	131	OVACE PLUS	81
OBSTETRIX EC.....	131	<i>oxaliplatin</i>	44
O-CAL PRENATAL	131	<i>oxaprozin</i>	12
OCREVUS	78	OXAYDO	17
<i>ofloxacin</i>	26, 115, 118	<i>oxazepam</i>	57
OGESTREL	101	<i>oxcarbazepine</i>	31
OKEBO	27	<i>oxiconazole nitrate</i>	38
<i>olanzapine</i>	51, 52	OXISTAT	38
<i>olanzapine-fluoxetine hcl</i>	34	<i>oxybutynin chloride</i>	87
<i>olmesartan medoxomil</i>	65	<i>oxybutynin chloride er</i>	88

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

FM Municipio_4 Tiers 2021

<i>oxycodone hcl</i>	17	<i>perphenazine</i>	51
<i>oxycodone hcl er</i>	14	<i>perphenazine-amitriptyline</i>	35
<i>oxycodone-acetaminophen</i>	17	PERTZYE.....	83
<i>oxycodone-aspirin</i>	17	PEXEVA.....	34
<i>oxycodone-ibuprofen</i>	17	PHENADOZ	35
OXYCONTIN.....	14	PHENAZO.....	89
<i>oxymorphone hcl</i>	17	<i>phenazopyridine hcl</i>	89
<i>oxymorphone hcl er</i>	15	<i>phenelzine sulfate</i>	33
OXYTROL.....	88	<i>phenobarbital</i>	29
OZEMPIC (0.25 OR 0.5 MG/DOSE)	60	<i>phenoxybenzamine hcl</i>	64
OZEMPIC (1 MG/DOSE)	60	<i>phentolamine mesylate</i>	64
OZURDEX	115	<i>phenyleph-promethazine-cod</i>	125
P		<i>phenylephrine hcl</i>	114
PACERONE.....	66	PHENYTEK.....	31
<i>paclitaxel</i>	44	<i>phenytoin</i>	31
<i>paliperidone er</i>	52	<i>phenytoin sodium</i>	31
<i>palonosetron hcl</i>	36	<i>phenytoin sodium extended</i>	31
<i>pamidronate disodium</i>	110	PHILITH	101
PANCREAZE	83	PHOSLYRA.....	89
PANDEL.....	93	PHOSPHA 250 NEUTRAL	131
PANRETIN.....	47	PHOSPHASAL	89
<i>pantoprazole sodium</i>	87	PHOSPHOLINE IODIDE	115
PARAGARD INTRAUTERINE COPPER	112	PHOSPHO-TRIN 250 NEUTRAL	131
<i>paregoric</i>	85	PHOTOFRIN	44
<i>paricalcitol</i>	110	PICATO.....	81
<i>paromomycin sulfate</i>	22	<i>pilocarpine hcl</i>	79, 116
<i>paroxetine hcl</i>	34	<i>pimecrolimus</i>	81
<i>paroxetine hcl er</i>	34	<i>pimozide</i>	51
PASER.....	41	PIMTREA	101
<i>pc pediatric iron drops</i>	131	<i>pindolol</i>	67
<i>pc pediatric poly-vita/fe drop</i>	131	PIRMELLA 1/35	101
<i>peg 3350-kcl-na bicarb-nacl</i>	86	PIRMELLA 7/7/7	101
<i>peg-3350/electrolytes</i>	86	<i>piroxicam</i>	12
PEGANONE.....	31	<i>plain niacin</i>	131
<i>penicillin g potassium</i>	25	PLAN B ONE-STEP	103
<i>penicillin g procaine</i>	25	PLEGRIDY	78
<i>penicillin g sodium</i>	25	PLEGRIDY STARTER PACK.....	78
<i>penicillin v potassium</i>	25	<i>pnv tabs 29-1</i>	131
PENTASA	109	<i>pnv-dha</i>	131
<i>pentazocine-naloxone hcl</i>	17	<i>pnv-dha plus</i>	131
<i>pentoxifylline er</i>	71	<i>pnv-dha+docusate</i>	131
PERFOROMIST.....	122	<i>pnv-omega</i>	131
<i>perindopril erbumine</i>	65	<i>pnv-select</i>	131
PERJETA.....	44	<i>podofilox</i>	81
<i>permethrin</i>	48	POLYCIN	114

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

FM Municipio_4 Tiers 2021

<i>polymyxin b-trimethoprim</i>	114	<i>preplus</i>	132
<i>poly-vita/iron</i>	131	<i>pretab</i>	132
<i>polyvitamin/iron</i>	131	PREVALITE	74
<i>potassium chloride</i>	131	PREVENTEZA	103
<i>potassium chloride crys er</i>	131, 132	PREZISTA	56
<i>potassium chloride er</i>	132	PRIFTIN	41
<i>potassium citrate er</i>	132	PRILOSEC	87
<i>potassium citrate-citric acid</i>	132	<i>primaquine phosphate</i>	48
PR NATAL 400	132	<i>primidone</i>	29
PR NATAL 400 EC	132	PRIMLEV	17
PR NATAL 430	132	PRIMSOL	23
PR NATAL 430 EC	132	PROAIR HFA	122
PRADAXA	63	PROAIR RESPIClick	122
<i>pramipexole dihydrochloride</i>	49	<i>probenecid</i>	38
<i>pramipexole dihydrochloride er</i>	49	<i>prochlorperazine</i>	51
PRAMOSONE	39	<i>prochlorperazine edisylate</i>	51
PRAMOX	18	<i>prochlorperazine maleate</i>	51
<i>prasugrel hcl</i>	64	PROCORT	81
<i>pravastatin sodium</i>	73	PROCTOFOAM HC	81
<i>praziquantel</i>	47	PROCTO-MED HC	39
<i>prazosin hcl</i>	65	PROCTO-PAK	39
PRED MILD	117	PROCTOSOL HC	39
PRED-G	117	<i>progesterone</i>	103
PRED-G S.O.P.	117	<i>progesterone micronized</i>	103
<i>prednicarbate</i>	93	PROLENSA	117
<i>prednisolone</i>	93	PROLEUKIN	44
<i>prednisolone acetate</i>	117	PROLIA	110
<i>prednisolone sodium phosphate</i>	93, 117	<i>promethazine hcl</i>	35
<i>prednisone</i>	93, 94	<i>promethazine vc/codeine</i>	125
PREDNISONES INTENSOL	94	<i>promethazine-codeine</i>	125
PREFEST	101	<i>promethazine-dm</i>	125
<i>pregabalin</i>	77	<i>promethazine-phenyleph-codeine</i>	125
PREMARIN	101	<i>promethazine-phenylephrine</i>	125
<i>premium condoms lubricated</i>	112	PROMETHEGAN	35
<i>premium lidocaine</i>	18	PROMISEB	81
PREMPHASE	101	<i>propafenone hcl</i>	66
PREMPRO	101	<i>propafenone hcl er</i>	66
<i>prenaisance</i>	132	<i>propantheline bromide</i>	84
<i>prenaisance plus</i>	132	<i>proparacaine hcl</i>	114
PRENATABS RX	132	<i>propranolol hcl</i>	67
<i>prenatal</i>	132	<i>propranolol hcl er</i>	67
<i>prenatal 19</i>	132	<i>propranolol-hctz</i>	71
<i>prenatal plus iron</i>	132	<i>propylthiouracil</i>	106
<i>prenatal vitamin plus low iron</i>	132	PROTONIX	87
PRENATAL-U	132	<i>protriptyline hcl</i>	35

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

FM Municipio_4 Tiers 2021

PROVENTIL HFA	122	<i>ra aspirin adult low dose</i>	12
PRUDOXIN	81	<i>ra aspirin adult low strength</i>	13
<i>psorcon</i>	94	<i>ra aspirin childrens</i>	13
PULMICORT FLEXHALER	120	<i>ra aspirin ec</i>	13
PULMOSAL	125	<i>ra aspirin ec adult low st</i>	13
PULMOZYME	122	<i>ra budesonide</i>	120
<i>px aspirin</i>	12	<i>ra folic acid</i>	133
PX CHILDRENS VITAMIN	132	<i>ra mini nicotine</i>	21
<i>px enteric aspirin</i>	12	<i>ra niacin</i>	133
<i>px folic acid</i>	132	<i>ra nicotine</i>	21
<i>px stop smoking aid</i>	21	<i>ra nicotine gum</i>	21
PYLERA.....	85	<i>ra nicotine polacrilex</i>	21
<i>pyrazinamide</i>	41	<i>ra no flush niacin</i>	133
<i>pyridostigmine bromide</i>	40	<i>ra pain relief aspirin</i>	13
<i>pyridostigmine bromide er</i>	40	<i>ra vitamins complete childrens</i>	133
<i>pyrimethamine</i>	48	<i>rabeprazole sodium</i>	87
Q		<i>raloxifene hcl</i>	103
<i>qc aspirin</i>	12	<i>ramelteon</i>	127
<i>qc aspirin low dose</i>	12	<i>ramipril</i>	65
<i>qc childrens aspirin</i>	12	<i>ranitidine hcl</i>	86
<i>qc childrens complete</i>	132	<i>ranolazine er</i>	71
<i>qc childrens vitamins/iron</i>	133	<i>rasagiline mesylate</i>	50
<i>qc enteric aspirin</i>	12	RAYOS.....	94
<i>qc folic acid</i>	133	REACT	103
QNASL.....	120	REALITY LATEX CONDOMS	112
QNASL CHILDRENS	120	REALITY LATEX/ULTRA TEXTURED	112
QTERN	60	REALITY LATEX/ULTRA THIN	112
QUARTETTE	101	RECLIPSEN.....	101
<i>quazepam</i>	57	RECTIV	81
<i>quetiapine fumarate</i>	52	REGRANEX	81
<i>quetiapine fumarate er</i>	52	RELENZA DISKHALER	56
QUILLICHEW ER.....	77	RELISTOR	85
QUILLIVANT XR	77	RENFLEXIS	108
<i>quinapril hcl</i>	65	<i>repaglinide</i>	60
<i>quinapril-hydrochlorothiazide</i>	71	RESTASIS	114
<i>quinidine gluconate er</i>	66	RESTASIS MULTIDOSE.....	114
<i>quinidine sulfate</i>	66	RETACRIT	63
<i>quinine sulfate</i>	48	RETIN-A MICRO PUMP.....	81
QUINJA.....	38	RETISERT	116
QUTENZA.....	8	RETROVIR.....	55
QUTENZA (2 PATCH)	8	REVLIMID	42
QVAR REDHALER	120	RHOGAM ULTRA-FILTERED PLUS.....	108
R		RHOPHYLAC.....	108
<i>ra aspirin</i>	12	<i>ribavirin</i>	54, 125
		RIDAURA	109

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

FM Municipio_4 Tiers 2021

<i>rifabutin</i>	40	<i>selegiline hcl</i>	50
<i>rifampin</i>	41	<i>selenium sulfide</i>	81
RIFATER.....	41	SELZENTRY	55
<i>riluzole</i>	77	SEMPREX-D.....	125
<i>rimantadine hcl</i>	56	<i>se-natal 19</i>	133
RIMSO-50.....	89	SEREVENT DISKUS.....	122
RINVOQ.....	108	<i>sertraline hcl</i>	34
<i>risedronate sodium</i>	110	SETLAKIN.....	101
RISPERDAL CONSTA.....	52	<i>sevelamer carbonate</i>	89
<i>risperidone</i>	52	<i>sevelamer hcl</i>	89
<i>ritonavir</i>	56	SFROWASA.....	109
<i>rivastigmine</i>	32	SHAROBEL.....	103
<i>rivastigmine tartrate</i>	32	SHUR-SEAL CONTRACEPTIVE	89
RIVELSA.....	101	<i>sildenafil citrate</i>	123
<i>rizatriptan benzoate</i>	39	<i>silodosin</i>	88
<i>ropinirole hcl</i>	49	<i>silver sulfadiazine</i>	23
<i>ropinirole hcl er</i>	49	<i>simvastatin</i>	73
ROSADAN	81	<i>sirolimus</i>	108
<i>rosuvastatin calcium</i>	73	SKLICE	48
ROWEEPR.....	28	SKYRIZI (150 MG DOSE)	81
ROZLYTREK	46	<i>sm animal shapes complete</i>	133
RUXIENCE	47	<i>sm aspirin</i>	13
RYBELSUS.....	60	<i>sm aspirin adult low strength</i>	13
S		<i>sm aspirin ec</i>	13
SALIVAMAX.....	79	<i>sm aspirin ec low strength</i>	13
<i>salsalate</i>	13	<i>sm aspirin low dose</i>	13
SANCUSO	36	<i>sm childrens aspirin</i>	13
SANDIMMUNE	108	<i>sm folic acid</i>	133
SANTYL.....	81	<i>sm nicotine</i>	21
SAPHRIS.....	52	<i>sm nicotine polacrilex</i>	21
SAVELLA.....	77	<i>sod citrate-citric acid</i>	133
SAVELLA TITRATION PACK	77	<i>sodium chloride</i>	125
<i>sb aspirin</i>	13	<i>sodium fluoride</i>	133
<i>sb aspirin adult low strength</i>	13	<i>sodium phenylbutyrate</i>	83
<i>sb aspirin ec</i>	13	<i>sodium polystyrene sulfonate</i>	135
<i>sb childrens aspirin</i>	13	<i>sodium sulfacetamide</i>	82
<i>sb low dose asa ec</i>	13	<i>sofosbuvir-velpatasvir</i>	53
SCALACORT DK	81	<i>solifenacin succinate</i>	88
<i>scopolamine</i>	36	SOLTAMOX	42
SEASONIQUE	101	SOLU-CORTEF	94
SECONAL.....	127	SOLU-MEDROL.....	94
SEEBRI NEOHALER.....	121	SORILUX	82
SEGLUROMET.....	60	SORINE	66
SELECT-OB.....	133	<i>sotalol hcl</i>	66
SELECT-OB+DHA.....	133	<i>sotalol hcl (af)</i>	66

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

FM Municipio_4 Tiers 2021

<i>spinosad</i>	48	<i>sumatriptan-naproxen sodium</i>	40
SPIRIVA HANDIHALER.....	121	SUMAVEL DOSEPRO	40
SPIRIVA RESPIMAT	121	SUPARTZ FX.....	83
<i>spironolactone</i>	72	SUPRAX	24
<i>spironolactone-hctz</i>	71	SUPREP BOWEL PREP KIT	86
SPRINTEC 28.....	101	SUTENT	46
SPRIX	13	SYMAX DUOTAB.....	85
SPRYCEL	46	SYMAX-SR	85
SPS.....	135	SYMBICORT	125
<i>sr nicotine</i>	21	SYMPROIC	85
SSD	23	SYNAGIS	125
sss 10-5	82	SYNALAR TS.....	82
ST JOSEPH ASPIRIN.....	13	SYNERA	18
ST JOSEPH LOW DOSE.....	13	SYNJARDY	60
STALEVO 125	50	SYNJARDY XR	60
STALEVO 150	50	SYNTHROID	104
STALEVO 200	50	SYNVISC	83
STALEVO 50	50	SYNVISC ONE.....	83
STALEVO 75	50		
<i>stavudine</i>	55	T	
STEGLATRO	60	TABLOID.....	44
STEGLUJAN.....	60	TACLONEX.....	82
STELARA.....	82	<i>tacrolimus</i>	82, 108
STIMATE	94	<i>tadalafil (pah)</i>	123
STIVARGA.....	46	TAKE ACTION	103
STRIBILD.....	54	<i>tamoxifen citrate</i>	42
STRIVERDI RESPIMAT.....	122	<i>tamsulosin hcl</i>	88
SUBSYS	17	TANZEUM.....	60
<i>sucralfate</i>	86	TARGRETIN	47
<i>sulfacetamide sodium</i>	26, 82	TARINA FE 1/20	101
<i>sulfacetamide sodium (acne)</i>	26	TARON-C DHA	133
<i>sulfacetamide sodium-sulfur</i>	82	TARON-CRYSTALS.....	133
<i>sulfacetamide sod-sulfur wash</i>	82	TARON-PREX.....	133
<i>sulfacetamide-prednisolone</i>	117	TASIGNA	46
<i>sulfacetamide-sulfur in urea</i>	82	<i>tazarotene</i>	82
<i>sulfadiazine</i>	26	TAZORAC	82
<i>sulfamethoxazole-trimethoprim</i>	26, 27	TAZTIA XT	69
SULFAMYLLON.....	23	TEGRETOL.....	31
<i>sulfasalazine</i>	110	TEGRETOL-XR.....	31
SULFATRIM PEDIATRIC.....	27	TEKTURN HCT.....	71
<i>sulfurated lime</i>	48	<i>telmisartan</i>	65
<i>sulindac</i>	13	<i>telmisartan-amlodipine</i>	71
<i>sumatriptan</i>	39, 40	<i>telmisartan-hctz</i>	71
<i>sumatriptan succinate</i>	40	<i>temazepam</i>	127
<i>sumatriptan succinate refill</i>	40	TEMODAR	41
		<i>temozolomide</i>	41

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

FM Municipio_4 Tiers 2021

<i>temsirolimus</i>	108	<i>tobramycin-dexamethasone</i>	117
TENCON.....	8	TOBREX	115
<i>teniposide</i>	44	TODAY SPONGE.....	89
<i>tenofovir disoproxil fumarate</i>	55	<i>tolbutamide</i>	60
<i>terazosin hcl</i>	88	<i>tolcapone</i>	48
<i>terbinafine hcl</i>	38	<i>tolmetin sodium</i>	13
<i>terbutaline sulfate</i>	122	<i>tolterodine tartrate</i>	88
<i>terconazole</i>	38	<i>tolterodine tartrate er</i>	88
<i>testosterone</i>	95	TOPEX TOPICAL ANESTHETIC	79
<i>testosterone cypionate</i>	95	<i>topiramate</i>	30
<i>testosterone enanthate</i>	95	TOPOSAR.....	45
<i>tetrabenazine</i>	77	<i>topotecan hcl</i>	45
<i>tetracaine hcl</i>	114	<i>torseamide</i>	72
<i>tetracycline hcl</i>	28	TOSYMRA	40
TEXACORT	94	TOTECT	44
<i>tgt aspirin</i>	13	TOUJEO MAX SOLOSTAR	62
<i>tgt aspirin ec</i>	13	TOUJEO SOLOSTAR	62
<i>tgt aspirin low dose</i>	13	TOVIAZ	88
<i>tgt childrens aspirin</i>	13	TRADJENTA	60
<i>tgt nicotine</i>	22	<i>tramadol hcl</i>	17
<i>tgt nicotine polacrilex</i>	22	<i>tramadol hcl er</i>	15
<i>tgt nicotine step one</i>	22	<i>tramadol hcl er (biphasic)</i>	15
<i>tgt nicotine step three</i>	22	<i>tramadol-acetaminophen</i>	17
<i>tgt nicotine step two</i>	22	<i>trandolapril</i>	65
THALOMID	42	<i>trandolapril-verapamil hcl er</i>	71
THEO-24.....	123	<i>tranylcypromine sulfate</i>	33
<i>theophylline</i>	123	<i>travoprost (bak free)</i>	117
<i>theophylline er</i>	123	TRAZIMERA	47
THIOLA.....	89	<i>trazodone hcl</i>	34
<i>thioridazine hcl</i>	51	TREANDA	44
<i>thiotepa</i>	41	TRECATOR	41
<i>thiothixene</i>	51	TRESIBA.....	62
THRIVE.....	22	TRESIBA FLEXTOUCH	62
<i>thrivite 19</i>	133	<i>tretinoin</i>	47, 82
<i>thrivite rx</i>	133	<i>tretinoin microsphere</i>	82
<i>thyroid</i>	104	<i>tretinoin microsphere pump</i>	82
<i>tiagabine hcl</i>	29	TREXALL	108
TICE BCG	44	TRI FEMYNOR	101
TILIA FE.....	101	<i>triamcinolone acetanide</i>	79, 94
<i>timolol maleate</i>	67, 116	<i>triamterene</i>	72
<i>tinidazole</i>	48	<i>triamterene-hctz</i>	72
TIROSINT	105	TRIANEX.....	94
TIROSINT-SOL.....	105	<i>triazolam</i>	57
<i>tizanidine hcl</i>	53	TRICARE	133
<i>tobramycin</i>	115, 122	TRICARE PRENATAL DHA ONE	133

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

FM Municipio_4 Tiers 2021

<i>tricitrates</i>	133	TYSABRI.....	78
TRIDERM.....	94	U	
<i>trientine hcl</i>	89	ULESFIA	48
TRIESENCE	117	ULTRA CHOICE MULTIVITAMIN KIDS	134
TRI-ESTARYLLA	101	URELLE	89
<i>trifluoperazine hcl</i>	51	URIMAR-T.....	89
<i>trifluridine</i>	54	<i>urin ds</i>	89
TRIGLIDE	73	<i>uro-458</i>	89
<i>trihexyphenidyl hcl</i>	48	<i>uro-mp</i>	89
TRIJARDY XR	60	<i>ursodiol</i>	85
TRI-LEGEST FE	101	URYL.....	89
TRI-LINYAH.....	101	USTELL.....	89
TRI-LO-MARZIA	102	<i>uticap</i>	89
TRI-LO-SPRINTEC.....	102	UTIRA-C.....	89
<i>trimethobenzamide hcl</i>	36	UTRONA-C	89
<i>trimethoprim</i>	23	V	
<i>trimipramine maleate</i>	35	<i>valacyclovir hcl</i>	54
<i>trinatal rx 1</i>	133	<i>valganciclovir hcl</i>	53
TRINATE.....	133	<i>valproic acid</i>	29
<i>tri-tabs dha</i>	133	<i>valsartan</i>	65
TRIVEEN-DUO DHA.....	133	<i>valsartan-hydrochlorothiazide</i>	72
<i>tropicamide</i>	114	VANATOL LQ.....	8
<i>trospium chloride</i>	88	VANATOL S.....	8
<i>trospium chloride er</i>	88	<i>vancomycin hcl</i>	23
TRULANCE.....	85	VCF VAGINAL CONTRACEPTIVE	89
TRULICITY	60	VECTIBIX.....	47
TRUSTEX COLOR CONDOMS + LUBE	112	VECTICAL.....	82
TRUSTEX LUB/RIBBED/STUDDER.....	112	VELCADE	44
TRUSTEX LUB/SPERMICIDE EX ST.....	112	VELIVET	102
TRUSTEX LUB/SPERMICIDE XL.....	112	VELTIN.....	82
TRUSTEX LUBRICATED.....	112	<i>venlafaxine hcl</i>	34
TRUSTEX LUBRICATED EX LARGE.....	112	<i>venlafaxine hcl er</i>	34
TRUSTEX LUBRICATED EXTRA ST	112	VENTAVIS	123
TRUSTEX LUBRICATED/SPERMICIDE	112	VENTOLIN HFA	122
TRUSTEX NATURAL CONDOMS + LUBE	112	<i>verapamil hcl</i>	69
TRUSTEX NON-LUBRICATED	113	<i>verapamil hcl er</i>	69
TRUSTEX RIA LUB/SPERMICIDE	113	VERDESO.....	94
TRUSTEX RIA LUBRICATED.....	113	VEREGEN.....	82
TRUSTEX RIA NON-LUBRICATED	113	VERZENIO	45
TRUSTEX-NONOXYNOL-9/RIB/STUD	113	VIBRAMYCIN.....	28
TUDORZA PRESSAIR	121	VICTOZA.....	61
TUSNEL.....	125	VIDEX	55
TUSSICAPS.....	125	VIENVA.....	102
TYKERB.....	46	<i>vigabatrin</i>	29
TYMLOS	110		

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

FM Municipio_4 Tiers 2021

VIIBRYD.....	34	WIDE-SEAL DIAPHRAGM 70.....	113
VILAMIT MB.....	89	WIDE-SEAL DIAPHRAGM 75.....	113
VILEVEV MB.....	89	WIDE-SEAL DIAPHRAGM 80.....	113
VIMPAT.....	31	WIDE-SEAL DIAPHRAGM 85.....	113
VINATE DHA RF.....	134	WIDE-SEAL DIAPHRAGM 90.....	113
VINATE II.....	134	WIDE-SEAL DIAPHRAGM 95.....	113
VINATE ONE.....	134	WINRHO SDF.....	109
<i>vinblastine sulfate</i>	44	WIXELA INHUB.....	125
<i>vincristine sulfate</i>	44	WP THYROID.....	105
<i>vinorelbine tartrate</i>	44	WYMZYA FE.....	102
VIOKACE.....	83	X	
<i>viorele</i>	102	XALKORI.....	46
VIRACEPT.....	56	XARELTO.....	63
VIREAD.....	55	XARELTO STARTER PACK.....	63
<i>virt-c dha</i>	134	XELJANZ.....	108
<i>virti-sulf</i>	82	XELJANZ XR.....	108
<i>virt-nate dha</i>	134	XEOMIN.....	126
<i>virt-phos 250 neutral</i>	134	XERESE.....	54
<i>virt-pn dha</i>	134	XGEVA.....	110
<i>virt-pn plus</i>	134	XIFAXAN.....	23
VITAFOL-OB.....	134	XIGDUO XR.....	61
VITAFOL-OB+DHA.....	134	XIMINO.....	28
VITAFOL-ONE.....	134	XOFLUZA (40 MG DOSE).....	56
VITAMEDMD ONE RX/QUATREFOLIC.....	134	XOFLUZA (80 MG DOSE).....	56
VIVA DHA.....	134	XOLEGEL.....	38
VIVITROL.....	19	XOLEGEL DUO/HEAD & SHOULDERS.....	38
VOGELXO.....	95	XOLEGEL DUO/XOLEX.....	38
VOGELXO PUMP.....	95	XOPENEX HFA.....	122
<i>vol-plus</i>	134	XULANE.....	102
<i>vol-tab rx</i>	134	XYREM.....	127
<i>voriconazole</i>	38	Y	
VOTRIENT.....	46	<i>yl folic acid</i>	134
<i>vp-pnv-dha</i>	134	YUVAFEM.....	102
VUMERITY.....	78	Z	
VUMERITY (STARTER).....	78	<i>zaclir cleansing</i>	82
VUSION.....	38	<i>zafirlukast</i>	120
VYFEMLA.....	102	<i>zaleplon</i>	127
VYVANSE.....	75	ZANOSAR.....	41
W		ZARAH.....	102
<i>warfarin sodium</i>	63	ZARXIO.....	64
<i>wee care</i>	134	ZATEAN-PN DHA.....	134
WERA.....	102	ZATEAN-PN PLUS.....	134
WESTHROID.....	105	ZEBUTAL.....	8
WIDE-SEAL DIAPHRAGM 60.....	113	ZELAPAR.....	50
WIDE-SEAL DIAPHRAGM 65.....	113		

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

FM Municipio_4 Tiers 2021

ZELBORAF	46	ZOLADEX	106
ZENPEP	84	zoledronic acid	110
ZEPATIER	53	ZOLINZA	45
ZEPOSIA	78	zolmitriptan	40
ZEPOSIA 7-DAY STARTER PACK	78	zolpidem tartrate	127
ZEPOSIA STARTER KIT	78	zolpidem tartrate er	127
ZETONNA.....	120	ZOLPIMIST	127
ZEVALIN Y-90	44	ZOMIG	40
ZIANA	82	ZONALON	83
zidovudine.....	55	zonisamide	28
ZIEXTENZO.....	64	zoo friends plus iron	134
zileuton er	120	ZUPLENZ.....	36
ziprasidone hcl.....	52	ZYCLARA.....	83
ziprasidone mesylate	52	ZYCLARA PUMP	83
ZIPSOR.....	13	ZYDELIG	47
ZIRABEV.....	41	ZYFLO.....	120
ZIRGAN	53	ZYKADIA.....	47
ZITHRANOL.....	82	ZYLET	117
ZITHROMAX.....	26	ZYPREXA RELPREVV	52

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]