



## Lista de Medicamentos de 2023 Municipio

(Actualizado en Octubre 2022)

*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

**Segundo Nivel:** Medicamentos de Marca Preferidos.

**Tercer Nivel:** Medicamentos de Marca No Preferidos.

**Cuarto Nivel:** Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

**Quinto Nivel:** Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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

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

## 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] .....        | 6  |
| ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] .....                                                                                                                      | 14 |
| 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] ..... | 15 |
| ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] .....                                                                        | 18 |
| ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] .....                                                                                              | 24 |
| ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA] .....                                    | 27 |
| ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] .....                                                                                             | 28 |
| ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] .....                                                                                       | 31 |
| ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] .....                                                                                    | 32 |
| ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA] .....                                                                                                | 34 |
| ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN] .....                                                                     | 34 |
| ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA] .....                                                                                       | 34 |
| ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] .....                                                                 | 36 |
| ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] .....                                                                                      | 36 |
| ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] .....                                                                                                   | 36 |

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 -<br>MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] .....                                                                     | 43  |
| ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES<br>ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] .....                                                         | 44  |
| ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS -<br>MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] .....                                                                       | 45  |
| ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES<br>CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y<br>ESPASMO] .....                                      | 48  |
| ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA<br>TRATAR INFECCIONES VIRALES] .....                                                                                       | 49  |
| ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA<br>TRATAR LA ANSIEDAD] .....                                                                                                      | 52  |
| BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD -<br>MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] .....                                                             | 53  |
| BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES<br>DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]<br>.....                                               | 53  |
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD<br>DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE<br>VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE] ..... | 81  |
| CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS<br>[AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL<br>CORAZÓN Y LA CIRCULACIÓN] .....                       | 83  |
| CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES<br>DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE<br>LOS NERVIOS] .....                                 | 93  |
| DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS<br>[AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA<br>BOCA Y GARGANTA] .....                                 | 97  |
| DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES<br>DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL] .....                                                               | 97  |
| DEVICES [DISPOSITIVOS] .....                                                                                                                                                                             | 101 |
| ELECTROLYTES/MINERALS/METALS/VITAMINS<br>[ELECTROLITOS/MINERALES/METALES/VITAMINAS] .....                                                                                                                | 101 |

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

|                                                                                                                                                                                                                                                   |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]</b>                                                                                                                          | 102 |
| <b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]</b>                                                    | 102 |
| <b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]</b>                                                            | 106 |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                      | 108 |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                   | 112 |
| <b>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]</b> | 113 |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]</b>                   | 121 |
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                                                                  | 122 |
| <b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                                                           | 122 |
| <b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                                                               | 122 |
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]</b>                                                                 | 123 |

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].....                                                                  | 123 |
| 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] .....                   | 126 |
| METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS] .....                                                       | 126 |
| MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]....                                                                                                                                                           | 127 |
| OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS] .....                                                                                                   | 129 |
| OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS] .....                                                                                                            | 133 |
| 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] ..... | 134 |
| SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] .....                                                               | 141 |
| SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] .....                                                                                         | 142 |
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS] .....                                                                                                                              | 142 |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]                                                                                                                                                     |                      |                                          |                                                          |
| Therapeutic Class [Clase Terapéutica]                                                                                                                                                            |                      |                                          |                                                          |
| <b>ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]</b> |                      |                                          |                                                          |
| <b>Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]</b>                                                                                                             |                      |                                          |                                                          |
| 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                    | ORBIVAN CF                               | QL(90 / 30)                                              |
| butalbital-acetaminophen 50-325 mg tab                                                                                                                                                           | 1                    | PHRENILIN                                | 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 cap                                                                                                                                                      | 1                    | FIORINAL                                 | QL(90 / 30)                                              |
| QUTENZA 8 % ext kit                                                                                                                                                                              | 5                    |                                          | PA                                                       |
| QUTENZA (2 PATCH) 8 % ext kit                                                                                                                                                                    | 5                    |                                          | PA                                                       |
| TENCON 50-325 mg tab                                                                                                                                                                             | 3                    |                                          | QL(90 / 30)                                              |
| ZEBUTAL 50-325-40 mg cap                                                                                                                                                                         | 3                    |                                          | QL(90 / 30)                                              |
| <b>Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]</b>                          |                      |                                          |                                                          |
| adult aspirin regimen 81 mg tab dr                                                                                                                                                               | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr                                                                                                                | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin 81 81 mg tab chew                                                                                                                                                                        | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin adult low dose 81 mg tab dr                                                                                                                                                              | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin adult low strength 81 mg tab dr                                                                                                                                                          | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin childrens 81 mg tab chew                                                                                                                                                                 | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin ec 325 mg tab dr, 81 mg tab dr                                                                                                                                                           | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin ec adult low strength 81 mg tab dr                                                                                                                                                       | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin ec low dose 81 mg tab dr                                                                                                                                                                 | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin ec low strength 81 mg tab dr                                                                                                                                                             | 1                    |                                          | QL(30 / 30), AL                                          |
| aspirin low dose 81 mg tab chew, 81 mg tab dr                                                                                                                                                    | 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 Obamacare 2023 Municipio 5 Tier                                                                                                                                                               |                      |                                          | Page 6 of 175                                            |
|                                                                                                                                                                                                  |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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 LOW DOSE 81 mg tab chew, 81 mg tab dr                | 1                    |                                          | QL(30 / 30), AL                                          |
| CAMBIA 50 mg pckt                                          | 3                    |                                          |                                                          |
| celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap    | 1                    | CELEBREX                                 | ST                                                       |
| childrens aspirin 81 mg tab chew                           | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs aspirin 325 mg tab                                     | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs aspirin adult low dose 81 mg tab chew                  | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs aspirin adult low strength 81 mg tab dr                | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs aspirin ec 325 mg tab dr, 81 mg tab dr                 | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs aspirin low dose 81 mg tab dr                          | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs aspirin low strength 81 mg tab dr                      | 1                    |                                          | QL(30 / 30), AL                                          |
| cvs genuine aspirin 325 mg tab                             | 1                    |                                          | QL(30 / 30), AL                                          |
| diclofenac epolamine 1.3 % patch                           | 1                    | FLECTOR                                  |                                                          |
| diclofenac potassium 50 mg tab                             | 1                    | CATAFLAM                                 |                                                          |
| diclofenac potassium 25 mg cap                             | 1                    | ZIPSOR                                   |                                                          |
| diclofenac sodium 1.5 % ext soln                           | 1                    | PENNSAID                                 |                                                          |
| diclofenac sodium 3 % gel                                  | 1                    | SOLARAZE                                 |                                                          |
| diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr | 1                    | VOLTAREN                                 |                                                          |
| diclofenac sodium 1 % gel                                  | 1                    | VOLTAREN                                 |                                                          |
| diclofenac sodium er 100 mg tab er 24 hr                   | 1                    | VOLTAREN XR                              |                                                          |
| diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr  | 1                    | ARTHROTEC                                |                                                          |
| diflunisal 500 mg tab                                      | 1                    | DOLOBID                                  |                                                          |
| ECOTRIN 325 mg tab dr                                      | 1                    |                                          | QL(30 / 30), AL                                          |
| ECOTRIN LOW STRENGTH 81 mg tab dr                          | 1                    |                                          | QL(30 / 30), AL                                          |
| eq aspirin 325 mg tab                                      | 1                    |                                          | QL(30 / 30), AL                                          |
| eq aspirin adult low dose 81 mg tab dr                     | 1                    |                                          | QL(30 / 30), AL                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>eq aspirin low dose 81 mg tab chew</i>                                        | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>eql aspirin ec 325 mg tab dr</i>                                              | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>eql 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                                   |                                                          |
| <i>FENORTHO 200 mg cap</i>                                                       | 3                    |                                          |                                                          |
| <i>flurbiprofen 100 mg tab, 50 mg tab</i>                                        | 1                    | ANSAID                                   |                                                          |
| <i>genuine aspirin 325 mg tab</i>                                                | 1                    |                                          | QL(30 / 30), AL                                          |
| <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 adults 325 mg tab</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                                          |
| <i>IBU 600 mg tab</i>                                                            | 1                    |                                          |                                                          |
| <i>IBU 800 mg tab</i>                                                            | 3                    |                                          |                                                          |
| <i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>                              | 1                    | MOTRIN                                   |                                                          |
| <i>ibuprofen-famotidine 800-26.6 mg tab</i>                                      | 1                    | DUEXIS                                   |                                                          |
| <i>INDOCIN 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<br>[Nombre del Medicamento]          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| INDOCIN 25 mg/5ml susp                         | 3                    |                                          |                                                          |
| indomethacin 25 mg cap, 50 mg cap              | 1                    | INDOCIN                                  |                                                          |
| indomethacin er 75 mg cap er                   | 1                    | INDOCIN                                  |                                                          |
| ketoprofen 75 mg cap                           | 1                    | ORUDIS                                   |                                                          |
| ketoprofen er 200 mg cap er 24 hr              | 1                    | ORUVAIL                                  |                                                          |
| ketorolac tromethamine 60 mg/2ml im soln       | 1                    |                                          | QL(20 / 25)                                              |
| ketorolac tromethamine 30 mg/ml inj soln       | 1                    | TORADOL                                  | QL(20 / 25)                                              |
| ketorolac tromethamine 10 mg tab               | 1                    | TORADOL                                  | QL(20 / 30)                                              |
| ketorolac tromethamine 15 mg/ml inj soln       | 1                    | TORADOL                                  | QL(40 / 25)                                              |
| kls aspirin low dose 81 mg tab dr              | 1                    |                                          | QL(30 / 30), AL                                          |
| kp aspirin 81 mg tab dr                        | 1                    |                                          | QL(30 / 30), AL                                          |
| meclofenamate sodium 100 mg cap, 50 mg cap     | 1                    | MECLOMEN                                 |                                                          |
| mefenamic acid 250 mg cap                      | 1                    | PONSTEL                                  |                                                          |
| meijer aspirin ec 325 mg tab dr                | 1                    |                                          | QL(30 / 30), AL                                          |
| meloxicam 15 mg tab, 7.5 mg tab                | 1                    | MOBIC                                    |                                                          |
| nabumetone 500 mg tab, 750 mg tab              | 1                    | RELAFEN                                  |                                                          |
| NALFON 400 mg cap                              | 3                    |                                          |                                                          |
| NAPRELAN 750 mg tab er 24 hr                   | 3                    |                                          |                                                          |
| napro 15 % crm                                 | 1                    |                                          |                                                          |
| naproxen 375 mg tab dr, 500 mg tab dr          | 1                    | NAPROSYN                                 |                                                          |
| naproxen 250 mg tab, 375 mg tab, 500 mg tab    | 1                    | NAPROSYN                                 |                                                          |
| naproxen 125 mg/5ml susp                       | 1                    | NAPROSYN                                 |                                                          |
| naproxen sodium 275 mg tab                     | 1                    | ANAPROX                                  |                                                          |
| naproxen sodium 550 mg tab                     | 1                    | ANAPROX DS                               |                                                          |
| naproxen sodium er 500 mg tab er 24 hr         | 1                    | NAPRELAN                                 |                                                          |
| oxaprozin 600 mg tab                           | 1                    | DAYPRO                                   |                                                          |
| piroxicam 10 mg cap, 20 mg cap                 | 1                    | FELDENE                                  |                                                          |
| px aspirin 325 mg tab, 81 mg tab chew          | 1                    |                                          | QL(30 / 30), AL                                          |
| px enteric aspirin 325 mg tab dr, 81 mg tab dr | 1                    |                                          | QL(30 / 30), AL                                          |
| qc aspirin 325 mg tab, 325 mg tab dr           | 1                    |                                          | QL(30 / 30), AL                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>                                                                              | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>qc childrens aspirin 81 mg tab chew</i>                                                                                           | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>qc enteric aspirin 325 mg tab dr</i>                                                                                              | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>ra aspirin 325 mg tab</i>                                                                                                         | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>ra aspirin adult low dose 81 mg tab chew</i>                                                                                      | 1                    |                                          | QL(30 / 30), AL                                          |
| <i>ra aspirin adult low strength 81 mg tab chew</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                    | DISALCID                                 |                                                          |
| <i>sb aspirin 325 mg tab</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, 81 mg tab dr</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                                 |                                                          |
| ZIPSOR 25 mg cap                                                                                                                     | 3                    |                                          |                                                          |
| <b>Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]</b> |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                                       |
| <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 abuse-deterr, 60 mg tab er 12 hr abuse-deterr                                                                                 | 2                    |                                          | PA                                                       |
| <i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>                                                                                                                                                            | 1                    | OPANA ER                                 |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>                                                                                           | 1                    | ULTRAM ER                                | PA                                                       |
| <i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>                                                                                | 1                    | RYZOLT                                   | PA                                                       |
| <b>Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]</b>                                          |                      |                                          |                                                          |
| <i>acetaminophen-codeine 300-15 mg tab, 300-60 mg tab</i>                                                                                                                      | 1                    | TYLENOL WITH CODEINE                     |                                                          |
| <i>acetaminophen-codeine 120-12 mg/5ml soln</i>                                                                                                                                | 1                    | TYLENOL WITH CODEINE                     |                                                          |
| <i>acetaminophen-codeine #2 300-15 mg tab</i>                                                                                                                                  | 1                    | TYLENOL WITH CODEINE                     |                                                          |
| <i>acetaminophen-codeine #3 300-30 mg tab</i>                                                                                                                                  | 1                    | TYLENOL WITH CODEINE                     |                                                          |
| <i>acetaminophen-codeine #4 300-60 mg tab</i>                                                                                                                                  | 1                    | TYLENOL WITH CODEINE                     |                                                          |
| ASCOMP-CODEINE 50-325-40-30 mg cap                                                                                                                                             | 3                    |                                          |                                                          |
| <i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>                                                                                                                            | 1                    | FIORICET WITH CODEINE                    |                                                          |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>                                                                                                                            | 1                    | FIORICET WITH CODEINE                    |                                                          |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>                                                                                                                         | 1                    | FIORINAL WITH CODEINE                    |                                                          |
| <i>butorphanol tartrate 10 mg/ml nasal soln</i>                                                                                                                                | 1                    | STADOL                                   | QL(2.5 / 30)                                             |
| <i>carisoprodol-aspirin-codeine 200-325-16 mg tab</i>                                                                                                                          | 1                    | SOMA COMPOUND WITH CODEINE               |                                                          |
| <i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>                                                                                                                         | 1                    |                                          |                                                          |
| DEMEROL 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                                    |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab   | 3                    |                                          |                                                          |
| hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln            | 1                    | HYCET                                    |                                                          |
| hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab                              | 1                    | NORCO                                    |                                                          |
| hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab                              | 1                    | VICODIN                                  |                                                          |
| hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab                                                  | 1                    | REPREXAIN                                |                                                          |
| hydrocodone-ibuprofen 7.5-200 mg tab                                                               | 1                    | VICOPROFEN                               |                                                          |
| hydromorphone hcl 2 mg tab, 8 mg tab                                                               | 1                    | DILAUDID                                 |                                                          |
| hydromorphone hcl 4 mg tab                                                                         | 1                    | DILAUDID                                 |                                                          |
| hydromorphone hcl 1 mg/ml liq                                                                      | 1                    | DILAUDID                                 |                                                          |
| 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 | 1                    |                                          | PA                                                       |
| LAZANDA 100 mcg/act nasal soln, 400 mcg/act nasal soln                                             | 3                    |                                          |                                                          |
| LORTAB 10-300 mg/15ml oral elix                                                                    | 3                    |                                          |                                                          |
| meperidine hcl 50 mg tab                                                                           | 1                    | DEMEROL                                  |                                                          |
| meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln            | 1                    | DEMEROL                                  |                                                          |
| morphine sulfate 15 mg tab, 30 mg tab                                                              | 1                    |                                          |                                                          |
| NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab                                                           | 2                    |                                          |                                                          |
| OXAYDO 5 mg tab, 7.5 mg tab                                                                        | 3                    |                                          |                                                          |
| oxycodone hcl 5 mg cap                                                                             | 1                    | OXYIR                                    |                                                          |
| oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab                                 | 1                    | ROXICODONE                               |                                                          |
| oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln                                                  | 1                    | ROXICODONE                               |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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-acetaminophen 5-325 mg/5ml soln</i>                                                                                                          | 1                    | ROXICET                                  |                                                          |
| <i>oxymorphone hcl 10 mg tab, 5 mg tab</i>                                                                                                                | 1                    | OPANA                                    |                                                          |
| <i>pentazocine-naloxone hcl 50-0.5 mg tab</i>                                                                                                             | 1                    | TALWIN NX                                |                                                          |
| 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]

|                                                                      |   |               |  |
|----------------------------------------------------------------------|---|---------------|--|
| 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 | LIDAMANTLE    |  |
| <i>lidocaine hcl 3 % crm</i>                                         | 1 | LIDAMANTLE    |  |
| <i>lidocaine hcl 4 % ext soln</i>                                    | 1 | XYLOCAINE     |  |
| <i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i> | 1 | GLYDO         |  |
| <i>lidocaine hcl urethral/mucosal 2 % gel</i>                        | 1 | XYLOCAINE     |  |
| <i>lidocaine-prilocaine 2.5-2.5 % crm</i>                            | 1 | EMLA          |  |
| <i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>                        | 1 | EMLA/TEGADERM |  |
| <i>lidopin 3 % crm</i>                                               | 1 | LIDAMANTLE    |  |
| PRAMOX 1 % 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<br>[Nombre del Medicamento]                                                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>premium lidocaine 5 % oint</i>                                                                                                                                                                       | 1                    |                                          |                                                          |
| SYNERA 70-70 mg patch                                                                                                                                                                                   | 3                    |                                          |                                                          |
| <b>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]</b> |                      |                                          |                                                          |
| <b>Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]</b>                                                     |                      |                                          |                                                          |
| <i>acamprosate calcium 333 mg tab dr</i>                                                                                                                                                                | 1                    | CAMPRAL                                  | PA                                                       |
| <i>disulfiram 250 mg tab, 500 mg tab</i>                                                                                                                                                                | 1                    | ANTABUSE                                 | PA                                                       |
| <b>Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]</b>                                                |                      |                                          |                                                          |
| <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                                                       |
| <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                                                                                                                                                                                 | 5                    |                                          | PA                                                       |
| <b>Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]</b>                                                                                                           |                      |                                          |                                                          |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>                                                                                                                                               | 1                    | ZYBAN                                    | PA, QL(360 / 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, 4 mg m/t gum</i>                                                                                                                                               | 1                    |                                          | PA, QL(2772 / 365)                                       |
| <i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>                                                                                                                                             | 1                    |                                          | PA, QL(2772 / 365)                                       |
| <i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>                                                                                                                                               | 3                    |                                          | PA, QL(2772 / 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 4 mg m/t gum</i>                                                                                                                                                                         | 3                    |                                          | 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<br>[Nombre del Medicamento]                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| eq nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum              | 1                    |                                          | PA, QL(2772 / 365)                                       |
| eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg            | 1                    |                                          | PA, QL(2772 / 365)                                       |
| eq nicotine step 3 7 mg/24hr td patch 24hr                     | 1                    |                                          | PA, QL(28 / 365)                                         |
| eql nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg           | 1                    |                                          | PA, QL(2772 / 365)                                       |
| gnp nicotine 7 mg/24hr td patch 24hr                           | 1                    |                                          | PA, QL(28 / 365)                                         |
| gnp nicotine 14 mg/24hr td patch 24hr                          | 1                    |                                          | PA, QL(84 / 365)                                         |
| gnp nicotine 21 mg/24hr td patch 24hr                          | 3                    |                                          | PA, QL(84 / 365)                                         |
| gnp nicotine 2 mg m/t gum, 4 mg m/t gum                        | 3                    |                                          | PA, QL(2772 / 365)                                       |
| gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg                 | 1                    |                                          | PA, QL(2772 / 365)                                       |
| gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum             | 1                    |                                          | PA, QL(2772 / 365)                                       |
| gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg           | 1                    |                                          | PA, QL(2772 / 365)                                       |
| gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum             | 3                    |                                          | PA, QL(2772 / 365)                                       |
| goodsense nicotine 4 mg m/t gum                                | 1                    |                                          | PA, QL(2772 / 365)                                       |
| goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg                | 1                    |                                          | PA, QL(2772 / 365)                                       |
| goodsense nicotine 2 mg m/t gum                                | 3                    |                                          | PA, QL(2772 / 365)                                       |
| HABITROL 21 mg/24hr td patch 24hr                              | 3                    |                                          | PA, QL(84 / 365)                                         |
| hm nicotine 7 mg/24hr td patch 24hr                            | 1                    |                                          | PA, QL(28 / 365)                                         |
| hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr | 1                    |                                          | PA, QL(84 / 365)                                         |
| hm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum              | 1                    |                                          | PA, QL(2772 / 365)                                       |
| hm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg            | 1                    |                                          | PA, QL(2772 / 365)                                       |
| KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg                          | 3                    |                                          | PA, QL(2772 / 365)                                       |
| KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg                          | 3                    |                                          | 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<br>[Nombre del Medicamento]                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| NICODERM CQ 7 mg/24hr td patch 24hr                                                 | 3                    |                                          | PA, QL(28 / 365)                                         |
| NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr                      | 3                    |                                          | PA, QL(84 / 365)                                         |
| NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg                  | 3                    |                                          | PA, QL(2772 / 365)                                       |
| NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg                                         | 3                    |                                          | PA, QL(2772 / 365)                                       |
| NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum                                    | 3                    |                                          | PA, QL(2772 / 365)                                       |
| <i>nicotine 21-14-7 mg/24hr td kit</i>                                              | 1                    |                                          | QL(112 / 365)                                            |
| <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, 4 mg m/t gum</i>                               | 1                    |                                          | PA, QL(2772 / 365)                                       |
| <i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>                             | 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> | 3                    |                                          | PA, QL(2772 / 365)                                       |
| <i>nicotine polacrilex mini 2 mg m/t lozg</i>                                       | 3                    |                                          | PA, QL(2772 / 365)                                       |
| <i>nicotine step 1 21 mg/24hr td patch 24hr</i>                                     | 1                    |                                          | PA, QL(84 / 365)                                         |
| <i>nicotine step 1 21 mg/24hr td patch 24hr</i>                                     | 3                    |                                          | PA, QL(84 / 365)                                         |
| <i>nicotine step 2 14 mg/24hr td patch 24hr</i>                                     | 1                    |                                          | PA, QL(84 / 365)                                         |
| <i>nicotine step 2 14 mg/24hr td patch 24hr</i>                                     | 3                    |                                          | 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)                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>px stop smoking aid 2 mg m/t lozg, 4 mg m/t lozg</i>                                                                                                       | 1                    |                                          | PA, QL(2772 / 365)                                       |
| <i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>                                                                      | 3                    |                                          | PA, QL(84 / 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</i>                                                                                                      | 1                    |                                          | PA, QL(2772 / 365)                                       |
| <i>sm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>                                                                                                    | 1                    |                                          | PA, QL(2772 / 365)                                       |
| THRIVE 2 mg m/t gum                                                                                                                                           | 3                    |                                          | PA, QL(2772 / 365)                                       |
| <b>ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]</b>                              |                      |                                          |                                                          |
| <b>Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]</b>                                                                                         |                      |                                          |                                                          |
| <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                                  |                                                          |
| <b>Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]</b>                                                                            |                      |                                          |                                                          |
| ALTABAX 1 % oint                                                                                                                                              | 3                    |                                          |                                                          |
| <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                    |                                          |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 18 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                                |                                                          |
| <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 % gel</i>                     | 3                    | CLEOCIN-T                                | ST                                                       |
| <i>clindamycin phosphate 1 % foam</i>                    | 1                    | EVOCLIN                                  |                                                          |
| FEM PH 0.9-0.025 % vag gel                               | 3                    |                                          |                                                          |
| FIRVANQ 25 mg/ml soln, 50 mg/ml soln                     | 3                    |                                          | PA                                                       |
| <i>fosfomycin tromethamine 3 gm pckt</i>                 | 1                    | MONUROL                                  |                                                          |
| <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                                 |                                                          |
| <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                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| trimethoprim 100 mg tab                                                                                                                                       | 1                    | PROLOPRIM                                |                                                          |
| vancomycin hcl 125 mg cap, 250 mg cap                                                                                                                         | 1                    | VANCOCIN                                 |                                                          |
| XIFAXAN 200 mg tab, 550 mg tab                                                                                                                                | 5                    |                                          | PA                                                       |
| <b>Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]</b>                                                             |                      |                                          |                                                          |
| cefaclor 250 mg cap                                                                                                                                           | 1                    | CECLOR                                   |                                                          |
| cefaclor 500 mg cap                                                                                                                                           | 1                    | CECLOR                                   |                                                          |
| 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                                  |                                                          |
| 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                    |                                          |                                                          |
| <b>Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]</b>                                                                   |                      |                                          |                                                          |
| amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab                                                                                   | 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 Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 20 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>                                       | 1                    | AMOXIL                                   |                                                          |
| <i>amoxicillin 250 mg tab chew</i>                                                                                          | 1                    | AMOXIL                                   |                                                          |
| <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                    |                                          |                                                          |
| 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 pfs, 2400000 unit/4ml im susp, 600000 unit/ml im susp pfs                             | 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                                  |                                                          |
| <b>Macrolides - Antibiotics [Macrólidos - Antibióticos]</b>                                                                 |                      |                                          |                                                          |
| <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]

| Drug Name<br>[Nombre del Medicamento]                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[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                    |                                          |                                                          |
| DIFICID 40 mg/ml susp                                                   | 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                    |                                          |                                                          |
| <b>Quinolones - Antibiotics [Quinolonas - Antibióticos]</b>             |                      |                                          |                                                          |
| 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                                   |                                                          |
| <b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>         |                      |                                          |                                                          |
| <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<br>[Nombre del Medicamento]                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>                                                                                            | 1                    | SEPTRA                                   |                                                          |
| SULFATRIM PEDIATRIC 200-40 mg/5ml susp                                                                                                             | 1                    |                                          |                                                          |
| <b>Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]</b>                                                                                  |                      |                                          |                                                          |
| <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 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                    |                                          |                                                          |
| NUTRIDOX 75 mg oral kit                                                                                                                            | 3                    |                                          |                                                          |
| <i>tetracycline hcl 250 mg cap, 500 mg cap</i>                                                                                                     | 1                    |                                          |                                                          |
| VIBRAMYCIN 50 mg/5ml syr                                                                                                                           | 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<br>[Nombre del Medicamento]                                                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr                                                                                                                        | 3                    |                                          |                                                          |
| <b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]</b>                                                                                |                      |                                          |                                                          |
| <b>Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]</b>                                                             |                      |                                          |                                                          |
| <i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>                                                                                                                      | 1                    | KEPPRA                                   |                                                          |
| <i>levetiracetam 100 mg/ml soln</i>                                                                                                                                                       | 1                    | KEPPRA                                   |                                                          |
| <i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>                                                                                                                          | 1                    | KEPPRA XR                                |                                                          |
| ROWEEPRA 500 mg tab                                                                                                                                                                       | 3                    |                                          |                                                          |
| <b>Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]</b>                           |                      |                                          |                                                          |
| CELONTIN 300 mg cap                                                                                                                                                                       | 3                    |                                          |                                                          |
| <i>ethosuximide 250 mg cap</i>                                                                                                                                                            | 1                    | ZARONTIN                                 |                                                          |
| <i>ethosuximide 250 mg/5ml soln</i>                                                                                                                                                       | 1                    | ZARONTIN                                 |                                                          |
| <i>zonisamide 100 mg cap, 50 mg cap</i>                                                                                                                                                   | 1                    | ZONEGRAN                                 |                                                          |
| <i>zonisamide 25 mg cap</i>                                                                                                                                                               | 1                    | ZONEGRAN                                 |                                                          |
| <b>Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]</b> |                      |                                          |                                                          |
| <i>clobazam 2.5 mg/ml susp</i>                                                                                                                                                            | 1                    | ONFI                                     |                                                          |
| <i>clobazam 10 mg tab, 20 mg tab</i>                                                                                                                                                      | 1                    | ONFI                                     |                                                          |
| <i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>                                                                                                                         | 1                    | KLONOPIN                                 |                                                          |
| <i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>                                                                                             | 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                    |                                          |                                                          |
| <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                                  |                                                          |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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</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</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                                                       |
| <b>Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]</b>                     |                      |                                          |                                                          |
| <i>felbamate 400 mg tab, 600 mg tab</i>                                                                                                                       | 1                    | FELBATOL                                 |                                                          |
| <i>felbamate 600 mg/5ml susp</i>                                                                                                                              | 1                    | FELBATOL                                 |                                                          |
| LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit                                                            | 3                    |                                          |                                                          |
| <i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>                                                                               | 1                    | LAMICTAL                                 |                                                          |
| <i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>                                                   | 1                    | LAMICTAL                                 |                                                          |
| <i>lamotrigine 25 &amp; 50 &amp; 100 mg oral kit</i>                                                                                                          | 1                    | LAMICTAL ODT                             |                                                          |
| <i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er</i>                                                                                  | 1                    | LAMICTAL                                 |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 25 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr                                                                   |                      |                                          |                                                          |
| 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                                  |                                                          |
| <b>Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]</b> |                      |                                          |                                                          |
| 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                                  |                                                          |
| lacosamide 10 mg/ml soln                                                                                                              | 1                    |                                          |                                                          |
| lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab                                                                              | 1                    | VIMPAT                                   |                                                          |
| lacosamide 200 mg/20ml iv soln                                                                                                        | 1                    | VIMPAT                                   |                                                          |
| oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab                                                                                      | 1                    | TRILEPTAL                                |                                                          |
| oxcarbazepine 300 mg/5ml susp                                                                                                         | 1                    | TRILEPTAL                                |                                                          |
| PHENYTEK 200 mg cap, 300 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<br>[Nombre del Medicamento]                                                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                 |                                                          |
| <i>rufinamide 40 mg/ml susp</i>                                                                                                                                          | 1                    | BANZEL                                   |                                                          |
| 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                    |                                          |                                                          |
| <b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA<br/>[AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]</b> |                      |                                          |                                                          |
| <b>Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>       |                      |                                          |                                                          |
| <i>ergoloid mesylates 1 mg tab</i>                                                                                                                                       | 1                    | HYDERGINE                                |                                                          |
| <b>Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>    |                      |                                          |                                                          |
| <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                              |                                                          |
| <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                                   |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>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]</b> |                      |                                          |                                                          |
| <i>memantine hcl 10 mg tab, 5 mg tab</i>                                                                                                                                                                         | 1                    | NAMENDA                                  |                                                          |
| <i>memantine hcl 28 x 5 MG &amp; 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                               |                                                          |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]</b>                                                                                                      |                      |                                          |                                                          |
| <b>Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]</b>                                                                                                                         |                      |                                          |                                                          |
| <i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>                                                                                                                                    | 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                            |                                                          |
| <i>FORFIVO XL 450 mg tab er 24 hr</i>                                                                                                                                                                            | 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                                  |                                                          |
| <b>Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]</b>                                                                                                      |                      |                                          |                                                          |
| <i>EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr</i>                                                                                                                          | 3                    |                                          |                                                          |
| <i>MARPLAN 10 mg tab</i>                                                                                                                                                                                         | 3                    |                                          |                                                          |
| <i>phenelzine sulfate 15 mg tab</i>                                                                                                                                                                              | 1                    | NARDIL                                   |                                                          |
| <i>tranylcypromine sulfate 10 mg tab</i>                                                                                                                                                                         | 1                    | PARNATE                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]</b> |                      |                                          |                                                          |
| <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>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                                  |                                                          |
| <i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>                                                                                                                                                                                 | 1                    | SYMBYAX                                  |                                                          |
| <i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>                                                                                                                                                                                                                              | 1                    | PAXIL                                    |                                                          |
| <i>paroxetine hcl 30 mg tab</i>                                                                                                                                                                                                                                                    | 1                    | PAXIL                                    |                                                          |
| <i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>                                                                                                                                                                                            | 1                    | PAXIL CR                                 |                                                          |
| <i>PEXEVA 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</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<br>[Nombre del Medicamento]                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                    |                                          |                                                          |
| vilazodone hcl 10 mg tab                                                           | 1                    |                                          |                                                          |
| <b>Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]</b>                 |                      |                                          |                                                          |
| 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                                |                                                          |
| desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab | 1                    | NORPRAMIN                                |                                                          |
| doxepin hcl 10 mg cap                                                              | 1                    | SINEQUAN                                 |                                                          |
| doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap                | 1                    | SINEQUAN                                 |                                                          |
| doxepin hcl 10 mg/ml oral conc                                                     | 1                    | SINEQUAN                                 |                                                          |
| imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab                                     | 1                    | TOFRANIL                                 |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                |                                                          |
| <b>ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]</b>                     |                      |                                          |                                                          |
| <b>Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]</b>                       |                      |                                          |                                                          |
| <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>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                                |                                                          |
| PROMETHEGAN 50 mg rect supp                                                                                                           | 3                    |                                          |                                                          |
| <i>scopolamine 1 mg/3days td patch 72 hr</i>                                                                                          | 1                    | TRANSDERM-SCOP                           |                                                          |
| <i>trimethobenzamide hcl 300 mg cap</i>                                                                                               | 1                    | TIGAN                                    |                                                          |
| <b>Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]</b> |                      |                                          |                                                          |
| ANZEMET 50 mg tab                                                                                                                     | 5                    |                                          | QL(2 / 30)                                               |
| <i>aprepitant 125 mg cap, 40 mg cap, 80 &amp; 125 mg cap, 80 mg cap</i>                                                               | 1                    | EMEND                                    |                                                          |
| <i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>                                                                                     | 1                    | MARINOL                                  | QL(60 / 30)                                              |
| EMEND 125 mg/5ml susp                                                                                                                 | 2                    |                                          |                                                          |
| <i>granisetron hcl 1 mg tab</i>                                                                                                       | 1                    | KYTRIL                                   | 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<br>[Nombre del Medicamento]                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>ondansetron 4 mg tab disint, 8 mg tab disint</i>                                                                  | 1                    | ZOFRAN ODT                               | QL(9 / 30)                                               |
| <i>ondansetron hcl 4 mg/2ml inj soln pfs</i>                                                                         | 1                    |                                          |                                                          |
| <i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>                                         | 1                    | ZOFRAN                                   |                                                          |
| <i>ondansetron hcl 24 mg tab</i>                                                                                     | 1                    | ZOFRAN                                   | QL(1 / 30)                                               |
| <i>ondansetron hcl 4 mg tab, 8 mg tab</i>                                                                            | 1                    | ZOFRAN                                   | QL(9 / 30)                                               |
| <i>palonosetron hcl 0.25 mg/5ml iv soln</i>                                                                          | 4                    | ALOXI                                    | PA                                                       |
| SANCUSO 3.1 mg/24hr td patch                                                                                         | 3                    |                                          |                                                          |
| ZUPLENZ 4 mg oral film                                                                                               | 3                    |                                          | QL(9 / 30)                                               |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]</b> |                      |                                          |                                                          |
| <b>Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]</b>                     |                      |                                          |                                                          |
| ALA-QUIN 3-0.5 % crm                                                                                                 | 3                    |                                          |                                                          |
| CICLODAN 8 % ext soln                                                                                                | 3                    |                                          | PA                                                       |
| <i>ciclopirox 0.77 % gel</i>                                                                                         | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox 1 % shampoo</i>                                                                                        | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox 8 % ext soln</i>                                                                                       | 1                    | PENLAC                                   |                                                          |
| <i>ciclopirox olamine 0.77 % crm</i>                                                                                 | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox olamine 0.77 % ext susp</i>                                                                            | 1                    | LOPROX                                   |                                                          |
| <i>ciclopirox treatment 8 % ext kit</i>                                                                              | 1                    | PENLAC                                   |                                                          |
| <i>clotrimazole 10 mg m/t troche</i>                                                                                 | 1                    | MYCELEX                                  |                                                          |
| <i>clotrimazole 1 % ext soln</i>                                                                                     | 1                    | MYCELEX                                  |                                                          |
| <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                    |                                          |                                                          |
| <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                                 |                                                          |

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



| Drug Name<br>[Nombre del Medicamento]                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>flucytosine 250 mg cap, 500 mg cap</i>                                         | 1                    | ANCOBON                                  |                                                          |
| <i>griseofulvin microsize 500 mg tab</i>                                          | 1                    | GRIFULVIN V                              |                                                          |
| <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                    | ALCORTIN A                               |                                                          |
| <i>itraconazole 10 mg/ml soln</i>                                                 | 1                    | SPORANOX                                 | 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                    | VUSION                                   |                                                          |
| <i>naftifine hcl 1 % gel, 2 % crm</i>                                             | 1                    | NAFTIN                                   |                                                          |
| NATACYN 5 % ophth susp                                                            | 3                    |                                          |                                                          |
| 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                    |                                          |                                                          |
| <i>oxiconazole nitrate 1 % crm</i>                                                | 1                    | OXISTAT                                  |                                                          |
| OXISTAT 1 % lot                                                                   | 3                    |                                          |                                                          |
| <i>terbinafine hcl 250 mg tab</i>                                                 | 1                    | LAMISIL                                  | PA                                                       |
| <i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>                                   | 1                    | TERAZOL                                  |                                                          |
| <i>terconazole 80 mg vag supp</i>                                                 | 1                    | TERAZOL 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<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>voriconazole 200 mg tab, 50 mg tab</i>                                                                                                                     | 5                    | VFEND                                    | PA                                                       |
| <i>voriconazole 40 mg/ml susp</i>                                                                                                                             | 5                    | 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                    |                                          |                                                          |
| <b>ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]</b>                                                      |                      |                                          |                                                          |
| <b>Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]</b>                                                                      |                      |                                          |                                                          |
| <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                                  |                                                          |
| <b>ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]</b>                           |                      |                                          |                                                          |
| <b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>                                                |                      |                                          |                                                          |
| <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                    | PRAMOSONE                                |                                                          |
| <i>hydrocortisone acetate 25 mg rect supp</i>                                                                                                                 | 1                    |                                          |                                                          |
| <i>hydrocortisone acetate 30 mg rect supp</i>                                                                                                                 | 1                    | PROCTOCORT                               |                                                          |
| 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                    |                                          |                                                          |
| <b>ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]</b>                                             |                      |                                          |                                                          |
| <b>Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]</b>                                                                     |                      |                                          |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 34 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>dihydroergotamine mesylate 1 mg/ml inj soln</i>                                                                                             | 1                    | D.H.E. 45                                | 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                    |                                          |                                                          |
| <b>Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]</b>                                                                  |                      |                                          |                                                          |
| AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs                                                                                  | 2                    |                                          | PA                                                       |
| EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs                                                                                     | 2                    |                                          | PA                                                       |
| EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs                                                                                                   | 2                    |                                          | PA                                                       |
| <b>Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]</b> |                      |                                          |                                                          |
| <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                    | RELPAK                                   | 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)                                               |
| <i>sumatriptan 5 mg/act nasal soln</i>                                                                                                         | 1                    | IMITREX                                  | QL(12 / 30)                                              |
| <i>sumatriptan succinate 6 mg/0.5ml sc soln</i>                                                                                                | 1                    | IMITREX                                  | QL(2 / 30)                                               |
| <i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>                                                                                  | 1                    | IMITREX                                  | QL(9 / 30)                                               |
| <i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>                                                          | 1                    | IMITREX STATDOSE                         | QL(2 / 30)                                               |
| <i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>                                                           | 1                    | IMITREX STATDOSE                         | QL(2 / 30)                                               |
| <i>sumatriptan-naproxen sodium 85-500 mg tab</i>                                                                                               | 1                    | TREXIMET                                 | QL(9 / 30)                                               |
| TOSYMRA 10 mg/act nasal soln                                                                                                                   | 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<br>[Nombre del Medicamento]                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| zolmitriptan 5 mg tab, 5 mg tab disint                                                                                                  | 1                    | ZOMIG                                    | QL(3 / 30)                                               |
| zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln                                                                             | 1                    | ZOMIG                                    | QL(6 / 30)                                               |
| ZOMIG 2.5 mg nasal soln                                                                                                                 | 2                    |                                          | QL(6 / 30)                                               |
| <b>ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]</b> |                      |                                          |                                                          |
| <b>Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]</b>                        |                      |                                          |                                                          |
| pyridostigmine bromide 60 mg tab                                                                                                        | 1                    | MESTINON                                 |                                                          |
| pyridostigmine bromide 60 mg/5ml soln                                                                                                   | 1                    | MESTINON                                 |                                                          |
| pyridostigmine bromide er 180 mg tab er                                                                                                 | 1                    | MESTINON                                 |                                                          |
| <b>ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]</b>                      |                      |                                          |                                                          |
| <b>Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]</b>             |                      |                                          |                                                          |
| dapsone 100 mg tab, 25 mg tab                                                                                                           | 1                    |                                          |                                                          |
| rifabutin 150 mg cap                                                                                                                    | 1                    | MYCOBUTIN                                |                                                          |
| <b>Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]</b>                                         |                      |                                          |                                                          |
| CAPASTAT SULFATE 1 gm inj soln                                                                                                          | 5                    |                                          | PA                                                       |
| cycloserine 250 mg cap                                                                                                                  | 1                    |                                          |                                                          |
| ethambutol hcl 100 mg tab, 400 mg tab                                                                                                   | 1                    | MYAMBUTOL                                |                                                          |
| isoniazid 100 mg tab, 300 mg tab                                                                                                        | 1                    |                                          |                                                          |
| isoniazid 100 mg/ml inj soln, 50 mg/5ml syr                                                                                             | 1                    |                                          |                                                          |
| PASER 4 gm pckt                                                                                                                         | 3                    |                                          |                                                          |
| PRIFTIN 150 mg tab                                                                                                                      | 3                    |                                          |                                                          |
| pyrazinamide 500 mg tab                                                                                                                 | 1                    |                                          |                                                          |
| rifampin 150 mg cap, 300 mg cap                                                                                                         | 1                    | RIFADIN                                  |                                                          |
| TRECTOR 250 mg tab                                                                                                                      | 3                    |                                          |                                                          |
| <b>ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]</b>                                  |                      |                                          |                                                          |
| <b>Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]</b>                                         |                      |                                          |                                                          |
| busulfan 6 mg/ml iv soln                                                                                                                | 4                    | BUSULFEX                                 | PA                                                       |
| cyclophosphamide 1 gm inj soln                                                                                                          | 1                    |                                          | 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<br>[Nombre del Medicamento]                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>                                                         | 4                    |                                          | PA                                                       |
| GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap                                                                     | 5                    |                                          | PA                                                       |
| LEUKERAN 2 mg tab                                                                                              | 5                    |                                          | PA                                                       |
| MATULANE 50 mg cap                                                                                             | 5                    |                                          | PA                                                       |
| <i>melfalan 2 mg tab</i>                                                                                       | 4                    | ALKERAN                                  | PA                                                       |
| <i>melfalan hcl 50 mg iv soln</i>                                                                              | 5                    | ALKERAN                                  | PA                                                       |
| MYLERAN 2 mg tab                                                                                               | 5                    |                                          | PA                                                       |
| TEMODAR 100 mg iv soln                                                                                         | 5                    |                                          | PA                                                       |
| <i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>                        | 5                    | TEMODAR                                  | PA                                                       |
| <i>thiotepa 15 mg inj soln</i>                                                                                 | 5                    | THIOPLEX                                 | PA                                                       |
| ZANOSAR 1 gm iv soln                                                                                           | 5                    |                                          | PA                                                       |
| ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln                                                                | 4                    |                                          | PA                                                       |
| <b>Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]</b>                          |                      |                                          |                                                          |
| <i>abiraterone acetate 250 mg tab</i>                                                                          | 4                    | ZYTIGA                                   | PA                                                       |
| <i>bicalutamide 50 mg tab</i>                                                                                  | 5                    | CASODEX                                  |                                                          |
| ERLEADA 60 mg tab                                                                                              | 4                    |                                          | PA                                                       |
| <i>flutamide 125 mg cap</i>                                                                                    | 5                    | EULEXIN                                  | PA                                                       |
| <i>nilutamide 150 mg tab</i>                                                                                   | 4                    | NILANDRON                                | PA                                                       |
| NUBEQA 300 mg tab                                                                                              | 4                    |                                          | PA                                                       |
| <b>Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]</b>       |                      |                                          |                                                          |
| REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap                                      | 5                    |                                          | PA                                                       |
| THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap                                                         | 5                    |                                          | PA                                                       |
| <b>Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]</b> |                      |                                          |                                                          |
| EMCYT 140 mg cap                                                                                               | 5                    |                                          | PA                                                       |
| SOLTAMOX 10 mg/5ml soln                                                                                        | 5                    |                                          | PA                                                       |
| <i>tamoxifen citrate 10 mg tab, 20 mg tab</i>                                                                  | 5                    | NOLVADEX                                 |                                                          |
| <b>Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]</b>                      |                      |                                          |                                                          |
| <i>capecitabine 150 mg tab, 500 mg tab</i>                                                                     | 4                    | XELODA                                   | PA                                                       |
| CARAC 0.5 % crm                                                                                                | 5                    |                                          | PA                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| DROXIA 200 mg cap, 300 mg cap, 400 mg cap                                                                                                                     | 3                    |                                          |                                                          |
| FLUOROPLEX 1 % crm                                                                                                                                            | 3                    |                                          |                                                          |
| fluorouracil 0.5 % crm                                                                                                                                        | 4                    | CARAC                                    | PA                                                       |
| fluorouracil 5 % crm                                                                                                                                          | 4                    | EFUDEX                                   | PA                                                       |
| fluorouracil 2 % ext soln, 5 % ext soln                                                                                                                       | 4                    | EFUDEX                                   | PA                                                       |
| hydroxyurea 500 mg cap                                                                                                                                        | 5                    | HYDREA                                   | PA                                                       |
| mercaptopurine 50 mg tab                                                                                                                                      | 5                    | PURINETHOL                               | PA                                                       |
| NIPENT 10 mg iv soln                                                                                                                                          | 5                    |                                          | PA                                                       |
| <b>Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]</b>                                                                       |                      |                                          |                                                          |
| ABRAXANE 100 mg iv susp                                                                                                                                       | 5                    |                                          | PA                                                       |
| ADRIAMYCIN 2 mg/ml iv soln                                                                                                                                    | 5                    |                                          | PA                                                       |
| ALIMTA 100 mg iv soln, 500 mg iv soln                                                                                                                         | 5                    |                                          | PA                                                       |
| ARRANON 5 mg/ml iv soln                                                                                                                                       | 5                    |                                          | PA                                                       |
| arsenic trioxide 12 mg/6ml iv soln                                                                                                                            | 4                    | TRISENOX                                 | PA                                                       |
| BENDEKA 100 mg/4ml iv soln                                                                                                                                    | 4                    |                                          | PA                                                       |
| bleomycin sulfate 15 unit inj soln, 30 unit inj soln                                                                                                          | 5                    | BLENOXANE                                | PA                                                       |
| bortezomib 3.5 mg inj soln, 3.5 mg iv soln                                                                                                                    | 4                    |                                          | PA                                                       |
| carmustine 100 mg iv soln                                                                                                                                     | 4                    | BICNU                                    | PA                                                       |
| cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln                                                                                      | 5                    |                                          | PA                                                       |
| cladribine 10 mg/10ml iv soln                                                                                                                                 | 5                    | LEUSTATIN                                | PA                                                       |
| clofarabine 1 mg/ml iv soln                                                                                                                                   | 4                    | CLOLAR                                   | PA                                                       |
| cytarabine 20 mg/ml inj soln                                                                                                                                  | 5                    |                                          | PA                                                       |
| cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln                                                                                                         | 5                    |                                          | PA                                                       |
| dacarbazine 100 mg iv soln, 200 mg iv soln                                                                                                                    | 5                    |                                          | PA                                                       |
| dactinomycin 0.5 mg iv soln                                                                                                                                   | 5                    | COSMEGEN                                 | PA                                                       |
| daunorubicin hcl 20 mg/4ml iv soln                                                                                                                            | 5                    |                                          | PA                                                       |
| decitabine 50 mg iv soln                                                                                                                                      | 5                    | DACOGEN                                  | PA                                                       |
| dexrazoxane hcl 250 mg iv soln, 500 mg iv soln                                                                                                                | 4                    | ZINECARD                                 | PA                                                       |
| docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc                                                                                             | 4                    | TAXOTERE                                 | PA                                                       |
| doxorubicin hcl 10 mg iv soln, 50 mg iv 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] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 38 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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 200 mg/100ml iv soln, 50 mg/25ml iv soln</i>                                      | 4                    | ELLENCE                                  | PA                                                       |
| <i>floxuridine 0.5 gm inj soln</i>                                                                  | 5                    | FUDR                                     | 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> | 5                    |                                          | PA                                                       |
| <i>fulvestrant 250 mg/5ml im soln pfs</i>                                                           | 4                    |                                          | PA                                                       |
| <i>gemcitabine hcl 2 gm 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, 200 mg iv soln</i>                                                 | 4                    | GEMZAR                                   | PA                                                       |
| <i>HALAVEN 1 mg/2ml iv soln</i>                                                                     | 5                    |                                          | PA                                                       |
| <i>idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>                      | 5                    | IDAMYCIN PFS                             | PA                                                       |
| <i>IFEX 3 gm iv soln</i>                                                                            | 5                    |                                          | PA                                                       |
| <i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>                                                        | 4                    | IFEX                                     | PA                                                       |
| <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                                                       |
| <i>IXEMPRA KIT 15 mg iv soln, 45 mg iv soln</i>                                                     | 5                    |                                          | PA                                                       |
| <i>JEVTANA 60 mg/1.5ml iv soln</i>                                                                  | 5                    |                                          | PA                                                       |
| <i>KADCYLA 100 mg iv soln, 160 mg iv soln</i>                                                       | 5                    |                                          | PA                                                       |
| <i>KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln</i>                                         | 5                    |                                          | PA                                                       |
| <i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>                                         | 5                    | MUTAMYCIN                                | PA                                                       |
| <i>nelarabine 5 mg/ml iv soln</i>                                                                   | 4                    | ARRANON                                  | PA                                                       |
| <i>OGIVRI 150 mg iv soln, 420 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]

| Drug Name<br>[Nombre del Medicamento]                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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>                                                    | 5                    | TAXOL                                    | PA                                                       |
| <i>pemetrexed disodium 500 mg iv soln</i>                                                                                                               | 4                    |                                          | PA                                                       |
| PERJETA 420 mg/14ml iv soln                                                                                                                             | 4                    |                                          | PA                                                       |
| PHOTOFRIN 75 mg iv soln                                                                                                                                 | 5                    |                                          | PA                                                       |
| PROLEUKIN 22000000 unit iv soln                                                                                                                         | 5                    |                                          | PA                                                       |
| <i>romidepsin 10 mg iv soln</i>                                                                                                                         | 4                    |                                          | PA                                                       |
| TABLOID 40 mg tab                                                                                                                                       | 5                    |                                          | PA                                                       |
| TICE BCG 50 mg i-vesic susp                                                                                                                             | 3                    |                                          | PA                                                       |
| TOTECT 500 mg iv soln                                                                                                                                   | 5                    |                                          | PA                                                       |
| TREANDA 100 mg iv soln, 25 mg iv soln                                                                                                                   | 4                    |                                          | PA                                                       |
| VELCADE 3.5 mg inj soln                                                                                                                                 | 5                    |                                          | PA                                                       |
| <i>vinblastine sulfate 1 mg/ml iv soln</i>                                                                                                              | 4                    |                                          | PA                                                       |
| VINCASAR PFS 1 mg/ml iv soln                                                                                                                            | 4                    |                                          | PA                                                       |
| <i>vincristine sulfate 1 mg/ml iv soln</i>                                                                                                              | 5                    | VINCASAR                                 | PA                                                       |
| <i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>                                                                                         | 5                    | NAVELBINE                                | PA                                                       |
| ZEVALIN Y-90 3.2 mg/2ml iv kit                                                                                                                          | 5                    |                                          | PA                                                       |
| <b>Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]</b>                                                 |                      |                                          |                                                          |
| <i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>                                                     | 5                    | PARAPLATIN                               | 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> | 5                    |                                          | PA                                                       |
| <i>levoleucovorin calcium 50 mg iv soln</i>                                                                                                             | 4                    | FUSILEV                                  | 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<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>                                                                                              | 4                    |                                          | PA                                                       |
| <i>mitoxantrone hcl 20 mg/10ml iv conc</i>                                                                                                                    | 4                    | NOVANTRONE                               | PA                                                       |
| ONCASPAR 750 unit/ml inj soln                                                                                                                                 | 5                    |                                          | PA                                                       |
| VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab                                                                                                        | 4                    |                                          | PA                                                       |
| ZOLINZA 100 mg cap                                                                                                                                            | 5                    |                                          | PA                                                       |
| <b>Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]</b>                   |                      |                                          |                                                          |
| <i>anastrozole 1 mg tab</i>                                                                                                                                   | 5                    | ARIMIDEX                                 |                                                          |
| <i>exemestane 25 mg tab</i>                                                                                                                                   | 4                    | AROMASIN                                 | PA                                                       |
| <i>letrozole 2.5 mg tab</i>                                                                                                                                   | 5                    | FEMARA                                   | PA                                                       |
| <b>Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]</b>                                                            |                      |                                          |                                                          |
| ETOPOPHOS 100 mg iv soln                                                                                                                                      | 5                    |                                          | 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                                                       |
| HYCANTIN 0.25 mg cap, 1 mg cap                                                                                                                                | 5                    |                                          | PA                                                       |
| TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln                                                                                            | 5                    |                                          | PA                                                       |
| <i>topotecan hcl 4 mg/4ml iv soln</i>                                                                                                                         | 5                    |                                          | PA                                                       |
| <i>topotecan hcl 4 mg iv soln</i>                                                                                                                             | 5                    | HYCANTIN                                 | PA                                                       |
| <b>Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]</b>                                                 |                      |                                          |                                                          |
| BOSULIF 100 mg tab, 400 mg tab, 500 mg tab                                                                                                                    | 5                    |                                          | PA                                                       |
| CAPRELSA 100 mg tab, 300 mg tab                                                                                                                               | 5                    |                                          | PA                                                       |
| CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln                                                                                                              | 5                    |                                          | PA                                                       |
| ERIVEDGE 150 mg cap                                                                                                                                           | 5                    |                                          | 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                                                                                                                       | 5                    |                                          | PA                                                       |
| IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 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] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 41 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>imatinib mesylate 100 mg tab, 400 mg tab</i>                                                                                                               | 4                    | GLEEVEC                                  | PA                                                       |
| INLYTA 1 mg tab, 5 mg tab                                                                                                                                     | 5                    |                                          | PA                                                       |
| IRESSA 250 mg tab                                                                                                                                             | 5                    |                                          | PA                                                       |
| JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab                                                                                                   | 5                    |                                          | PA                                                       |
| KEYTRUDA 100 mg/4ml iv soln                                                                                                                                   | 5                    |                                          | PA                                                       |
| <i>lapatinib ditosylate 250 mg tab</i>                                                                                                                        | 4                    | TYKERB                                   | PA                                                       |
| NEXAVAR 200 mg tab                                                                                                                                            | 5                    |                                          | PA                                                       |
| ROZLYTREK 100 mg cap, 200 mg cap                                                                                                                              | 4                    |                                          | PA                                                       |
| <i>sorafenib tosylate 200 mg tab</i>                                                                                                                          | 4                    | NEXAVAR                                  | 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                                                                                                                                            | 5                    |                                          | PA                                                       |
| <i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>                                                                                        | 4                    | SUTENT                                   | PA                                                       |
| TASIGNA 150 mg cap, 200 mg cap, 50 mg cap                                                                                                                     | 5                    |                                          | PA                                                       |
| VOTRIENT 200 mg tab                                                                                                                                           | 5                    |                                          | PA                                                       |
| XALKORI 200 mg cap, 250 mg cap                                                                                                                                | 5                    |                                          | PA                                                       |
| ZELBORAF 240 mg tab                                                                                                                                           | 5                    |                                          | PA                                                       |
| ZYDELIG 100 mg tab, 150 mg tab                                                                                                                                | 5                    |                                          | PA                                                       |
| ZYKADIA 150 mg tab                                                                                                                                            | 5                    |                                          | PA                                                       |
| <b>Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]</b> |                      |                                          |                                                          |
| ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc                                                                                                              | 5                    |                                          | PA                                                       |
| ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln                                                                                                             | 5                    |                                          | PA                                                       |
| GAZYVA 1000 mg/40ml iv soln                                                                                                                                   | 5                    |                                          | PA                                                       |
| TRAZIMERA 420 mg iv soln                                                                                                                                      | 4                    |                                          | PA                                                       |
| TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln                                                                                                              | 4                    |                                          | PA                                                       |
| VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln                                                                                                              | 5                    |                                          | PA                                                       |
| <b>Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]</b>                                                                                |                      |                                          |                                                          |
| <i>bexarotene 75 mg cap</i>                                                                                                                                   | 4                    | TARGRETIN                                | PA                                                       |
| PANRETIN 0.1 % gel                                                                                                                                            | 5                    |                                          | PA                                                       |
| TARGRETIN 1 % gel                                                                                                                                             | 5                    |                                          | PA                                                       |
| <i>tretinoin 10 mg cap</i>                                                                                                                                    | 5                    | VESANOID                                 | 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 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 42 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]</b>     |                      |                                          |                                                          |
| <i>mesna 100 mg/ml iv soln</i>                                                                                                     | 5                    | MESNEX                                   | PA                                                       |
| MESNEX 400 mg tab                                                                                                                  | 5                    |                                          | PA                                                       |
| <b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]</b> |                      |                                          |                                                          |
| <b>Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]</b>                            |                      |                                          |                                                          |
| <i>albendazole 200 mg tab</i>                                                                                                      | 1                    | ALBENZA                                  |                                                          |
| <i>ivermectin 3 mg tab</i>                                                                                                         | 1                    | STROMEKTOL                               |                                                          |
| <i>praziquantel 600 mg tab</i>                                                                                                     | 1                    | BILTRICIDE                               |                                                          |
| <b>Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]</b>                     |                      |                                          |                                                          |
| 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</i>                                                                                            | 1                    |                                          |                                                          |
| <i>chloroquine phosphate 500 mg tab</i>                                                                                            | 1                    | ARALEN                                   |                                                          |
| COARTEM 20-120 mg tab                                                                                                              | 3                    |                                          |                                                          |
| <i>hydroxychloroquine sulfate 200 mg tab</i>                                                                                       | 1                    | PLAQUENIL                                |                                                          |
| <i>mefloquine hcl 250 mg tab</i>                                                                                                   | 1                    |                                          |                                                          |
| <i>nitazoxanide 500 mg tab</i>                                                                                                     | 1                    | ALINIA                                   |                                                          |
| <i>primaquine phosphate 26.3 (15 Base) 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                                 |                                                          |
| <b>Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]</b>              |                      |                                          |                                                          |
| CROTAN 10 % lot                                                                                                                    | 3                    |                                          | PA                                                       |
| <i>ivermectin 0.5 % lot</i>                                                                                                        | 1                    | SKLICE                                   | PA                                                       |
| <i>lindane 1 % shampoo</i>                                                                                                         | 1                    |                                          | PA                                                       |
| <i>malathion 0.5 % lot</i>                                                                                                         | 1                    | OVIDE                                    | PA                                                       |
| NATROBA 0.9 % ext susp                                                                                                             | 3                    |                                          | PA                                                       |
| <i>permethrin 5 % crm</i>                                                                                                          | 1                    | ELIMITE                                  | PA                                                       |
| <i>spinosad 0.9 % ext susp</i>                                                                                                     | 1                    |                                          | PA                                                       |
| <i>sulfurated lime ext soln</i>                                                                                                    | 1                    |                                          | 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<br>[Nombre del Medicamento]                                                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]</b>                                             |                      |                                          |                                                          |
| <b>Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]</b>                                                                      |                      |                                          |                                                          |
| <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                                   |                                                          |
| <b>Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]</b>                                               |                      |                                          |                                                          |
| <i>amantadine hcl 50 mg/5ml soln</i>                                                                                                                                                       | 1                    |                                          |                                                          |
| <i>amantadine hcl 100 mg cap, 100 mg tab</i>                                                                                                                                               | 1                    | SYMMETREL                                |                                                          |
| <i>entacapone 200 mg tab</i>                                                                                                                                                               | 1                    | COMTAN                                   |                                                          |
| <i>tolcapone 100 mg tab</i>                                                                                                                                                                | 4                    | TASMAR                                   | PA                                                       |
| <b>Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]</b>                                                                |                      |                                          |                                                          |
| <i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>                                                                                                                                         | 1                    | PARLODEL                                 |                                                          |
| KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film                                                                                                | 5                    |                                          | PA                                                       |
| KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit                                                                                                                                     | 5                    |                                          | 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                               |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                |                                                          |
| <b>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]</b> |                      |                                          |                                                          |
| <i>apomorphine hcl 30 mg/3ml sc soln cart</i>                                                                                                                                                                       | 4                    | APOKYN                                   | 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, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>                                                       | 1                    | STALEVO                                  |                                                          |
| 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                    |                                          |                                                          |
| <b>Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]</b>                                             |                      |                                          |                                                          |
| <i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>                                                                                                                                                                     | 1                    | AZILECT                                  |                                                          |
| <i>selegiline hcl 5 mg tab</i>                                                                                                                                                                                      | 1                    |                                          |                                                          |
| <i>selegiline hcl 5 mg cap</i>                                                                                                                                                                                      | 1                    | ELDEPRYL                                 |                                                          |
| ZELAPAR 1.25 mg tab disint                                                                                                                                                                                          | 3                    |                                          |                                                          |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>                                                                                     |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b>  |                      |                                          |                                                          |
| <i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>                                                                   | 1                    |                                          |                                                          |
| <i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>                                                 | 1                    | THORAZINE                                |                                                          |
| COMPRO 25 mg rect supp                                                                                                            | 1                    |                                          |                                                          |
| <i>fluphenazine decanoate 25 mg/ml inj soln</i>                                                                                   | 1                    | PROLIXIN                                 |                                                          |
| <i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>                                                                 | 1                    | PROLIXIN                                 |                                                          |
| <i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>                                               | 1                    | PROLIXIN                                 |                                                          |
| <i>haloperidol 0.5 mg tab, 20 mg tab</i>                                                                                          | 1                    | HALDOL                                   |                                                          |
| <i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>                                                                        | 1                    | HALDOL                                   |                                                          |
| <i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>                                                                  | 1                    | HALDOL                                   |                                                          |
| <i>haloperidol lactate 5 mg/ml inj soln</i>                                                                                       | 1                    | HALDOL                                   |                                                          |
| <i>haloperidol lactate 2 mg/ml oral conc</i>                                                                                      | 1                    | HALDOL                                   |                                                          |
| <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                                |                                                          |
| <b>2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b> |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>                                                                       | 1                    | SAPHRIS                                  |                                                          |
| FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab                                                                 | 3                    |                                          |                                                          |
| FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab                                                                                                    | 3                    |                                          |                                                          |
| INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs                                                                             | 5                    |                                          | PA                                                       |
| 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 | 5                    |                                          | PA                                                       |
| INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs                      | 5                    |                                          | PA                                                       |
| LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab                                                                                 | 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                                  |                                                          |
| <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</i>                                                                   | 1                    | SEROQUEL XR                              |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>                                                                                                                                                         |                      |                                          |                                                          |
| 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 | 5                    |                                          | 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, 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                    |                                          |                                                          |
| <b>Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]</b>                                                                                         |                      |                                          |                                                          |
| <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                                  |                                                          |
| <b>ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]</b>                                                          |                      |                                          |                                                          |
| <b>Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]</b>                                                                              |                      |                                          |                                                          |
| <i>baclofen 10 mg tab, 20 mg tab</i>                                                                                                                                                                                    | 1                    | LIORESAL                                 |                                                          |
| <i>dantrolene sodium 100 mg cap, 25 mg cap</i>                                                                                                                                                                          | 1                    | DANTRIUM                                 |                                                          |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                 |                                                          |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]</b>                                                                |                      |                                          |                                                          |
| <b>Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]</b>                            |                      |                                          |                                                          |
| <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                    |                                          |                                                          |
| <b>Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]</b>                                                  |                      |                                          |                                                          |
| ALFERON N 5000000 unit/ml inj soln                                                                                                                                              | 5                    |                                          | 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                                                                                                 | 5                    |                                          | PA                                                       |
| INTRON A 6000000 unit/ml inj soln                                                                                                                                               | 5                    |                                          | PA                                                       |
| <i>lamivudine 100 mg tab</i>                                                                                                                                                    | 1                    | EPIVIR HBV                               | PA                                                       |
| <b>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]</b> |                      |                                          |                                                          |
| MAVYRET 100-40 mg tab                                                                                                                                                           | 4                    |                                          | PA                                                       |
| <i>sofosbuvir-velpatasvir 400-100 mg tab</i>                                                                                                                                    | 4                    | EPCLUSA                                  | PA                                                       |
| ZEPATIER 50-100 mg tab                                                                                                                                                          | 5                    |                                          | PA                                                       |
| <b>Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]</b>                                    |                      |                                          |                                                          |
| <i>ribavirin 200 mg tab</i>                                                                                                                                                     | 4                    | COPEGUS                                  | PA                                                       |
| <i>ribavirin 200 mg cap</i>                                                                                                                                                     | 4                    | REBETOL                                  | PA                                                       |
| <b>Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]</b>                                                                                  |                      |                                          |                                                          |
| <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                    |                                          |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]                   |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                              |                      |                                          | Page 49 of 175                                           |
|                                                                                                                                                                                 |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]</b>                                                                           |                      |                                          |                                                          |
| 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                                                                                                                                                                                            | 5                    |                                          | PA                                                       |
| <b>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]</b>                     |                      |                                          |                                                          |
| COMPLERA 200-25-300 mg tab                                                                                                                                                                                                 | 5                    |                                          | PA                                                       |
| EDURANT 25 mg tab                                                                                                                                                                                                          | 4                    |                                          | PA                                                       |
| efavirenz 200 mg cap, 50 mg cap, 600 mg tab                                                                                                                                                                                | 4                    | SUSTIVA                                  | PA                                                       |
| efavirenz-emtricitab-tenofovir 600-200-300 mg tab                                                                                                                                                                          | 4                    | ATRIPLA                                  | PA                                                       |
| etravirine 100 mg tab, 200 mg tab                                                                                                                                                                                          | 4                    | INTELENCE                                | PA                                                       |
| INTELENCE 100 mg tab, 25 mg tab                                                                                                                                                                                            | 4                    |                                          | PA                                                       |
| nevirapine 50 mg/5ml susp                                                                                                                                                                                                  | 4                    | VIRAMUNE                                 | PA                                                       |
| nevirapine 200 mg tab                                                                                                                                                                                                      | 5                    | VIRAMUNE                                 | PA                                                       |
| nevirapine er 100 mg tab er 24 hr                                                                                                                                                                                          | 4                    | VIRAMUNE XR                              | PA                                                       |
| nevirapine er 400 mg tab er 24 hr                                                                                                                                                                                          | 5                    | VIRAMUNE XR                              | PA                                                       |
| <b>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]</b> |                      |                                          |                                                          |
| abacavir sulfate 300 mg tab                                                                                                                                                                                                | 4                    | ZIAGEN                                   | PA                                                       |
| abacavir sulfate 20 mg/ml soln                                                                                                                                                                                             | 4                    | ZIAGEN                                   | PA                                                       |
| abacavir sulfate-lamivudine 600-300 mg tab                                                                                                                                                                                 | 4                    | EPZICOM                                  |                                                          |
| DOVATO 50-300 mg tab                                                                                                                                                                                                       | 4                    |                                          | PA                                                       |
| emtricitabine 200 mg cap                                                                                                                                                                                                   | 4                    | EMTRIVA                                  | PA                                                       |
| emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab                                                                                                                                  | 4                    | TRUVADA                                  | PA                                                       |
| EMTRIVA 10 mg/ml soln                                                                                                                                                                                                      | 5                    |                                          | PA                                                       |
| lamivudine 150 mg tab, 300 mg tab                                                                                                                                                                                          | 4                    | EPIVIR                                   | PA                                                       |
| lamivudine 10 mg/ml soln                                                                                                                                                                                                   | 4                    | EPIVIR                                   | PA                                                       |
| lamivudine-zidovudine 150-300 mg tab                                                                                                                                                                                       | 4                    | COMBIVIR                                 | PA                                                       |
| RETROVIR 10 mg/ml iv soln                                                                                                                                                                                                  | 5                    |                                          | PA                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                                       |
| 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>                                                                                       | 5                    | RETROVIR                                 | PA                                                       |
| <i>zidovudine 50 mg/5ml syr</i>                                                                                                | 5                    | RETROVIR                                 | PA                                                       |
| <b>Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]</b>                                    |                      |                                          |                                                          |
| FUZEON 90 mg sc soln                                                                                                           | 5                    |                                          | PA                                                       |
| <i>maraviroc 150 mg tab, 300 mg tab</i>                                                                                        | 4                    | SELZENTRY                                | PA                                                       |
| SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab                                                                         | 4                    |                                          | PA                                                       |
| SELZENTRY 20 mg/ml soln                                                                                                        | 4                    |                                          | PA                                                       |
| <b>Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]</b> |                      |                                          |                                                          |
| APTIVUS 250 mg cap                                                                                                             | 5                    |                                          | PA                                                       |
| <i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>                                                                   | 4                    | REYATAZ                                  | PA                                                       |
| <i>fosamprenavir calcium 700 mg tab</i>                                                                                        | 1                    | LEXIVA                                   | PA                                                       |
| INVIRASE 500 mg tab                                                                                                            | 5                    |                                          | PA                                                       |
| KALETRA 100-25 mg tab                                                                                                          | 4                    |                                          | PA                                                       |
| LEXIVA 50 mg/ml susp                                                                                                           | 4                    |                                          | PA                                                       |
| <i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>                                                                        | 4                    | KALETRA                                  | 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                                                                         | 5                    |                                          | PA                                                       |
| PREZISTA 100 mg/ml susp                                                                                                        | 5                    |                                          | PA                                                       |
| <i>ritonavir 100 mg tab</i>                                                                                                    | 4                    | NORVIR                                   | PA                                                       |
| VIRACEPT 250 mg tab, 625 mg tab                                                                                                | 4                    |                                          | PA                                                       |
| <b>Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]</b>                               |                      |                                          |                                                          |
| <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)                                            |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| RELENZA DISKHALER 5 mg/act 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) 1 x 80 mg tab pack, 2 x 40 mg tab pack                                                            | 2                    |                                          |                                                          |
| <b>Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]</b> |                      |                                          |                                                          |
| PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack                                                                   | 3                    |                                          | QL(30 / 5), AL                                           |
| <b>Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]</b>       |                      |                                          |                                                          |
| LAGEVRI0 200 mg cap                                                                                                    | 3                    |                                          | QL(40 / 5), AL                                           |
| <b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]</b>                      |                      |                                          |                                                          |
| <b>Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]</b>                           |                      |                                          |                                                          |
| <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                    |                                          |                                                          |
| <b>Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]</b>                                  |                      |                                          |                                                          |
| <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                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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, 4 mg/ml inj soln</i>                                                                                                           | 1                    |                                          |                                                          |
| <i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                                                               | 1                    | ATIVAN                                   |                                                          |
| <i>lorazepam 2 mg/ml oral conc</i>                                                                                                                            | 1                    | LORAZEPAM INTENSOL                       |                                                          |
| <i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>                                                                                                               | 1                    | SERAX                                    |                                                          |
| <i>quazepam 15 mg tab</i>                                                                                                                                     | 1                    | DORAL                                    |                                                          |
| <i>triazolam 0.125 mg tab, 0.25 mg tab</i>                                                                                                                    | 1                    | HALCION                                  |                                                          |
| <b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>                    |                      |                                          |                                                          |
| <b>Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]</b>                                  |                      |                                          |                                                          |
| <i>lithium carbonate 150 mg cap, 600 mg cap</i>                                                                                                               | 1                    |                                          |                                                          |
| <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                                 |                                                          |
| <b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]</b>         |                      |                                          |                                                          |
| <b>Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]</b>                                                          |                      |                                          |                                                          |
| <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                                                       |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 53 of 175                                           |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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 BCISE 2 mg/0.85ml Subcutaneous Auto-injector                                                                   | 2                    |                                          | ST                                                       |
| BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj                                                                         | 2                    |                                          | ST                                                       |
| BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj                                                                           | 2                    |                                          | ST                                                       |
| CYCLOSET 0.8 mg tab                                                                                                     | 3                    |                                          |                                                          |
| FARXIGA 10 mg tab, 5 mg tab                                                                                             | 2                    |                                          | ST                                                       |
| <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                             |                                                          |
| <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                    |                                          | ST                                                       |
| JANUMET 50-1000 mg tab, 50-500 mg tab                                                                                   | 2                    |                                          | ST                                                       |
| JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr                                    | 2                    |                                          | ST                                                       |
| JANUVIA 100 mg tab, 25 mg tab, 50 mg tab                                                                                | 2                    |                                          | ST                                                       |
| JARDIANCE 10 mg tab, 25 mg tab                                                                                          | 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<br>[Nombre del Medicamento]                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab                                     | 2                    |                                          | ST                                                       |
| JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr                                 | 2                    |                                          | ST                                                       |
| 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 1000 mg tab, 500 mg tab, 850 mg tab</i>                                       | 1                    | GLUCOPHAGE                               |                                                          |
| <i>metformin hcl 500 mg/5ml soln</i>                                                           | 1                    | RIOMET                                   |                                                          |
| <i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>                               | 1                    | GLUCOPHAGE XR                            |                                                          |
| <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                    |                                          | ST                                                       |
| OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 4 mg/3ml sc soln pen-inj                       | 2                    |                                          | ST                                                       |
| OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj                                                   | 2                    |                                          | ST                                                       |
| 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                    |                                          | ST                                                       |
| 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                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab                                                                               | 2                    |                                          | ST                                                       |
| 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                    |                                          | ST                                                       |
| TRADJENTA 5 mg tab                                                                                                                                    | 2                    |                                          | ST                                                       |
| 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                    |                                          | ST                                                       |
| TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj                       | 2                    |                                          | ST                                                       |
| VICTOZA 18 mg/3ml sc soln pen-inj                                                                                                                     | 2                    |                                          | ST                                                       |
| 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                    |                                          | ST                                                       |
| <b>Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]</b>                                                          |                      |                                          |                                                          |
| 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                    | GLUCAGON EMERGENCY                       |                                                          |
| KORLYM 300 mg tab                                                                                                                                     | 3                    |                                          |                                                          |
| <b>Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]</b>                                                                          |                      |                                          |                                                          |
| <i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i> | 1                    |                                          |                                                          |
| <i>1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</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<br>[Nombre del Medicamento]                                                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ABOUTTIME PEN NEEDLE 30G X 8 MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                         | 1                    |                                          |                                                          |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc                                                                                                                                               | 1                    |                                          |                                                          |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc | 1                    |                                          |                                                          |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc                                                                                                                                                                   | 1                    |                                          |                                                          |
| ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc                                                                                                                                                                  | 1                    |                                          |                                                          |
| <i>aum mini insulin pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>                                                                                                         | 1                    |                                          |                                                          |
| <i>aum mini insulin pen needle 32G X 4 MM misc</i>                                                                                                                                                                                              | 1                    |                                          |                                                          |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc                                                                                                                                                                                                    | 1                    |                                          |                                                          |
| AUM SAFETY PEN NEEDLE 31G X 4 MM misc                                                                                                                                                                                                           | 1                    |                                          |                                                          |
| AUM SAFETY PEN NEEDLE 31G X 5 MM misc                                                                                                                                                                                                           | 1                    |                                          |                                                          |
| <i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                                                                                     | 1                    |                                          |                                                          |
| <i>aurora unifine pentips 31G X 5 MM misc, 32G X 4 MM misc</i>                                                                                                                                                                                  | 1                    |                                          |                                                          |
| BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj                                                                                                                                                                                                    | 3                    |                                          | QL(15 / 30), 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<br>[Nombre del Medicamento]                                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| BD AUTOSHIELD 29G X 5MM misc, 29G X 8MM misc                                                                                                                                                                           | 1                    |                                          |                                                          |
| BD AUTOSHIELD DUO 30G X 5 MM misc                                                                                                                                                                                      | 1                    |                                          |                                                          |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc                                                                                                                                           | 1                    |                                          |                                                          |
| BD INSULIN SYRINGE 25G X 1" 1 ml misc, 25G X 5/8" 1 ml misc, 26G X 1/2" 1 ml misc, 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc | 1                    |                                          |                                                          |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc                                                                                                                                                                   | 1                    |                                          |                                                          |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc                                                                                                                        | 1                    |                                          |                                                          |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                   | 1                    |                                          |                                                          |
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ml misc                                                                                                                                                                 | 1                    |                                          |                                                          |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc                                             | 1                    |                                          |                                                          |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM misc                                                                                                                                                                                | 1                    |                                          |                                                          |
| BD PEN NEEDLE MINI U/F 31G X 5 MM misc                                                                                                                                                                                 | 1                    |                                          |                                                          |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc                                                                                                                                                                             | 1                    |                                          |                                                          |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc                                                                                                                                                                             | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| BD PEN NEEDLE NANO U/F 32G X 4 MM misc                                                                                                                                                                      | 1                    |                                          |                                                          |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM misc                                                                                                                                                                | 1                    |                                          |                                                          |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM misc                                                                                                                                                                     | 1                    |                                          |                                                          |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc | 1                    |                                          |                                                          |
| BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ml misc                                                                                                                                                          | 1                    |                                          |                                                          |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc                                                                                                                                                     | 1                    |                                          |                                                          |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc                                                                                                       | 1                    |                                          |                                                          |
| CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc                                                                  | 1                    |                                          |                                                          |
| <i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>                                | 1                    |                                          |                                                          |
| <i>careone unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>                                                                                                           | 1                    |                                          |                                                          |
| <i>careone unifine pentips 31G X 8 MM misc</i>                                                                                                                                                              | 1                    |                                          |                                                          |
| <i>careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>                                                                    | 1                    |                                          |                                                          |

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

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

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                                                                                                                                                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                          |                                                          |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc                                                                                                                                                                                                                                                                                                                         | 1                    |                                          |                                                          |
| COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                                                                                                                                                                                                            | 1                    |                                          |                                                          |
| DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                                                                                                                                                                                                                      | 1                    |                                          |                                                          |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc | 1                    |                                          |                                                          |
| DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc                                                                                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                                                                                                                                                                                                                                                                                                                          | 1                    |                                          |                                                          |

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>dropsafe safety pen needles 31G X 5 MM misc</i>                                                                                                                                                                                                                                                                                                                              | 1                    |                                          |                                                          |
| <i>drug mart unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                                                                                                                                                                                                            | 1                    |                                          |                                                          |
| <i>drug mart unifine pentips plus 32G X 4 MM misc</i>                                                                                                                                                                                                                                                                                                                           | 1                    |                                          |                                                          |
| <i>easy comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>                                                                                                                                                                                                | 1                    |                                          |                                                          |
| <i>easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>                                                                                                                                                                                                                                            | 1                    |                                          |                                                          |
| <i>easy comfort pen needles 31G X 8 MM misc</i>                                                                                                                                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>easy glide pen needles 33G X 4 MM misc</i>                                                                                                                                                                                                                                                                                                                                   | 1                    |                                          |                                                          |
| <i>EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc</i>                                                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>                                                                                                                                                                                                                                                | 1                    |                                          |                                                          |
| <i>EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X</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<br>[Nombre del Medicamento]                                                                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                                                                                                                                                                          |                      |                                          |                                                          |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc                                                                                                                                                   | 1                    |                                          |                                                          |
| EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc                                                                    | 1                    |                                          |                                                          |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc                                                                                                                                                                     | 1                    |                                          |                                                          |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc                                                                                                                            | 1                    |                                          |                                                          |
| <i>eqi insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc                        | 1                    |                                          |                                                          |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc, 31G X 4 MM misc, 31G X 6 MM misc, 31G X 8 MM misc                                                                                                                                                  | 1                    |                                          |                                                          |
| FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc                                                                                                                                                            | 1                    |                                          |                                                          |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G                                                                                                                                                                                         | 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<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                                                                                                                                                                                                                              |                      |                                          |                                                          |
| <i>freds pharmacy unifine pentip+ 31G X 5 MM misc, 31G X 8 MM misc</i>                                                                                                                                                                                                                                  | 1                    |                                          |                                                          |
| <i>freds pharmacy unifine pentips 32G X 4 MM misc</i>                                                                                                                                                                                                                                                   | 1                    |                                          |                                                          |
| FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                                                                                                                                              | 1                    |                                          |                                                          |
| <i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>global ease inject pen needles 32G X 4 MM misc</i>                                                                                                                                                                                                                                                   | 1                    |                                          |                                                          |
| <i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>                                                                                                                                                                | 1                    |                                          |                                                          |
| <i>global easy glide pen needles 32G X 4 MM misc</i>                                                                                                                                                                                                                                                    | 1                    |                                          |                                                          |
| <i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| <i>global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc</i>                                                                                                                                                                                           | 1                    |                                          |                                                          |
| <i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>                                                                                                                                                                                                                          | 1                    |                                          |                                                          |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml                                                                                                                                       | 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<br>[Nombre del Medicamento]                                                                                                                                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                                                                                                                                                             |                      |                                          |                                                          |
| <i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                                                                                                                         | 1                    |                                          |                                                          |
| <i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| <i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>                                                                                                                                                                                                                         | 1                    |                                          |                                                          |
| <i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>                                                                                                                                                                                                               | 1                    |                                          |                                                          |
| <i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>                                                                                                                                                                                                             | 1                    |                                          |                                                          |
| <i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>                                                                                                                                                                                                             | 1                    |                                          |                                                          |
| <i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>                                                                                                                                                                                                          | 1                    |                                          |                                                          |
| <i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                                                                                                                                                          | 1                    |                                          |                                                          |
| GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM misc                                                                                                                                                                                                                              | 1                    |                                          |                                                          |
| GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                            | 1                    |                                          |                                                          |
| <i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>                                                                                                                                                                                                                 | 1                    |                                          |                                                          |
| <i>goodsense clickfine pen needle 31G X 5 MM misc</i>                                                                                                                                                                                                                     | 1                    |                                          |                                                          |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc                                                                                                                                                                           | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| <i>healthwise micron pen needles 32G X 4 MM misc</i>                                                                                                                                  | 1                    |                                          |                                                          |
| <i>healthwise mini pen needles 31G X 6 MM misc</i>                                                                                                                                    | 1                    |                                          |                                                          |
| <i>healthwise pen needles 29G X 12MM misc</i>                                                                                                                                         | 1                    |                                          |                                                          |
| <i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>                                                                                                                  | 1                    |                                          |                                                          |
| <i>healthwise unifine pentips 32G X 4 MM misc</i>                                                                                                                                     | 1                    |                                          |                                                          |
| <i>healthy accents unifine pentip 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                             | 1                    |                                          |                                                          |
| <i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                | 1                    |                                          |                                                          |
| H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc                                                                                                                       | 1                    |                                          |                                                          |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc                                                                                                      | 1                    |                                          |                                                          |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc                                                                                                             | 1                    |                                          |                                                          |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc                                                                                                                                          | 1                    |                                          |                                                          |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc                                                                                                                                         | 1                    |                                          |                                                          |
| HUMALOG 100 unit/ml inj soln                                                                                                                                                          | 2                    |                                          | QL(20 / 30)                                              |
| HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj                                                                                                                                    | 2                    |                                          | QL(15 / 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<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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)                                              |
| 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)                                               |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                                        | 1                    |                                          |                                                          |
| <i>insulin syringe 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| <i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>                                                                                                                                                                                           | 1                    |                                          |                                                          |
| <i>insulin syringe/needle 27G X 1/2" 0.5 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc</i>                                                                                                                                                                                      | 1                    |                                          |                                                          |

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

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

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| LANTUS 100 unit/ml sc soln                                                                                                                                                                                                                                                                         | 2                    |                                          | QL(20 / 30)                                              |
| LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj                                                                                                                                                                                                                                                        | 2                    |                                          | QL(15 / 30)                                              |
| <i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc                                                                                                                                                                                                                                            | 1                    |                                          |                                                          |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                                                      | 1                    |                                          |                                                          |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc     | 1                    |                                          |                                                          |
| LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                        | 1                    |                                          |                                                          |
| <i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>                                                                                                                                                                                                                                               | 1                    |                                          |                                                          |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc                                                                                                                          | 1                    |                                          |                                                          |
| MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc                                                                                                                                                                                                                                          | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc                                                                                                                                                                                                                         | 1                    |                                          |                                                          |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc                                                                                                                                                                                         | 1                    |                                          |                                                          |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc                                                                                                                                                                                                     | 1                    |                                          |                                                          |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc                                                                                                                                                                                           | 1                    |                                          |                                                          |
| <i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>                                                                                                                                                                                     | 1                    |                                          |                                                          |
| <i>medicine shoppe pen needles 29G X 12MM misc</i>                                                                                                                                                                                                                | 1                    |                                          |                                                          |
| <i>medicine shoppe pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                                                                                                               | 1                    |                                          |                                                          |
| <i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>                                                                                                                                                                                                        | 1                    |                                          |                                                          |
| <i>meijer pen needles 31G X 8 MM misc</i>                                                                                                                                                                                                                         | 1                    |                                          |                                                          |
| MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc                                                                                                                                                                                             | 1                    |                                          |                                                          |
| <i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>                                                                                 | 1                    |                                          |                                                          |
| MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                 | 1                    |                                          |                                                          |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, | 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<br>[Nombre del Medicamento]                                                                                                                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 31G X 5/16" 1 ml misc, U-100 1 ml misc                                                                                                                                                                                                                |                      |                                          |                                                          |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc | 1                    |                                          |                                                          |
| <i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>                                                                                                                                                     | 1                    |                                          |                                                          |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM misc                                                                                                                                                                                                         | 1                    |                                          |                                                          |
| NOVOFINE PEN NEEDLE 32G X 6 MM misc                                                                                                                                                                                                                   | 1                    |                                          |                                                          |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc                                                                                                                                                                                                              | 1                    |                                          |                                                          |
| NOVOLIN 70/30 (70-30) 100 unit/ml sc susp                                                                                                                                                                                                             | 2                    |                                          | QL(20 / 30)                                              |
| NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj                                                                                                                                                                                             | 2                    |                                          | QL(15 / 30)                                              |
| NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj                                                                                                                                                                                      | 2                    |                                          | QL(15 / 30)                                              |
| NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp                                                                                                                                                                                                      | 2                    |                                          | QL(20 / 30)                                              |
| NOVOLIN N 100 unit/ml sc susp                                                                                                                                                                                                                         | 2                    |                                          | QL(20 / 30)                                              |
| NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj                                                                                                                                                                                                         | 2                    |                                          | QL(15 / 30)                                              |
| NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj                                                                                                                                                                                                  | 2                    |                                          | QL(15 / 30)                                              |
| NOVOLIN N RELION 100 unit/ml sc susp                                                                                                                                                                                                                  | 2                    |                                          | QL(20 / 30)                                              |
| NOVOLIN R 100 unit/ml inj soln                                                                                                                                                                                                                        | 2                    |                                          | QL(20 / 30)                                              |
| NOVOLIN R RELION 100 unit/ml inj soln                                                                                                                                                                                                                 | 2                    |                                          | QL(20 / 30)                                              |
| NOVOTWIST PEN NEEDLE 32G X 5 MM misc                                                                                                                                                                                                                  | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>pc unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                                                      | 1                    |                                          |                                                          |
| <i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>                                                                                          | 1                    |                                          |                                                          |
| <i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>                                                                                                                                                              | 1                    |                                          |                                                          |
| <i>pen needles 5/16" 31G X 8 MM misc</i>                                                                                                                                                                                          | 1                    |                                          |                                                          |
| PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc                                                                                                                      | 1                    |                                          |                                                          |
| PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                        | 1                    |                                          |                                                          |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc                                                                                                                                                          | 1                    |                                          |                                                          |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 3/8" 0.5 ml misc, 30G X 5/16" 0.3 ml misc                                                                                 | 1                    |                                          |                                                          |
| <i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| <i>preferred plus unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                                                         | 1                    |                                          |                                                          |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc                                                                                                                                                                     | 1                    |                                          |                                                          |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| PREVENT SAFETY PEN<br>NEEDLES 31G X 6 MM misc, 31G X 8 MM misc                                                                                                              | 1                    |                                          |                                                          |
| PRO COMFORT INSULIN<br>SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc | 1                    |                                          |                                                          |
| <i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>                                                                           | 1                    |                                          |                                                          |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc                                                                              | 1                    |                                          |                                                          |
| <i>pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>                                                                                            | 1                    |                                          |                                                          |
| <i>pure comfort pen needle 32G X 4 MM misc</i>                                                                                                                              | 1                    |                                          |                                                          |
| <i>px extra short pen needles 31G X 6 MM misc</i>                                                                                                                           | 1                    |                                          |                                                          |
| <i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>                                                                                                                            | 1                    |                                          |                                                          |
| <i>px mini pen needles 31G X 5 MM misc</i>                                                                                                                                  | 1                    |                                          |                                                          |
| <i>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>                                                                                                                       | 1                    |                                          |                                                          |
| <i>px shortlength pen needles 31G X 8 MM misc</i>                                                                                                                           | 1                    |                                          |                                                          |
| <i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                     | 1                    |                                          |                                                          |
| <i>qc unifine pentips 32G X 4 MM misc</i>                                                                                                                                   | 1                    |                                          |                                                          |
| <i>qc unifine pentips 32G X 4 MM misc</i>                                                                                                                                   | 1                    |                                          |                                                          |
| <i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>                                                      | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>                                                                                                                                             | 1                    |                                          |                                                          |
| <i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>                                                                                                                                       | 1                    |                                          |                                                          |
| <i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>                                                                                                                      | 1                    |                                          |                                                          |
| <i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>                                                                          | 1                    |                                          |                                                          |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc | 1                    |                                          |                                                          |
| RELION MINI PEN NEEDLES 31G X 6 MM misc                                                                                                                                                            | 1                    |                                          |                                                          |
| RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                              | 1                    |                                          |                                                          |
| RELION SHORT PEN NEEDLES 31G X 8 MM misc                                                                                                                                                           | 1                    |                                          |                                                          |
| <i>safety insulin syringes 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>                                                                         | 1                    |                                          |                                                          |
| <i>safety pen needles 30G X 5 MM misc, 30G X 8 MM misc</i>                                                                                                                                         | 1                    |                                          |                                                          |
| <i>sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc</i>                                                      | 1                    |                                          |                                                          |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc                                                                                                                            | 1                    |                                          |                                                          |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc                                                                                                                                                      | 1                    |                                          |                                                          |
| SHOPKO UNIFINE PENTIPS 29G X 12MM misc, 31G X 5 MM misc,                                                                                                                                           | 1                    |                                          |                                                          |

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

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

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                                                                                                                                     | 1                    |                                          |                                                          |
| true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc                                                                                                                                                                                                                   | 1                    |                                          |                                                          |
| true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc                                                                                                                                                                              | 1                    |                                          |                                                          |
| true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                               | 1                    |                                          |                                                          |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                            | 1                    |                                          |                                                          |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc | 1                    |                                          |                                                          |
| TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                                                      | 1                    |                                          |                                                          |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc                                                                                                                                                                                                                      | 1                    |                                          |                                                          |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc                                                                             | 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<br>[Nombre del Medicamento]                                                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc |                      |                                          |                                                          |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                      | 1                    |                                          |                                                          |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc                                                                                                                                                       | 1                    |                                          |                                                          |
| ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc                                                                                                                                                                           | 1                    |                                          |                                                          |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc                                                                                                                                                                       | 1                    |                                          |                                                          |
| <i>ultiguard safepack pen needle 32G X 4 MM misc, 32G X 6 MM misc</i>                                                                                                                                                             | 1                    |                                          |                                                          |
| <i>ultiguard safepack pen needle 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                                                        | 1                    |                                          |                                                          |
| ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                                    | 1                    |                                          |                                                          |
| ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc                                                                                                                                  | 1                    |                                          |                                                          |
| ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc                                                                                                                             | 1                    |                                          |                                                          |
| ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                           | 1                    |                                          |                                                          |
| <i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>                                                                                                                                                                      | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ULTRA FLO INSULIN PEN<br>NEEDLES 29G X 12MM misc, 33G X 4 MM misc                                                                                                                                                               | 1                    |                                          |                                                          |
| ULTRA FLO INSULIN PEN<br>NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                              | 1                    |                                          |                                                          |
| ULTRA FLO INSULIN SYR 1/2<br>UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc                                                                                                                      | 1                    |                                          |                                                          |
| ULTRA FLO INSULIN SYRINGE<br>29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                         | 1                    |                                          |                                                          |
| ULTRA FLO INSULIN SYRINGE<br>29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc                                                   | 1                    |                                          |                                                          |
| ULTRA THIN PEN NEEDLES 32G X 4 MM misc                                                                                                                                                                                          | 1                    |                                          |                                                          |
| <i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i> | 1                    |                                          |                                                          |
| <i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>                                                                              | 1                    |                                          |                                                          |
| ULTRA-THIN II INS SYR SHORT<br>30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc                                                 | 1                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ULTRA-THIN II INSULIN SYRINGE<br>29G X 1/2" 0.5 ml misc, 29G X 1/2"<br>1 ml misc                                                                                      | 1                    |                                          |                                                          |
| ULTRA-THIN II MINI PEN NEEDLE<br>31G X 5 MM misc                                                                                                                      | 1                    |                                          |                                                          |
| ULTRA-THIN II PEN NEEDLE<br>SHORT 31G X 8 MM misc                                                                                                                     | 1                    |                                          |                                                          |
| ULTRA-THIN II PEN NEEDLES<br>29G X 12.7MM misc                                                                                                                        | 1                    |                                          |                                                          |
| UNIFINE PEN NEEDLES 32G X 4<br>MM misc                                                                                                                                | 1                    |                                          |                                                          |
| UNIFINE PENTIPS 29G X 12MM<br>misc, 30G X 5 MM misc, 31G X 5<br>MM misc, 31G X 6 MM misc, 31G<br>X 8 MM misc, 32G X 4 MM misc,<br>32G X 6 MM misc, 33G X 4 MM<br>misc | 1                    |                                          |                                                          |
| UNIFINE PENTIPS 31G X 5 MM<br>misc, 31G X 6 MM misc, 31G X 8<br>MM misc, 32G X 4 MM misc                                                                              | 1                    |                                          |                                                          |
| UNIFINE PENTIPS PLUS 29G X<br>12MM misc, 30G X 5 MM misc,<br>31G X 5 MM misc, 31G X 6 MM<br>misc, 31G X 8 MM misc, 32G X 4<br>MM misc, 33G X 4 MM misc                | 1                    |                                          |                                                          |
| UNIFINE SAFECONTROL PEN<br>NEEDLE 30G X 5 MM misc, 30G X<br>8 MM misc                                                                                                 | 1                    |                                          |                                                          |
| UNIFINE SAFECONTROL PEN<br>NEEDLE 32G X 4 MM misc                                                                                                                     | 1                    |                                          |                                                          |
| UNIFINE ULTRA PEN NEEDLE<br>31G X 5 MM misc, 31G X 6 MM<br>misc, 31G X 8 MM misc, 32G X 4<br>MM misc                                                                  | 1                    |                                          |                                                          |
| <i>value health insulin syringe 29G X<br/>1/2" 0.5 ml misc, 29G X 1/2" 1 ml<br/>misc</i>                                                                              | 1                    |                                          |                                                          |
| <i>valumark pen needles 29G X<br/>12MM misc, 31G X 6 MM misc,<br/>31G X 8 MM misc</i>                                                                                 | 1                    |                                          |                                                          |
| VANISHPOINT INSULIN SYRINGE<br>29G X 1/2" 1 ml misc, 29G X 5/16"                                                                                                      | 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<br>[Nombre del Medicamento]                                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc                                                                                               |                      |                                          |                                                          |
| VIDA MIA UNIFINE PENTIPS 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc                                                                                                                                     | 1                    |                                          |                                                          |
| <i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>                                                                                                                                                                                | 1                    |                                          |                                                          |
| <i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                                                                          | 1                    |                                          |                                                          |
| <i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>                                                                                                                              | 1                    |                                          |                                                          |
| <i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>                                                                                                                                                                              | 1                    |                                          |                                                          |
| <i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>                                                                                                                                     | 1                    |                                          |                                                          |
| <b>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]</b>                             |                      |                                          |                                                          |
| <b>Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]</b>                                                                                                                                              |                      |                                          |                                                          |
| 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 inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i> | 5                    | 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>                                                                                                                  | 5                    | ARIXTRA                                  | PA                                                       |
| FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000                                                                                                                            | 5                    |                                          | PA                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                                                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| unt/0.72ml sc soln pfs, 2500<br>unit/0.2ml sc soln pfs, 5000<br>unit/0.2ml sc soln pfs, 7500<br>unit/0.3ml sc soln pfs, 95000<br>unit/3.8ml sc soln                                                                                                                                                                                                                                                                |                      |                                          |                                                          |
| JANTOVEN 1 mg tab, 10 mg tab, 2<br>mg tab, 2.5 mg tab, 3 mg tab, 4 mg<br>tab, 5 mg tab, 6 mg tab                                                                                                                                                                                                                                                                                                                   | 2                    |                                          |                                                          |
| PRADAXA 110 mg cap, 150 mg<br>cap, 75 mg cap                                                                                                                                                                                                                                                                                                                                                                       | 3                    |                                          |                                                          |
| <i>warfarin sodium 1 mg tab, 10 mg<br/>tab, 2 mg tab, 2.5 mg tab, 3 mg tab,<br/>4 mg tab, 5 mg tab, 6 mg tab, 7.5<br/>mg tab</i>                                                                                                                                                                                                                                                                                   | 1                    | COUMADIN                                 |                                                          |
| XARELTO 10 mg tab, 15 mg tab,<br>2.5 mg tab, 20 mg tab                                                                                                                                                                                                                                                                                                                                                             | 2                    |                                          |                                                          |
| XARELTO STARTER PACK 15 &<br>20 mg tab pack                                                                                                                                                                                                                                                                                                                                                                        | 2                    |                                          |                                                          |
| <b>Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]</b>                                                                                                                                                                                                                                                                |                      |                                          |                                                          |
| <i>anagrelide hcl 0.5 mg cap, 1 mg<br/>cap</i>                                                                                                                                                                                                                                                                                                                                                                     | 1                    | AGRYLIN                                  |                                                          |
| ARANESP (ALBUMIN FREE) 10<br>mcg/0.4ml inj soln pfs, 100<br>mcg/0.5ml inj soln pfs, 100 mcg/ml<br>inj soln, 150 mcg/0.3ml inj soln pfs,<br>200 mcg/0.4ml inj soln pfs, 200<br>mcg/ml inj soln, 25 mcg/0.42ml inj<br>soln pfs, 25 mcg/ml inj soln, 300<br>mcg/0.6ml inj soln pfs, 40<br>mcg/0.4ml inj soln pfs, 40 mcg/ml<br>inj soln, 500 mcg/ml inj soln pfs, 60<br>mcg/0.3ml inj soln pfs, 60 mcg/ml<br>inj soln | 5                    |                                          | PA                                                       |
| <i>azacitidine 100 mg inj susp</i>                                                                                                                                                                                                                                                                                                                                                                                 | 5                    | VIDAZA                                   | PA                                                       |
| EPOGEN 10000 unit/ml inj soln,<br>2000 unit/ml inj soln, 20000 unit/ml<br>inj soln, 3000 unit/ml inj soln, 4000<br>unit/ml inj soln                                                                                                                                                                                                                                                                                | 5                    |                                          | PA                                                       |
| MOZOBIL 24 mg/1.2ml sc soln                                                                                                                                                                                                                                                                                                                                                                                        | 5                    |                                          | PA                                                       |
| NIVESTYM 300 mcg/0.5ml inj soln<br>pfs, 300 mcg/ml inj soln, 480                                                                                                                                                                                                                                                                                                                                                   | 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<br>[Nombre del Medicamento]                                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln                                                                                                                                |                      |                                          |                                                          |
| 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 inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln                          | 4                    |                                          | PA                                                       |
| UDENYCA 6 mg/0.6ml sc soln pfs                                                                                                                                                | 4                    |                                          | PA                                                       |
| ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs                                                                                                                 | 4                    |                                          | PA                                                       |
| <b>Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]</b>                                                        |                      |                                          |                                                          |
| aminocaproic acid 500 mg tab                                                                                                                                                  | 1                    | AMICAR                                   | QL(10 / 30)                                              |
| <b>Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]</b>                                    |                      |                                          |                                                          |
| aspirin-dipyridamole er 25-200 mg cap er 12 hr                                                                                                                                | 1                    | AGGRENOX                                 |                                                          |
| BRILINTA 60 mg tab, 90 mg tab                                                                                                                                                 | 2                    |                                          |                                                          |
| cilostazol 100 mg tab, 50 mg tab                                                                                                                                              | 1                    | PLETAL                                   |                                                          |
| clopidogrel bisulfate 300 mg tab, 75 mg tab                                                                                                                                   | 1                    | PLAVIX                                   |                                                          |
| dipyridamole 25 mg tab, 50 mg tab, 75 mg tab                                                                                                                                  | 1                    | PERSANTINE                               |                                                          |
| prasugrel hcl 10 mg tab, 5 mg tab                                                                                                                                             | 1                    | EFFIENT                                  |                                                          |
| <b>CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]</b> |                      |                                          |                                                          |
| <b>Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>                                                |                      |                                          |                                                          |
| clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch                                                                                              | 1                    | CATAPRES-TTS                             |                                                          |
| clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab                                                                                                                              | 1                    | CATAPRES                                 |                                                          |
| guanfacine hcl 1 mg tab, 2 mg tab                                                                                                                                             | 1                    | TENEX                                    |                                                          |
| methyldopa 250 mg tab                                                                                                                                                         | 1                    | ALDOMET                                  |                                                          |
| methyldopa 500 mg tab                                                                                                                                                         | 1                    | ALDOMET                                  |                                                          |
| midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab                                                                                                                                 | 1                    | PROAMATINE                               |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>                                    |                      |                                          |                                                          |
| <i>phenoxybenzamine hcl 10 mg cap</i>                                                                                                                                               | 1                    | DIBENZYLINE                              |                                                          |
| <i>phentolamine mesylate 5 mg inj soln</i>                                                                                                                                          | 1                    |                                          |                                                          |
| <i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>                                                                                                                                    | 1                    | MINIPRESS                                |                                                          |
| <b>Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]</b>                           |                      |                                          |                                                          |
| <i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>                                                                                                               | 1                    | ATACAND                                  |                                                          |
| <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                                   |                                                          |
| <b>Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]</b> |                      |                                          |                                                          |
| <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                                 |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                    |                                                          |
| <b>Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]</b>                                  |                      |                                          |                                                          |
| <i>amiodarone hcl 200 mg tab</i>                                                                                                                | 1                    | CORDARONE                                |                                                          |
| <i>amiodarone hcl 100 mg tab, 400 mg tab</i>                                                                                                    | 1                    | CORDARONE                                |                                                          |
| <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                              |                                                          |
| <b>Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b> |                      |                                          |                                                          |
| <i>acebutolol hcl 200 mg cap, 400 mg cap</i>                                                                                                    | 1                    | SECTRAL                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                  |                                                          |
| <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 XL                                |                                                          |
| <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>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>                                                                                        | 1                    |                                          |                                                          |
| <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                                |                                                          |
| <b>Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]</b> |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                 |                                                          |
| <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, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>                                                                      | 1                    | DILACOR XR                               |                                                          |
| <i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i> | 1                    | TIAZAC                                   |                                                          |
| <i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>                                                                              | 1                    | CARDIZEM CD                              |                                                          |
| <i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>                                                         | 1                    | CARDIZEM CD                              |                                                          |
| <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                    | CARDIZEM LA                              |                                                          |
| <i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>                                                                               | 1                    | DILACOR XR                               |                                                          |
| <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                                 |                                                          |
| MATZIM LA 360 mg tab er 24 hr, 420 mg tab er 24 hr                                                                                                         | 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                                |                                                          |
| <i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>                                                                                | 1                    | PROCARDIA XL                             |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                  |                                                          |
| <b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]</b>                                               |                      |                                          |                                                          |
| <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 tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</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]



| Drug Name<br>[Nombre del Medicamento]                                                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                             |                                                          |
| BIDIL 20-37.5 mg tab                                                                                                        | 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                              |                                                          |
| DIGITEK 250 mcg tab                                                                                                         | 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                                  |                                                          |
| DUTOPROL 100-12.5 mg tab er 24 hr, 25-12.5 mg tab er 24 hr, 50-12.5 mg tab er 24 hr                                         | 3                    |                                          |                                                          |
| <i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>                                                            | 1                    | VASERETIC                                |                                                          |
| ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab                                                                          | 2                    |                                          |                                                          |
| <i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>                                                                | 1                    | MONOPRIL-HCT                             |                                                          |
| <i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>                                                      | 1                    | AVALIDE                                  |                                                          |
| <i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>                                                                         | 1                    | BIDIL                                    |                                                          |
| <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                               |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab                                            | 1                    | HYZAAR                                   |                                                          |
| metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab                                         | 1                    | LOPRESSOR HCT                            |                                                          |
| metyrosine 250 mg cap                                                                                             | 1                    | DEMSER                                   |                                                          |
| olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab                                            | 1                    | BENICAR HCT                              |                                                          |
| 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 | 1                    | TRIBENZOR                                |                                                          |
| pentoxifylline er 400 mg tab er                                                                                   | 1                    | TRENTAL                                  |                                                          |
| quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab                                        | 1                    | ACCURETIC                                |                                                          |
| ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr                                                           | 1                    | RANEXA                                   |                                                          |
| spironolactone-hctz 25-25 mg tab                                                                                  | 1                    | ALDACTAZIDE                              |                                                          |
| TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab                                       | 2                    |                                          |                                                          |
| telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab                                       | 1                    | TWYNSTA                                  |                                                          |
| telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab                                                     | 1                    | MICARDIS-HCT                             |                                                          |
| trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er                  | 1                    | TARKA                                    |                                                          |
| triamterene-hctz 37.5-25 mg cap                                                                                   | 1                    | DYAZIDE                                  |                                                          |
| triamterene-hctz 37.5-25 mg tab, 75-50 mg tab                                                                     | 1                    | MAXZIDE                                  |                                                          |
| 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      | 1                    | DIOVAN HCT                               |                                                          |
| VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab                                                                           | 3                    |                                          | PA                                                       |

**Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]**

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                  |                                                          |
| <b>Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]</b>                                                |                      |                                          |                                                          |
| <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                                 |                                                          |
| <b>Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]</b>                                                                         |                      |                                          |                                                          |
| <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                                |                                                          |
| <b>Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]</b> |                      |                                          |                                                          |
| <i>ANTARA 30 mg cap, 90 mg cap</i>                                                                                                                                 | 3                    |                                          |                                                          |
| <i>fenofibrate 120 mg tab, 40 mg tab</i>                                                                                                                           | 1                    | FENOGLIDE                                |                                                          |
| <i>fenofibrate 150 mg cap, 50 mg cap</i>                                                                                                                           | 1                    | LIPOFEN                                  |                                                          |
| <i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>                                                                                                    | 1                    | TRICOR                                   |                                                          |
| <i>fenofibrate micronized 130 mg cap, 43 mg cap</i>                                                                                                                | 1                    | ANTARA                                   |                                                          |
| <i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>                                                                                                    | 1                    | TRICOR                                   |                                                          |
| <i>fenofibric acid 105 mg tab, 35 mg tab</i>                                                                                                                       | 1                    | FIBRICOR                                 |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                    |                                          |                                                          |
| <b>Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]</b> |                      |                                          |                                                          |
| 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                                    |                                                          |
| <b>Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]</b>                            |                      |                                          |                                                          |
| <i>cholestyramine 4 gm pckt</i>                                                                                                                                                 | 1                    | QUESTRAN                                 |                                                          |
| <i>cholestyramine 4 gm/dose oral pwdr</i>                                                                                                                                       | 1                    | QUESTRAN                                 |                                                          |
| <i>cholestyramine light 4 gm pckt</i>                                                                                                                                           | 1                    | QUESTRAN LIGHT                           |                                                          |
| <i>cholestyramine light 4 gm/dose oral pwdr</i>                                                                                                                                 | 1                    | QUESTRAN LIGHT                           |                                                          |
| <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                                   |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                    |                                          |                                                          |
| <b>Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]</b>                                           |                      |                                          |                                                          |
| <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                                  |                                                          |
| <b>Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]</b>                                |                      |                                          |                                                          |
| <i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>                                                                                                                      | 1                    | ISORDIL TITRADOSE                        |                                                          |
| <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                                    |                                                          |
| NITRO-BID 2 % td oint                                                                                                                                                                      | 3                    |                                          |                                                          |
| NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr                                                                                                                                 | 3                    |                                          |                                                          |
| <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                    |                                          |                                                          |
| <b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]</b>                        |                      |                                          |                                                          |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]</b> |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</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 10 mg tab, 5 mg tab</i>                                                                                                                                              | 1                    | DEXTROSTAT                               |                                                          |
| <i>dextroamphetamine sulfate 5 mg/5ml soln</i>                                                                                                                                                    | 1                    | PROCENTRA                                |                                                          |
| <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                                  |                                                          |
| <i>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</i>        | 2                    |                                          |                                                          |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]</b> |                      |                                          |                                                          |
| <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                                   |                                                          |
| <i>DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch</i>                                                                                                    | 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                               |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>                                                                             | 1                    | INTUNIV                                  |                                                          |
| <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 10 mg tab er, 20 mg tab er</i>                                                                                                                        | 1                    | RITALIN SR                               |                                                          |
| <i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>                                                           | 1                    | METADATE CD                              |                                                          |
| <i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>                                                               | 1                    | RITALIN LA                               |                                                          |
| <i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>                                                                                      | 1                    | CONCERTA                                 |                                                          |
| 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                    |                                          |                                                          |
| <b>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]</b> |                      |                                          |                                                          |
| 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>                                                                                                                                                       | 5                    | RILUTEK                                  | PA                                                       |
| <i>tetrabenazine 12.5 mg tab, 25 mg tab</i>                                                                                                                                     | 4                    | XENAZINE                                 | PA                                                       |
| <b>Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]</b>                |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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)                                          |
| <i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>                                                       | 1                    | LYRICA CR                                | PA, QL(30 / 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                    |                                          |                                                          |
| <b>Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]</b> |                      |                                          |                                                          |
| AUBAGIO 14 mg tab, 7 mg tab                                                                                                               | 4                    |                                          | PA                                                       |
| AVONEX PEN 30 mcg/0.5ml im auto-inj kit                                                                                                   | 4                    |                                          | PA                                                       |
| AVONEX PREFILLED 30 mcg/0.5ml im pfs kit                                                                                                  | 4                    |                                          | PA                                                       |
| <i>dalfampridine er 10 mg tab er 12 hr</i>                                                                                                | 4                    | AMPYRA                                   | PA                                                       |
| <i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>                                                                                     | 4                    | TECFIDERA                                | PA                                                       |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg oral misc</i>                                                                          | 4                    | TECFIDERA                                | PA                                                       |
| GILENYA 0.25 mg cap, 0.5 mg cap                                                                                                           | 4                    |                                          | PA                                                       |
| <i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>                                                                      | 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 12 x 0.25 mg tab pack                                                                                                | 4                    |                                          | PA                                                       |
| OCREVUS 300 mg/10ml iv soln                                                                                                               | 4                    |                                          | PA                                                       |
| PLEGRIDY 125 mcg/0.5ml im soln pfs, 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                                                       |
| ZEPOSIA 0.92 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<br>[Nombre del Medicamento]                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| ZEPOSIA 7-DAY STARTER PACK<br>4 x 0.23MG & 3 x 0.46mg cap pack                                                                                                          | 4                    |                                          | PA                                                       |
| ZEPOSIA STARTER KIT 0.23MG<br>& 0.46MG & 0.92mg cap pack                                                                                                                | 4                    |                                          | PA                                                       |
| <b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS<br/>[AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]</b> |                      |                                          |                                                          |
| <b>Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]</b>     |                      |                                          |                                                          |
| AQUORAL m/t soln                                                                                                                                                        | 3                    |                                          |                                                          |
| BOCASAL m/t pckt                                                                                                                                                        | 3                    |                                          |                                                          |
| <i>cevimeline hcl 30 mg cap</i>                                                                                                                                         | 1                    | EVOXAC                                   |                                                          |
| FIRST-MOUTHWASH BLM m/t<br>susp                                                                                                                                         | 3                    |                                          |                                                          |
| KEPIVANCE 6.25 mg iv soln                                                                                                                                               | 5                    |                                          | PA                                                       |
| <i>lidocaine hcl 4 % m/t soln</i>                                                                                                                                       | 1                    | XYLOCAINE                                |                                                          |
| <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                    |                                          |                                                          |
| <i>triamcinolone acetonide 0.1 % m/t<br/>paste</i>                                                                                                                      | 1                    | KENALOG IN<br>ORABASE                    |                                                          |
| <b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]</b>                                |                      |                                          |                                                          |
| <b>Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]</b>                                |                      |                                          |                                                          |
| ACANYA 1.2-2.5 % gel                                                                                                                                                    | 3                    |                                          | ST                                                       |
| <i>acitretin 10 mg cap, 17.5 mg cap,<br/>25 mg cap</i>                                                                                                                  | 5                    | SORIATANE                                | PA                                                       |
| <i>adapalene 0.1 % crm, 0.1 % gel,<br/>0.3 % gel</i>                                                                                                                    | 1                    | DIFFERIN                                 |                                                          |
| <i>adapalene-benzoyl peroxide 0.3-<br/>2.5 % gel</i>                                                                                                                    | 1                    |                                          |                                                          |
| <i>adapalene-benzoyl peroxide 0.1-<br/>2.5 % gel</i>                                                                                                                    | 1                    | EPIDUO                                   |                                                          |
| ANALPRAM-HC 2.5-1 % lot                                                                                                                                                 | 3                    |                                          |                                                          |
| AVAR CLEANSER 10-5 % ext liq                                                                                                                                            | 3                    |                                          |                                                          |
| AVAR-E EMOLLIENT 10-5 % crm                                                                                                                                             | 3                    |                                          |                                                          |
| AVAR-E GREEN 10-5 % crm                                                                                                                                                 | 3                    |                                          |                                                          |
| AVITA 0.025 % crm, 0.025 % gel                                                                                                                                          | 3                    |                                          | PA                                                       |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]           |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                      |                      |                                          | Page 97 of 175                                           |
|                                                                                                                                                                         |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| AZELEX 20 % crm                                                          | 3                    |                                          |                                                          |
| benzoyl peroxide 8 % gel                                                 | 1                    | BREVOXYL                                 |                                                          |
| benzoyl peroxide-erythromycin 5-3 % gel                                  | 1                    | BENZAMYCIN                               |                                                          |
| BIONECT 0.2 % gel                                                        | 3                    |                                          |                                                          |
| bp 10-1 10-1 % ext emul                                                  | 1                    |                                          |                                                          |
| bp cleansing wash 10-4 % ext emul                                        | 1                    |                                          |                                                          |
| bp wash 2.5 % ext liq                                                    | 1                    |                                          |                                                          |
| bp wash 7 % ext liq                                                      | 1                    |                                          |                                                          |
| bpo foaming cloths 6 % ext misc                                          | 1                    |                                          |                                                          |
| calcipotriene 0.005 % crm, 0.005 % oint                                  | 1                    | DOVONEX                                  |                                                          |
| calcipotriene 0.005 % ext soln                                           | 1                    | DOVONEX                                  |                                                          |
| calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint | 1                    | TACLONEX                                 |                                                          |
| CALCITRENE 0.005 % oint                                                  | 3                    |                                          |                                                          |
| calcitriol 3 mcg/gm oint                                                 | 1                    | VECTICAL                                 |                                                          |
| CLINDACIN ETZ 1 % ext kit                                                | 3                    |                                          |                                                          |
| CLINDACIN PAC 1 % ext kit                                                | 3                    |                                          |                                                          |
| clindamycin phos-benzoyl perox 1.2-2.5 % gel                             | 1                    | ACANYA                                   |                                                          |
| clindamycin phos-benzoyl perox 1-5 % gel                                 | 1                    | BENZACLIN                                |                                                          |
| clindamycin phos-benzoyl perox 1.2-5 % gel                               | 1                    | DUAC                                     |                                                          |
| clindamycin-tretinoin 1.2-0.025 % gel                                    | 1                    | ZIANA                                    |                                                          |
| CONDYLOX 0.5 % gel                                                       | 3                    |                                          |                                                          |
| CORTANE-B 10-10-1 mg/ml lot                                              | 3                    |                                          |                                                          |
| COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml 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                                                       |
| dapsone 5 % gel, 7.5 % gel                                               | 1                    | ACZONE                                   |                                                          |
| doxycycline 40 mg cap dr                                                 | 1                    | ORACEA                                   |                                                          |
| DRITHO-CREME HP 1 % crm                                                  | 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<br>[Nombre del Medicamento]                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| DUPIXENT 100 mg/0.67ml sc soln pfs, 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs | 4                    |                                          | PA                                                       |
| EPIDUO 0.1-2.5 % gel                                                                                                                             | 2                    |                                          |                                                          |
| <i>hydrocortisone ace-pramoxine 1-1 % crm</i>                                                                                                    | 1                    | ANALPRAM HC                              |                                                          |
| <i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>                                                                                                | 1                    | ANALPRAM HC                              |                                                          |
| <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                    | ANAMANTLE HC                             |                                                          |
| <i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-2.5 % rect kit</i>                                                                           | 1                    | ANAMANTLE HC                             |                                                          |
| <i>lidocaine-hydrocortisone ace 3-1 % rect kit</i>                                                                                               | 1                    | ANAMANTLE HC FORTE                       |                                                          |
| <i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>                                                                                               | 1                    | PERANEX HC                               |                                                          |
| <i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>                                                                                          | 1                    | RECTAGEL HC                              |                                                          |
| <i>methoxsalen rapid 10 mg cap</i>                                                                                                               | 5                    | 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                    |                                          |                                                          |
| PANOXYL 2.5 % ext liq                                                                                                                            | 1                    |                                          |                                                          |
| <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                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                    |                                          |                                                          |
| selenium sulfide 2.25 % shampoo                                                                 | 1                    |                                          |                                                          |
| selenium sulfide 2.5 % lot                                                                      | 1                    | SELSUN                                   |                                                          |
| SKYRIZI 150 mg/ml sc soln pfs                                                                   | 4                    |                                          | PA                                                       |
| SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit                                                   | 4                    |                                          | PA                                                       |
| SKYRIZI PEN 150 mg/ml sc soln auto-inj                                                          | 4                    |                                          | PA                                                       |
| sodium sulfacetamide 10 % shampoo                                                               | 1                    |                                          |                                                          |
| SORILUX 0.005 % foam                                                                            | 3                    |                                          |                                                          |
| sss 10-5 10-5 % foam                                                                            | 1                    |                                          |                                                          |
| sss 10-5 10-5 % crm                                                                             | 1                    | PLEXION SCT                              |                                                          |
| 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 % ext liq                                                               | 1                    |                                          |                                                          |
| sulfacetamide sodium (cleans) 10 % gel                                                          | 1                    |                                          |                                                          |
| sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot                         | 1                    |                                          |                                                          |
| sulfacetamide sodium-sulfur 10-5 % crm                                                          | 1                    | PLEXION SCT                              |                                                          |
| sulfacetamide sodium-sulfur 9-4.5 % ext liq                                                     | 1                    | SUMADAN WASH                             |                                                          |
| sulfacetamide sodium-sulfur 10-4 % pad                                                          | 1                    | SUMAXIN                                  |                                                          |
| sulfacetamide sodium-sulfur 8-4 % ext susp                                                      | 1                    | SUMAXIN TS                               |                                                          |
| sulfacetamide sodium-sulfur 9-4 % ext liq                                                       | 1                    | SUMAXIN WASH                             |                                                          |
| sulfacetamide-sulfur in urea 10-5 % ext emul                                                    | 1                    | ROSULA CLEANSER                          |                                                          |
| SYNALAR TS 0.01 % ext kit                                                                       | 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<br>[Nombre del Medicamento]                                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| TACLONEX 0.005-0.064 % ext susp                                                             | 3                    |                                          |                                                          |
| <i>tacrolimus 0.03 % oint, 0.1 % oint</i>                                                   | 1                    | PROTOPIC                                 | PA                                                       |
| TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs                                       | 4                    |                                          | PA                                                       |
| <i>tazarotene 0.1 % crm</i>                                                                 | 1                    | TAZORAC                                  | PA                                                       |
| TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel                                                   | 2                    |                                          | PA                                                       |
| <i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>                | 1                    | RETIN-A                                  | PA                                                       |
| <i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>                                          | 1                    | RETIN-A                                  | PA                                                       |
| <i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>                                     | 1                    | RETIN-A                                  | PA                                                       |
| VECTICAL 3 mcg/gm oint                                                                      | 3                    |                                          |                                                          |
| VELTIN 1.2-0.025 % gel                                                                      | 3                    |                                          | ST                                                       |
| VEREGEN 15 % oint                                                                           | 3                    |                                          |                                                          |
| <i>zaclir cleansing 8 % lot</i>                                                             | 1                    |                                          |                                                          |
| ZIANA 1.2-0.025 % gel                                                                       | 3                    |                                          | ST                                                       |
| ZITHRANOL 1 % shampoo                                                                       | 3                    |                                          |                                                          |
| ZONALON 5 % crm                                                                             | 3                    |                                          |                                                          |
| ZYCLARA 3.75 % crm                                                                          | 3                    |                                          |                                                          |
| ZYCLARA PUMP 2.5 % crm                                                                      | 3                    |                                          |                                                          |
| <b>DEVICES [DISPOSITIVOS]</b>                                                               |                      |                                          |                                                          |
| <b>Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]</b>                           |                      |                                          |                                                          |
| EUFLEXXA 20 mg/2ml i-artic soln pfs                                                         | 5                    |                                          | PA                                                       |
| GENVISC 850 25 mg/2.5ml i-artic soln pfs                                                    | 5                    |                                          | PA                                                       |
| HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs                                  | 5                    |                                          | PA                                                       |
| ORTHOVISC 30 mg/2ml i-artic soln pfs                                                        | 5                    |                                          | PA                                                       |
| SUPARTZ FX 25 mg/2.5ml i-artic soln pfs                                                     | 5                    |                                          | PA                                                       |
| SYNVISC 16 mg/2ml i-artic soln pfs                                                          | 5                    |                                          | PA                                                       |
| SYNVISC ONE 48 mg/6ml i-artic soln pfs                                                      | 5                    |                                          | PA                                                       |
| <b>ELECTROLYTES/MINERALS/METALS/VITAMINS<br/>[ELECTROLITOS/MINERALES/METALES/VITAMINAS]</b> |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs<br/>[Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b> |                      |                                          |                                                          |
| <i>carglumic acid 200 mg tab sol</i>                                                                                                                                                                             | 1                    |                                          |                                                          |
| <b>ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]</b>                                                                                         |                      |                                          |                                                          |
| <b>Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]</b>                                                                                         |                      |                                          |                                                          |
| CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt                                                              | 2                    |                                          |                                                          |
| CYSTAGON 150 mg cap, 50 mg cap                                                                                                                                                                                   | 3                    |                                          |                                                          |
| <i>miglustat 100 mg cap</i>                                                                                                                                                                                      | 4                    | ZAVESCA                                  | PA                                                       |
| PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt                              | 3                    |                                          | ST                                                       |
| PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt                                                                                         | 3                    |                                          | ST                                                       |
| <i>sodium phenylbutyrate 500 mg tab</i>                                                                                                                                                                          | 4                    | BUPHENYL                                 | PA                                                       |
| VIOKACE 10440-39150 unit tab, 20880-78300 unit tab                                                                                                                                                               | 3                    |                                          | ST                                                       |
| 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, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt                                | 2                    |                                          |                                                          |
| <b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]</b>                   |                      |                                          |                                                          |
| <b>Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]</b>                                                            |                      |                                          |                                                          |
| ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-                                                                                                                                               | 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<br>[Nombre del Medicamento]                                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj                                                                                                  |                      |                                          |                                                          |
| chlordiazepoxide-clidinium 5-2.5 mg cap                                                                                                                        | 1                    | LIBRAX                                   |                                                          |
| dicyclomine hcl 10 mg cap, 20 mg tab                                                                                                                           | 1                    | BENTYL                                   |                                                          |
| dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln                                                                                                               | 1                    | BENTYL                                   |                                                          |
| ed-spaz 0.125 mg tab disint                                                                                                                                    | 1                    | ANASPAZ                                  |                                                          |
| glycopyrrolate 1 mg tab, 2 mg tab                                                                                                                              | 1                    | ROBINUL                                  |                                                          |
| hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln                                                                                                   | 1                    |                                          |                                                          |
| hyoscyamine sulfate 0.125 mg tab disint                                                                                                                        | 1                    | ANASPAZ                                  |                                                          |
| hyoscyamine sulfate 0.125 mg tab                                                                                                                               | 1                    | LEVSIN                                   |                                                          |
| hyoscyamine sulfate 0.125 mg tab sub                                                                                                                           | 1                    | LEVSIN/SL                                |                                                          |
| hyoscyamine sulfate er 0.375 mg tab er 12 hr                                                                                                                   | 1                    | LEVBIID                                  |                                                          |
| hyoscyamine sulfate sl 0.125 mg tab sub                                                                                                                        | 1                    | LEVSIN/SL                                |                                                          |
| hyosyne 0.125 mg/5ml oral elix                                                                                                                                 | 1                    |                                          |                                                          |
| hyosyne 0.125 mg/ml soln                                                                                                                                       | 1                    |                                          |                                                          |
| methscopolamine bromide 2.5 mg tab, 5 mg tab                                                                                                                   | 1                    | PAMINE                                   |                                                          |
| NULEV 0.125 mg tab disint                                                                                                                                      | 3                    |                                          |                                                          |
| oscimin 0.125 mg tab                                                                                                                                           | 1                    | LEVSIN                                   |                                                          |
| oscimin 0.125 mg tab sub                                                                                                                                       | 1                    | LEVSIN/SL                                |                                                          |
| oscimin sr 0.375 mg tab er 12 hr                                                                                                                               | 1                    | LEVBIID                                  |                                                          |
| <b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]</b> |                      |                                          |                                                          |
| alvimopan 12 mg cap                                                                                                                                            | 1                    | ENTEREG                                  |                                                          |
| amoxicill-clarithro-lansopraz oral misc                                                                                                                        | 1                    | PREVPAC                                  | QL(336 / 365)                                            |
| CHENODAL 250 mg tab                                                                                                                                            | 3                    |                                          |                                                          |
| cromolyn sodium 100 mg/5ml oral conc                                                                                                                           | 1                    | GASTROCROM                               |                                                          |
| diphenoxylate-atropine 2.5-0.025 mg tab                                                                                                                        | 1                    | LOMOTIL                                  |                                                          |
| diphenoxylate-atropine 2.5-0.025 mg/5ml liq                                                                                                                    | 1                    | LOMOTIL                                  |                                                          |
| ENTEREG 12 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 Obamacare 2023 Municipio 5 Tier                                                                                                                             |                      |                                          | Page 103 of 175                                          |
|                                                                                                                                                                |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                                       |
| 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                                     |                                                          |
| <b>Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]</b> |                      |                                          |                                                          |
| <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                                     |                                                          |
| <b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]</b>             |                      |                                          |                                                          |
| <i>alosetron hcl 0.5 mg tab, 1 mg tab</i>                                                                                                                               | 1                    | LOTRONEX                                 |                                                          |
| LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap                                                                                                                            | 2                    |                                          | ST                                                       |
| <i>lubiprostone 24 mcg cap, 8 mcg cap</i>                                                                                                                               | 1                    | AMITIZA                                  | ST                                                       |
| <b>Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]</b>                                                                   |                      |                                          |                                                          |
| <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                               |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]           |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                      |                      |                                          | Page 104 of 175                                          |
|                                                                                                                                                                         |                      |                                          | Update Date: 10/2022                                     |



| Drug Name<br>[Nombre del Medicamento]                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                    |                                          |                                                          |
| <b>Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]</b>                                    |                      |                                          |                                                          |
| <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                                 |                                                          |
| <b>Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]</b> |                      |                                          |                                                          |
| DEXILANT 30 mg cap dr, 60 mg cap dr                                                                                                              | 2                    |                                          | ST                                                       |
| <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                                 |                                                          |
| <i>pantoprazole sodium 40 mg pckt</i>                                                                                                            | 1                    | PROTONIX                                 | 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<br>[Nombre del Medicamento]                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| PRILOSEC 10 mg pckt, 2.5 mg pckt                                                                                                                                                       | 3                    |                                          | ST                                                       |
| <i>rabeprazole sodium 20 mg tab dr</i>                                                                                                                                                 | 1                    | ACIPHEX                                  | ST                                                       |
| <b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]</b> |                      |                                          |                                                          |
| <b>Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]</b>                                                          |                      |                                          |                                                          |
| <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                    |                                          |                                                          |
| MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER                                                                                                                                     | 3                    |                                          |                                                          |
| <i>oxybutynin chloride 5 mg tab</i>                                                                                                                                                    | 1                    | DITROPAN                                 |                                                          |
| <i>oxybutynin chloride 5 mg/5ml syr</i>                                                                                                                                                | 1                    | DITROPAN                                 |                                                          |
| <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                              |                                                          |
| <b>Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]</b>                                              |                      |                                          |                                                          |
| <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                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                   |                                                          |
| <b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions<br/>Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]</b> |                      |                                          |                                                          |
| <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 GYNOL II<br>CONTRACEPTIVE 3 % vag gel                                                                                                                                                                       | 3                    |                                          |                                                          |
| PHENAZO 200 mg tab                                                                                                                                                                                                  | 3                    |                                          |                                                          |
| <i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>                                                                                                                                                                   | 1                    | PYRIDIUM                                 |                                                          |
| PHOSPHASAL 81.6 mg tab                                                                                                                                                                                              | 3                    |                                          |                                                          |
| RIMSO-50 50 % i-vesic soln                                                                                                                                                                                          | 3                    |                                          |                                                          |
| SHUR-SEAL CONTRACEPTIVE 2 % vag gel                                                                                                                                                                                 | 3                    |                                          |                                                          |
| <i>tiopronin 100 mg tab</i>                                                                                                                                                                                         | 1                    | THIOLA                                   |                                                          |
| 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                    |                                          |                                                          |
| USTELL 120 mg cap                                                                                                                                                                                                   | 3                    |                                          |                                                          |
| UTIRA-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                    |                                          |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]                                                       |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                                                                  |                      |                                          | Page 107 of 175                                          |
|                                                                                                                                                                                                                     |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                        | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]</b>                                                                                               |                      |                                          |                                                          |
| <i>calcium acetate (phos binder) 667 mg tab</i>                                                                                                                                                              | 1                    | ELIPHOS                                  |                                                          |
| <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                                  |                                                          |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b> |                      |                                          |                                                          |
| <b>Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                      |                      |                                          |                                                          |
| ALA SCALP 2 % lot                                                                                                                                                                                            | 3                    |                                          |                                                          |
| <i>ala-cort 1 % crm</i>                                                                                                                                                                                      | 1                    | ALA-CORT                                 |                                                          |
| <i>ala-cort 2.5 % crm</i>                                                                                                                                                                                    | 1                    | HYTONE                                   |                                                          |
| <i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>                                                                                                                                                    | 1                    | ACLOVATE                                 |                                                          |
| <i>amcinonide 0.1 % crm, 0.1 % oint</i>                                                                                                                                                                      | 1                    | CYCLOCORT                                |                                                          |
| <i>amcinonide 0.1 % lot</i>                                                                                                                                                                                  | 1                    | CYCLOCORT                                |                                                          |
| APEXICON E 0.05 % crm                                                                                                                                                                                        | 3                    |                                          |                                                          |
| <i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>                                                                                                                                                    | 1                    | DIPROSONE                                |                                                          |
| <i>betamethasone dipropionate 0.05 % lot</i>                                                                                                                                                                 | 1                    | DIPROSONE                                |                                                          |
| <i>betamethasone dipropionate aug 0.05 % crm</i>                                                                                                                                                             | 1                    | DIPROLENE                                |                                                          |
| <i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>                                                                                                                                                | 1                    | DIPROLENE                                |                                                          |
| <i>betamethasone dipropionate aug 0.05 % lot</i>                                                                                                                                                             | 1                    | DIPROLENE                                |                                                          |
| <i>betamethasone sod phos &amp; acet 6 (3-3) mg/ml inj susp</i>                                                                                                                                              | 1                    | CELESTONE SOLUSPAN                       |                                                          |
| <i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>                                                                                                                                                          | 1                    | BETA-VAL                                 |                                                          |
| <i>betamethasone valerate 0.1 % lot</i>                                                                                                                                                                      | 1                    | BETA-VAL                                 |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]                                                |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                                                           |                      |                                          | Page 108 of 175                                          |
|                                                                                                                                                                                                              |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>betamethasone valerate 0.12 % foam</i>                                          | 1                    | LUXIQ                                    |                                                          |
| CAPEX 0.01 % shampoo                                                               | 3                    |                                          |                                                          |
| <i>clobetasol prop emollient base 0.05 % crm</i>                                   | 1                    | TEMOVATE-E                               |                                                          |
| <i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>            | 1                    | CLOBEX                                   |                                                          |
| <i>clobetasol propionate 0.05 % foam</i>                                           | 1                    | OLUX                                     |                                                          |
| <i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>                               | 1                    | TEMOVATE                                 |                                                          |
| <i>clobetasol propionate 0.05 % ext soln</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                    | OLUX-E                                   |                                                          |
| <i>clocortolone pivalate 0.1 % crm</i>                                             | 1                    | CLODERM                                  |                                                          |
| CLODAN 0.05 % shampoo                                                              | 3                    |                                          |                                                          |
| CLODERM 0.1 % crm                                                                  | 3                    |                                          |                                                          |
| CORDRAN 4 mcg/sqcm tape                                                            | 3                    |                                          |                                                          |
| DEPO-MEDROL 20 mg/ml inj susp                                                      | 3                    |                                          |                                                          |
| <i>desonide 0.05 % gel</i>                                                         | 1                    | DESONATE                                 |                                                          |
| <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</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                                 |                                                          |
| <i>dexamethasone 1.5 mg (51) tab pack</i>                                          | 1                    | DEXPAK 13 DAY                            |                                                          |
| DEXAMETHASONE INTENSOL 1 mg/ml oral conc                                           | 3                    |                                          |                                                          |
| <i>dexamethasone sod phosphate pf 10 mg/ml 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<br>[Nombre del Medicamento]                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                                 |                                                          |
| <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-SMOOTHIE/FS                        |                                                          |
| <i>fluocinolone acetonide scalp 0.01 % ext oil</i>                               | 1                    | DERMA-SMOOTHIE/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                                   |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                          | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>                                                                                       | 1                    | LOCOID                                   |                                                          |
| <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                    |                                          |                                                          |
| <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 % oint</i>                                                                                                                | 1                    | DERMATOP                                 |                                                          |
| <i>prednisolone 15 mg/5ml soln</i>                                                                                                             | 1                    |                                          |                                                          |
| <i>prednisolone 15 mg/5ml syr</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 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i> | 1                    |                                          |                                                          |
| <i>prednisone 10 mg (48) tab pack</i>                                                                                                          | 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<br>[Nombre del Medicamento]                                                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>prednisone 5 mg/5ml soln</i>                                                                                                                                                                                                        | 1                    |                                          |                                                          |
| PREDNISONE INTENSOL 5 mg/ml oral conc                                                                                                                                                                                                  | 3                    |                                          |                                                          |
| 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                                  |                                                          |
| <i>triamcinolone in absorbase 0.05 % oint</i>                                                                                                                                                                                          | 1                    | TRIANEX                                  |                                                          |
| TRIANEX 0.05 % oint                                                                                                                                                                                                                    | 3                    |                                          |                                                          |
| TRIDERM 0.1 % crm                                                                                                                                                                                                                      | 3                    |                                          |                                                          |
| VERDESO 0.05 % foam                                                                                                                                                                                                                    | 3                    |                                          |                                                          |
| <b>Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>    |                      |                                          |                                                          |
| CORTROPHIN 80 unit/ml inj gel                                                                                                                                                                                                          | 4                    |                                          | PA                                                       |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                        |                      |                                          |                                                          |
| <b>Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b> |                      |                                          |                                                          |
| <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                    | DDAVP                                    | PA                                                       |
| STIMATE 1.5 mg/ml nasal soln                                                                                                                                                                                                           | 3                    |                                          | PA                                                       |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>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]</b> |                      |                                          |                                                          |
| <b>Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                                                                                                        |                      |                                          |                                                          |
| danazol 100 mg cap, 200 mg cap, 50 mg cap                                                                                                                                                                                                         | 1                    | DANOCRINE                                |                                                          |
| testosterone 40.5 MG/2.5GM (1.62%) td gel                                                                                                                                                                                                         | 1                    | ANDROGEL                                 | PA                                                       |
| testosterone 12.5 MG/ACT (1%) td gel, 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 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                                                       |
| <b>Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                                                                                                        |                      |                                          |                                                          |
| 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)                                              |
| AMETHYST 90-20 mcg tab                                                                                                                                                                                                                            | 3                    |                                          | QL(28 / 28)                                              |
| ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab                                                                                                                                                                                                             | 3                    |                                          |                                                          |
| 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)                                              |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]                                                                                     |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                                                                                                |                      |                                          | Page 113 of 175                                          |
|                                                                                                                                                                                                                                                   |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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)                                              |
| 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                    | DESOGEN                                  | QL(28 / 28)                                              |
| <i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>         | 1                    | MIRCETTE                                 | QL(28 / 28)                                              |
| DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel | 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)                                              |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                    | YASMIN                                   | 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                    | ESTRATEST                                |                                                          |
| <i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>                                                                                                                       | 1                    | ESTRATEST                                |                                                          |
| <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                    |                                          |                                                          |
| 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)                                              |
| <i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>                                                                                                                     | 1                    | DEMULEN 1/35-28                          | QL(28 / 28)                                              |
| <i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>                                                                                                                     | 1                    | DEMULEN 1/50-28                          | 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<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>                                                                                             | 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                    |                                          |                                                          |
| 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)                                              |
| <i>levonorgest-eth est &amp; eth est 42-21-21-7 days tab</i>                                                                                                  | 1                    | QUARTETTE                                | QL(91 / 91)                                              |
| <i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>                                                                                               | 1                    | LOSEASONIQUE                             | QL(91 / 91)                                              |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>                                                                                                         | 1                    | SEASONALE                                | QL(91 / 91)                                              |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>                                                                                              | 1                    | SEASONIQUE                               | QL(91 / 91)                                              |
| <i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>                                                                                                        | 1                    | ALESSE                                   | 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 Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 116 of 175                                          |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>               | 1                    | AMETHYST 28 DAY                          | QL(28 / 28)                                              |
| <i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>          | 1                    | NORDETTE                                 | QL(28 / 28)                                              |
| <i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i> | 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)                                              |
| <i>marlissa 0.15-30 mg-mcg tab</i>                               | 1                    | NORDETTE                                 | 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)                                              |
| 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)                                              |

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

| Drug Name<br>[Nombre del Medicamento]                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                    | LOESTRIN FE 1/20                         | 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                                   |                                                          |
| norethindrone-eth estradiol 1-5 mg-mcg tab                                              | 1                    | FEMHRT 1/5                               |                                                          |
| norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew                                        | 1                    | FEMCON FE                                | QL(28 / 28)                                              |
| norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew                                        | 1                    | GENERESS FE                              | QL(28 / 28)                                              |
| norgestimate-eth estradiol 0.25-35 mg-mcg tab                                           | 1                    | ORTHO-CYCLEN (28)                        | 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)                                              |
| NUVARING 0.12-0.015 mg/24hr vag ring                                                    | 3                    |                                          | QL(1 / 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                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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)                                              |
| 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)                                              |
| VESTURA 3-0.02 mg tab                                                                                                                                                                    | 3                    |                                          | QL(28 / 28)                                              |
| VIENVA 0.1-20 mg-mcg tab                                                                                                                                                                 | 3                    |                                          | QL(28 / 28)                                              |
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>                                                                                                                                              | 1                    | MIRCETTE                                 | 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                    |                                          |                                                          |
| <b>Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs</b><br><b>[Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]</b> |                      |                                          |                                                          |
| ELLA 30 mg tab                                                                                                                                                                           | 3                    |                                          |                                                          |
| <b>Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>                                                             |                      |                                          |                                                          |
| AFTERA 1.5 mg tab                                                                                                                                                                        | 3                    |                                          |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad]                            |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                                                       |                      |                                          | Page 119 of 175                                          |
|                                                                                                                                                                                          |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                       | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| AFTERPILL 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-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                    | PLAN B ONE-STEP                          |                                                          |
| LYZA 0.35 mg tab                                                            | 3                    |                                          | QL(28 / 28)                                              |
| <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>                               | 5                    | MEGACE                                   |                                                          |
| <i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>                    | 5                    | MEGACE                                   | PA                                                       |
| MIRENA (52 MG) 20 mcg/day 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                    |                                          |                                                          |
| <i>progesterone 50 mg/ml im oil</i>                                         | 1                    |                                          | PA                                                       |
| <i>progesterone 100 mg cap, 200 mg cap</i>                                  | 1                    | PROMETRIUM                               | PA                                                       |
| REACT 1.5 mg tab                                                            | 3                    |                                          |                                                          |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| SHAROBEL 0.35 mg tab                                                                                                                                                                                                            | 3                    |                                          | QL(28 / 28)                                              |
| TAKE ACTION 1.5 mg tab                                                                                                                                                                                                          | 3                    |                                          |                                                          |
| <b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs<br/>[Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>               |                      |                                          |                                                          |
| <i>raloxifene hcl 60 mg tab</i>                                                                                                                                                                                                 | 1                    | EVISTA                                   |                                                          |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]</b> |                      |                                          |                                                          |
| <b>Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs<br/>[Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]</b>                 |                      |                                          |                                                          |
| 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                                |                                                          |
| <i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>                                                                                                                                                     | 1                    | TIROSINT                                 |                                                          |
| LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab                                                                               | 3                    |                                          |                                                          |
| <i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>                                                                                                                                                                    | 1                    | CYTOMEL                                  |                                                          |
| NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 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<br>[Nombre del Medicamento]                                                                                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                    |                                          |                                                          |
| TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 50 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, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln | 3                    |                                          |                                                          |
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                                                                                       |                      |                                          |                                                          |
| <b>Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]</b>                                                                                                                             |                      |                                          |                                                          |
| LYSODREN 500 mg tab                                                                                                                                                                                                                                                    | 5                    |                                          | PA                                                       |
| <b>HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                                                                                |                      |                                          |                                                          |
| <b>Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants [ ]</b>                                                                                                                                                                                           |                      |                                          |                                                          |
| cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab                                                                                                                                                                                                                         | 1                    | SENSIPAR                                 |                                                          |
| <b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>                                                                                                    |                      |                                          |                                                          |
| <b>Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]</b>                                                                                                                          |                      |                                          |                                                          |
| 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                                                       |
| FIRMAGON 80 mg sc soln                                                                                                                                                                                                                                                 | 5                    |                                          | PA                                                       |
| FIRMAGON (240 MG DOSE) 120 mg/vial sc soln                                                                                                                                                                                                                             | 5                    |                                          | PA                                                       |
| leuprolide acetate 1 mg/0.2ml inj kit                                                                                                                                                                                                                                  | 5                    | LUPRON                                   | 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<br>[Nombre del Medicamento]                                                                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                                                       |
| ORLISSA 150 mg tab, 200 mg tab                                                                                                                                                    | 4                    |                                          | PA                                                       |
| ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant                                                                                                                                     | 5                    |                                          | PA                                                       |
| <b>HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]</b> |                      |                                          |                                                          |
| <b>Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]</b>                                                        |                      |                                          |                                                          |
| <i>methimazole 10 mg tab, 5 mg tab</i>                                                                                                                                            | 1                    | TAPAZOLE                                 |                                                          |
| <i>propylthiouracil 50 mg tab</i>                                                                                                                                                 | 1                    |                                          |                                                          |
| <b>IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]</b>                |                      |                                          |                                                          |
| <b>Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]</b>                                                                         |                      |                                          |                                                          |
| 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                                                       |
| <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                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                                                                         | 5                    |                                          | PA                                                       |
| GENGRAF 100 mg/ml soln                                                                                | 5                    |                                          | PA                                                       |
| HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml 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>                                                              | 5                    |                                          |                                                          |
| <i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>                                   | 5                    |                                          |                                                          |
| <i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>          | 5                    |                                          |                                                          |
| <i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>                                                   | 5                    | CELLCEPT                                 | PA                                                       |
| <i>mycophenolate mofetil 200 mg/ml susp</i>                                                           | 5                    | CELLCEPT                                 | 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<br>[Nombre del Medicamento]                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>                                                                      | 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                                                       |
| <i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>                                                                               | 4                    | RAPAMUNE                                 | PA                                                       |
| <i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>                                                                              | 5                    | PROGRAF                                  | PA                                                       |
| <i>temsirolimus 25 mg/ml iv soln</i>                                                                                          | 4                    | TORISEL                                  | PA                                                       |
| TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab                                                                            | 5                    |                                          |                                                          |
| 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                                                       |
| <b>Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]</b> |                      |                                          |                                                          |
| 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)                                              |
| 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             | 5                    |                                          | QL(2 / 365)                                              |
| <b>Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]</b>                       |                      |                                          |                                                          |
| ACTIMMUNE 2000000 unit/0.5ml sc soln                                                                                          | 5                    |                                          | PA                                                       |
| ARCALYST 220 mg sc soln                                                                                                       | 5                    |                                          | PA                                                       |
| ILARIS 150 mg/ml sc soln                                                                                                      | 3                    |                                          | PA                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                                                                                     | 5                    |                                          | PA                                                       |
| <i>leflunomide 10 mg tab, 20 mg tab</i>                                                                                                                                                                          | 1                    | ARAVA                                    |                                                          |
| OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab                                                                                                                                                                       | 5                    |                                          | PA                                                       |
| RIDAURA 3 mg cap                                                                                                                                                                                                 | 3                    |                                          |                                                          |
| <b>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]</b> |                      |                                          |                                                          |
| <b>Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]</b>                                                                       |                      |                                          |                                                          |
| <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 er 500 mg cap er</i>                                                                                                                                                                               | 1                    | PENTASA                                  |                                                          |
| <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                    |                                          |                                                          |
| <b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>                                                                                                   |                      |                                          |                                                          |
| <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                                |                                                          |
| <b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>                                                                                                                                                  |                      |                                          |                                                          |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i>                                                                                                                                                                   | 1                    | AZULFIDINE                               |                                                          |
| <b>METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]</b>                                     |                      |                                          |                                                          |
| <b>Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]</b>                                      |                      |                                          |                                                          |
| <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                                                       |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>                                                                           | 5                    |                                          | PA                                                       |
| <i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>                                                                                                           | 1                    | ZEMPLAR                                  | PA                                                       |
| PROLIA 60 mg/ml sc soln pfs                                                                                                                                   | 5                    |                                          | 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                                                       |
| TYMLOS 3120 mcg/1.56ml sc soln pen-inj                                                                                                                        | 5                    |                                          | PA                                                       |
| XGEVA 120 mg/1.7ml sc soln                                                                                                                                    | 5                    |                                          | PA                                                       |
| <i>zoledronic acid 5 mg/100ml iv soln</i>                                                                                                                     | 4                    | RECLAST                                  | PA                                                       |
| <i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>                                                                                                   | 4                    | ZOMETA                                   | PA                                                       |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]</b>                                                                                    |                      |                                          |                                                          |
| <b>Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]</b>                                                                                    |                      |                                          |                                                          |
| ACTICARNITINE SF 1 gm/10ml soln                                                                                                                               | 1                    |                                          |                                                          |
| <i>aimsko 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)                                              |
| FC2 FEMALE CONDOM misc                                                                                                                                        | 3                    |                                          |                                                          |
| FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev                                                                                                            | 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 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 127 of 175                                          |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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                    |                                          |                                                          |
| <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)                                              |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                            | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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)                                              |
| 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                    |                                          |                                                          |
| <b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]</b> |                      |                                          |                                                          |
| <b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]</b>   |                      |                                          |                                                          |
| AKTEN 3.5 % ophth gel                                                                                                            | 3                    |                                          |                                                          |
| ALTACAINE 0.5 % ophth soln                                                                                                       | 3                    |                                          |                                                          |
| ALTACAINE 0.5 % ophth soln                                                                                                       | 3                    |                                          |                                                          |
| ALTAFRIN 10 % ophth soln, 2.5 % 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]

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                     | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>atropine sulfate 1 % ophth oint</i>                                                                                                                                    | 1                    |                                          |                                                          |
| <i>atropine sulfate 1 % ophth soln</i>                                                                                                                                    | 1                    | ISOPTO ATROPINE                          |                                                          |
| <i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>                                                                                                                | 1                    | POLYSPORIN                               |                                                          |
| <i>cyclopentolate hcl 2 % ophth soln</i>                                                                                                                                  | 1                    | CYCLOGYL                                 |                                                          |
| <i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln</i>                                                                                                                | 1                    | CYCLOGYL                                 |                                                          |
| <i>cyclosporine 0.05 % ophth emul</i>                                                                                                                                     | 1                    | RESTASIS                                 |                                                          |
| HOMATROPAIRE 5 % ophth soln                                                                                                                                               | 3                    |                                          |                                                          |
| 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                    |                                          |                                                          |
| <i>tetracaine hcl 0.5 % ophth soln</i>                                                                                                                                    | 1                    |                                          |                                                          |
| <i>tropicamide 0.5 % ophth soln</i>                                                                                                                                       | 1                    |                                          |                                                          |
| <i>tropicamide 1 % ophth soln</i>                                                                                                                                         | 1                    | MYDRIACYL                                |                                                          |
| <b>Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]</b> |                      |                                          |                                                          |
| ALOCRIIL 2 % ophth soln                                                                                                                                                   | 3                    |                                          |                                                          |
| <i>azelastine hcl 0.05 % ophth soln</i>                                                                                                                                   | 1                    | OPTIVAR                                  |                                                          |
| <i>bepotastine besilate 1.5 % ophth soln</i>                                                                                                                              | 1                    | BEPREVE                                  |                                                          |
| <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 0.1 % ophth soln, 0.2 % ophth soln</i>                                                                                                                 | 1                    | PATADAY                                  |                                                          |
| <b>Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]</b>                                |                      |                                          |                                                          |
| AZASITE 1 % ophth soln                                                                                                                                                    | 3                    |                                          |                                                          |
| <i>bacitracin 500 unit/gm ophth oint</i>                                                                                                                                  | 1                    | BACI-IM                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| BESIVANCE 0.6 % ophth susp                                                                                            | 3                    |                                          |                                                          |
| CILOXAN 0.3 % ophth oint                                                                                              | 3                    |                                          |                                                          |
| ciprofloxacin hcl 0.3 % ophth soln                                                                                    | 1                    | CILOXAN                                  |                                                          |
| erythromycin 5 mg/gm ophth oint                                                                                       | 1                    | ILOTYCIN                                 |                                                          |
| gatifloxacin 0.5 % ophth soln                                                                                         | 1                    | ZYMAXID                                  |                                                          |
| GENTAK 0.3 % ophth oint                                                                                               | 3                    |                                          |                                                          |
| gentamicin sulfate 0.3 % ophth soln                                                                                   | 1                    | GARAMYCIN                                |                                                          |
| levofloxacin 0.5 % ophth soln                                                                                         | 1                    | QUIXIN                                   |                                                          |
| moxifloxacin hcl 0.5 % ophth soln                                                                                     | 1                    | VIGAMOX                                  |                                                          |
| ofloxacin 0.3 % ophth soln                                                                                            | 1                    | OCUFLOX                                  |                                                          |
| tobramycin 0.3 % ophth soln                                                                                           | 1                    | TOBREX                                   |                                                          |
| TOBREX 0.3 % ophth oint                                                                                               | 3                    |                                          |                                                          |
| <b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]</b> |                      |                                          |                                                          |
| acetazolamide 125 mg tab, 250 mg tab                                                                                  | 1                    | DIAMOX                                   |                                                          |
| acetazolamide er 500 mg cap er 12 hr                                                                                  | 1                    | DIAMOX                                   |                                                          |
| ALPHAGAN P 0.1 % ophth soln                                                                                           | 2                    |                                          |                                                          |
| apraclonidine hcl 0.5 % ophth soln                                                                                    | 1                    | IOPIDINE                                 |                                                          |
| betaxolol hcl 0.5 % ophth soln                                                                                        | 1                    | BETOPTIC                                 |                                                          |
| BETIMOL 0.25 % ophth soln, 0.5 % ophth soln                                                                           | 3                    |                                          |                                                          |
| BETOPTIC-S 0.25 % ophth susp                                                                                          | 3                    |                                          |                                                          |
| brimonidine tartrate 0.2 % ophth soln                                                                                 | 1                    | ALPHAGAN                                 |                                                          |
| brimonidine tartrate 0.15 % ophth soln                                                                                | 1                    | ALPHAGAN P                               |                                                          |
| brimonidine tartrate-timolol 0.2-0.5 % ophth soln                                                                     | 1                    |                                          |                                                          |
| brinzolamide 1 % ophth susp                                                                                           | 1                    | AZOPT                                    |                                                          |
| carteolol hcl 1 % ophth soln                                                                                          | 1                    | OCUPRESS                                 |                                                          |
| COMBIGAN 0.2-0.5 % ophth soln                                                                                         | 2                    |                                          |                                                          |
| dexamethasone sodium phosphate 0.1 % ophth soln                                                                       | 1                    | MAXIDEX                                  |                                                          |
| difluprednate 0.05 % ophth emul                                                                                       | 1                    | DUREZOL                                  |                                                          |
| dorzolamide hcl 2 % ophth soln                                                                                        | 1                    | TRUSOPT                                  |                                                          |
| dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln                                                                 | 1                    | COSOPT                                   |                                                          |
| dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln                                                                     | 1                    | COSOPT PF                                |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                           | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| IOPIDINE 1 % ophth soln                                                                                                                                                         | 3                    |                                          |                                                          |
| levobunolol hcl 0.5 % ophth soln                                                                                                                                                | 1                    | BETAGAN                                  |                                                          |
| methazolamide 25 mg tab, 50 mg tab                                                                                                                                              | 1                    | NEPTAZANE                                |                                                          |
| MIOSTAT 0.01 % i-ocul soln                                                                                                                                                      | 3                    |                                          | PA                                                       |
| OZURDEX 0.7 mg Intravitreal Implant                                                                                                                                             | 5                    |                                          | PA                                                       |
| PHOSPHOLINE IODIDE 0.125 % ophth soln                                                                                                                                           | 3                    |                                          |                                                          |
| PHOSPHOLINE IODIDE 0.125 % ophth soln                                                                                                                                           | 3                    |                                          |                                                          |
| pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln                                                                                                                  | 1                    | ISOPTO CARPINE                           |                                                          |
| RETISERT 0.59 mg Intravitreal Implant                                                                                                                                           | 3                    |                                          |                                                          |
| timolol maleate 0.25 % ophth soln, 0.5 % ophth soln                                                                                                                             | 1                    | TIMOPTIC                                 |                                                          |
| timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs                                                                                                                               | 1                    | TIMOPTIC XE                              |                                                          |
| timolol maleate (once-daily) 0.5 % ophth soln                                                                                                                                   | 1                    | ISTALOL                                  |                                                          |
| <b>Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs</b><br><b>[Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]</b> |                      |                                          |                                                          |
| ACUVAIL 0.45 % ophth soln                                                                                                                                                       | 2                    |                                          |                                                          |
| ALOMIDE 0.1 % ophth soln                                                                                                                                                        | 3                    |                                          |                                                          |
| ALREX 0.2 % ophth susp                                                                                                                                                          | 3                    |                                          |                                                          |
| bacitra-neomycin-polymyxin-hc 1 % ophth oint                                                                                                                                    | 1                    | CORTISPORIN                              |                                                          |
| BLEPHAMIDE 10-0.2 % ophth susp                                                                                                                                                  | 3                    |                                          |                                                          |
| BLEPHAMIDE S.O.P. 10-0.2 % ophth oint                                                                                                                                           | 3                    |                                          |                                                          |
| bromfenac sodium (once-daily) 0.09 % ophth soln                                                                                                                                 | 1                    | BROMDAY                                  |                                                          |
| diclofenac sodium 0.1 % ophth soln                                                                                                                                              | 1                    | VOLTAREN                                 |                                                          |
| FLAREX 0.1 % ophth susp                                                                                                                                                         | 3                    |                                          |                                                          |
| fluorometholone 0.1 % ophth susp                                                                                                                                                | 1                    | FML                                      |                                                          |
| flurbiprofen sodium 0.03 % ophth soln                                                                                                                                           | 1                    | OCUFEN                                   |                                                          |
| FML 0.1 % ophth oint                                                                                                                                                            | 3                    |                                          |                                                          |
| FML FORTE 0.25 % 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<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <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 oint                                                                                                                                      | 3                    |                                          |                                                          |
| LOTEMAX SM 0.38 % ophth gel                                                                                                                                   | 3                    |                                          |                                                          |
| <i>loteprednol etabonate 0.5 % ophth gel</i>                                                                                                                  | 1                    | LOTEMAX                                  |                                                          |
| <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                                 |                                                          |
| <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                    |                                          |                                                          |
| <b>Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]</b>   |                      |                                          |                                                          |
| <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                               |                                                          |
| <b>OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]</b>                                       |                      |                                          |                                                          |
| PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit[Límite de Edad] |                      |                                          |                                                          |
| FM Obamacare 2023 Municipio 5 Tier                                                                                                                            |                      |                                          | Page 133 of 175                                          |
|                                                                                                                                                               |                      |                                          | Update Date: 10/2022                                     |

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]</b>                                                                                                                                                |                      |                                          |                                                          |
| <i>acetic acid 2 % otic soln</i>                                                                                                                                                                                                   | 1                    | VOSOL                                    |                                                          |
| <i>CIPRO HC 0.2-1 % otic susp</i>                                                                                                                                                                                                  | 3                    |                                          |                                                          |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>                                                                                                                                                                             | 1                    | CIPRODEX                                 |                                                          |
| <i>CORTIC-ND 10-10-1 mg/ml otic soln</i>                                                                                                                                                                                           | 3                    |                                          |                                                          |
| <i>fluocinolone acetonide 0.01 % otic oil</i>                                                                                                                                                                                      | 1                    | DERMOTIC                                 |                                                          |
| <i>hydrocortisone-acetic acid 1-2 % otic soln</i>                                                                                                                                                                                  | 1                    | VOSOL HC                                 |                                                          |
| <i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>                                                                                                                                           | 1                    | CORTISPORIN                              |                                                          |
| <b>Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]</b>                                                                                                            |                      |                                          |                                                          |
| <i>CETRAXAL 0.2 % otic soln</i>                                                                                                                                                                                                    | 3                    |                                          |                                                          |
| <i>ciprofloxacin hcl 0.2 % otic soln</i>                                                                                                                                                                                           | 1                    | CETRAXAL                                 |                                                          |
| <i>ofloxacin 0.3 % otic soln</i>                                                                                                                                                                                                   | 1                    | FLOXIN                                   |                                                          |
| <b>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]</b> |                      |                                          |                                                          |
| <b>Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]</b>                                                                                                                            |                      |                                          |                                                          |
| <i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>                                                                                                                                                                   | 1                    | ASTELIN                                  | QL(30 / 30)                                              |
| <i>azelastine hcl 0.15 % nasal soln</i>                                                                                                                                                                                            | 1                    | ASTEPRO                                  | QL(30 / 30)                                              |
| <i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>                                                                                                                                                                            | 1                    | DYMISTA                                  |                                                          |
| <i>carbinoxamine maleate 4 mg tab</i>                                                                                                                                                                                              | 1                    | CLISTIN                                  |                                                          |
| <i>carbinoxamine maleate 4 mg/5ml soln</i>                                                                                                                                                                                         | 1                    | CLISTIN                                  |                                                          |
| <i>cetirizine hcl 1 mg/ml soln</i>                                                                                                                                                                                                 | 1                    | ZYRTEC                                   |                                                          |
| <i>clemastine fumarate 2.68 mg tab</i>                                                                                                                                                                                             | 1                    | TAVIST                                   |                                                          |
| <i>cyproheptadine hcl 4 mg tab</i>                                                                                                                                                                                                 | 1                    | PERIACTIN                                |                                                          |
| <i>cyproheptadine hcl 2 mg/5ml syr</i>                                                                                                                                                                                             | 1                    | PERIACTIN                                |                                                          |
| <i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>                                                                                                                                                                  | 1                    | CLARINEX                                 |                                                          |
| <i>diphenhydramine hcl 50 mg/ml inj soln</i>                                                                                                                                                                                       | 1                    | BENADRYL                                 |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                   | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>                                                                                                  | 1                    | ATARAX                                   |                                                          |
| <i>hydroxyzine hcl 10 mg/5ml syr</i>                                                                                                                    | 1                    | ATARAX                                   |                                                          |
| <i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>                                                                                                         | 1                    | VISTARIL                                 |                                                          |
| <i>hydroxyzine pamoate 100 mg cap</i>                                                                                                                   | 1                    | VISTARIL                                 |                                                          |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>                                                                                                   | 1                    | XYZAL                                    |                                                          |
| <i>olopatadine hcl 0.6 % nasal soln</i>                                                                                                                 | 1                    | PATANASE                                 |                                                          |
| <b>Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]</b> |                      |                                          |                                                          |
| ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln                                                                                               | 3                    |                                          | QL(12.2 / 30), ST                                        |
| ARNUIITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act                                                                       | 2                    |                                          | QL(28 / 30)                                              |
| ARNUIITY 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/act inh aer pwdr br act                                                                                             | 3                    |                                          | QL(1 / 30), ST                                           |
| ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act                                                                                              | 3                    |                                          | QL(1 / 30), ST                                           |
| ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act                                                             | 3                    |                                          | QL(1 / 30), ST                                           |
| ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act                                                                                              | 3                    |                                          | QL(1 / 30), ST                                           |
| ASMANEX (7 METERED DOSES) 110 mcg/act 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                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>budesonide 32 mcg/act nasal susp</i>                                                                                           | 1                    | RHINOCORT                                | QL(17.2 / 30)                                            |
| <i>cvs budesonide 32 mcg/act nasal susp</i>                                                                                       | 1                    | RHINOCORT                                | QL(17.2 / 30)                                            |
| <i>eq budesonide nasal 32 mcg/act nasal susp</i>                                                                                  | 1                    | RHINOCORT                                | QL(17.2 / 30)                                            |
| FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act                   | 2                    |                                          | QL(120 / 30)                                             |
| FLOVENT HFA 44 mcg/act inh aer                                                                                                    | 2                    |                                          | QL(10.6 / 30)                                            |
| FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer                                                                              | 2                    |                                          | QL(12 / 30)                                              |
| <i>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                    |                                          |                                                          |
| <i>ra budesonide 32 mcg/act nasal susp</i>                                                                                        | 1                    | RHINOCORT                                | QL(17.2 / 30)                                            |
| ZETONNA 37 mcg/act nasal aer soln                                                                                                 | 3                    |                                          |                                                          |
| <b>Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]</b>                                    |                      |                                          |                                                          |
| <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                    |                                          |                                                          |
| <b>Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]</b> |                      |                                          |                                                          |

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



| Drug Name<br>[Nombre del Medicamento]                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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)                                               |
| <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)                                             |
| 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                                          |
| <b>Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]</b> |                      |                                          |                                                          |
| <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 (2.5 MG/3ML) 0.083% inh neb soln</i>                                                                         | 1                    | PROVENTIL                                | QL(300 / 25)                                             |
| <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 hfa 108 (90 Base) mcg/act inh aer soln</i>                                                                   | 1                    | PROAIR HFA                               | QL(36 / 30)                                              |
| <i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>                                                                              | 1                    | BROVANA                                  | QL(60 / 30)                                              |
| <i>formoterol fumarate 20 mcg/2ml inh neb soln</i>                                                                                | 1                    | PERFOROMIST                              |                                                          |
| <i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>                                                                                | 1                    | XOPENEX                                  | QL(30 / 15)                                              |
| <i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>                              | 1                    | XOPENEX                                  | QL(216 / 15)                                             |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                 | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>levalbuterol tartrate 45 mcg/act inh aer</i>                                                                                                                                       | 3                    | XOPENEX HFA                              | QL(30 / 30), ST                                          |
| 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/act 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                                          |
| <b>Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]</b>                                    |                      |                                          |                                                          |
| CAYSTON 75 mg inh soln                                                                                                                                                                | 5                    |                                          | PA                                                       |
| KALYDECO 150 mg tab, 25 mg pckt                                                                                                                                                       | 5                    |                                          | PA                                                       |
| KITABIS PAK 300 mg/5ml inh neb soln                                                                                                                                                   | 5                    |                                          | PA                                                       |
| PULMOZYME 2.5 mg/2.5ml inh soln                                                                                                                                                       | 5                    |                                          | PA                                                       |
| <i>tobramycin 300 mg/5ml inh neb soln</i>                                                                                                                                             | 5                    | TOBI                                     | PA                                                       |
| <b>Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]</b>                                                               |                      |                                          |                                                          |
| <i>cromolyn sodium 20 mg/2ml inh neb soln</i>                                                                                                                                         | 1                    | INTAL                                    | QL(240 / 30)                                             |
| <b>Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]</b> |                      |                                          |                                                          |
| DALIRESP 250 mcg tab, 500 mcg tab                                                                                                                                                     | 3                    |                                          |                                                          |
| 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                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>theophylline 80 mg/15ml oral elix, 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                                  |                                                          |
| <b>Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]</b>               |                      |                                          |                                                          |
| <i>ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab</i>                                                               | 4                    |                                          | PA                                                       |
| <i>ambrisentan 10 mg tab, 5 mg tab</i>                                                                                              | 4                    | LETAIRIS                                 | PA                                                       |
| <i>OPSUMIT 10 mg tab</i>                                                                                                            | 4                    |                                          | PA                                                       |
| <i>sildenafil citrate 20 mg tab</i>                                                                                                 | 4                    | REVATIO                                  | PA                                                       |
| <i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>                                                                       | 4                    | REVATIO                                  | PA                                                       |
| <i>tadalafil (pah) 20 mg tab</i>                                                                                                    | 4                    | ADCIRCA                                  | PA                                                       |
| <i>VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln</i>                                                                              | 5                    |                                          | PA                                                       |
| <b>Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]</b> |                      |                                          |                                                          |
| <i>acetylcysteine 10 % inh soln, 20 % inh soln</i>                                                                                  | 1                    | MUCOMYST                                 |                                                          |
| <i>ADRENALIN 0.1 % nasal soln</i>                                                                                                   | 3                    |                                          |                                                          |
| <i>ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer</i>                                             | 2                    |                                          | QL(12 / 30)                                              |
| <i>ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer</i>                                             | 2                    |                                          | QL(16 / 30)                                              |
| <i>AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act</i>                                                                  | 3                    |                                          | QL(1 / 30), ST                                           |
| <i>AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act</i>                                                                  | 3                    |                                          | QL(1 / 30), ST                                           |
| <i>AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act</i>                                                                    | 3                    |                                          | QL(1 / 30), ST                                           |
| <i>benzonatate 100 mg cap, 200 mg cap</i>                                                                                           | 1                    | TESSALON                                 |                                                          |
| <i>benzonatate 150 mg cap</i>                                                                                                       | 1                    | ZONATUSS                                 |                                                          |
| <i>BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer</i>                                                                                     | 2                    |                                          | QL(10.7 / 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<br>[Nombre del Medicamento]                                                                                             | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act                                               | 2                    |                                          | QL(56 / 30)                                              |
| BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act 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                                          |
| FASENRA 30 mg/ml sc soln pfs                                                                                                      | 4                    |                                          | PA                                                       |
| FASENRA PEN 30 mg/ml sc soln auto-inj                                                                                             | 4                    |                                          | PA                                                       |
| fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act 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                    |                                          |                                                          |
| hydrocod polst-cpm polst er 10-8 mg/5ml susp er                                                                                   | 1                    | TUSSIONEX<br>PENNKINETIC ER              |                                                          |
| hydrocodone bit-homatrop mbr 5-1.5 mg tab                                                                                         | 1                    |                                          |                                                          |
| hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln                                                                                    | 1                    | HYCODAN                                  |                                                          |
| hydromet 5-1.5 mg/5ml soln                                                                                                        | 1                    | HYCODAN                                  |                                                          |
| HYPERSAL 3.5 % inh neb soln                                                                                                       | 3                    |                                          |                                                          |
| NEBUSAL 6 % inh neb soln                                                                                                          | 3                    |                                          |                                                          |
| 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                    |                                          |                                                          |
| ribavirin 6 gm inh soln                                                                                                           | 4                    | VIRAZOLE                                 |                                                          |
| sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln                                                           | 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<br>[Nombre del Medicamento]                                                                                                                                | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>sodium chloride 7 % inh neb soln</i>                                                                                                                              | 1                    | HYPERSAL                                 |                                                          |
| 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                                                                                                                       | 5                    |                                          | PA                                                       |
| TUSSICAPS 10-8 mg cap er 12 hr                                                                                                                                       | 3                    |                                          |                                                          |
| WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act                                              | 1                    |                                          | QL(60 / 30)                                              |
| <b>Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]</b>                          |                      |                                          |                                                          |
| CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr                                                                                                                           | 3                    |                                          |                                                          |
| <i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>                                                                                                                  | 1                    | PHENERGAN VC                             |                                                          |
| TUSNEL 60-30-400 mg tab                                                                                                                                              | 3                    |                                          |                                                          |
| <b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]</b> |                      |                                          |                                                          |
| <b>Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]</b>                     |                      |                                          |                                                          |
| BOTOX 100 unit inj soln, 200 unit inj soln                                                                                                                           | 5                    |                                          | PA                                                       |
| <i>carisoprodol 350 mg tab</i>                                                                                                                                       | 1                    | SOMA                                     |                                                          |
| <i>carisoprodol 250 mg tab</i>                                                                                                                                       | 1                    | SOMA                                     |                                                          |
| <i>chlorzoxazone 750 mg tab</i>                                                                                                                                      | 1                    | LORZONE                                  |                                                          |
| <i>chlorzoxazone 500 mg tab</i>                                                                                                                                      | 1                    | PARAFON FORTE                            |                                                          |
| <i>cyclobenzaprine hcl 7.5 mg tab</i>                                                                                                                                | 1                    | FEXMID                                   |                                                          |
| <i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>                                                                                                                       | 1                    | FLEXERIL                                 |                                                          |
| DYSPORT 300 unit im soln, 500 unit im soln                                                                                                                           | 3                    |                                          |                                                          |
| <i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>                                                                                                                   | 1                    |                                          |                                                          |
| LORZONE 375 mg tab                                                                                                                                                   | 3                    |                                          |                                                          |
| <i>methocarbamol 500 mg tab, 750 mg tab</i>                                                                                                                          | 1                    | ROBAXIN                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                      | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>methocarbamol 1000 mg/10ml inj soln</i>                                                                                                 | 1                    | ROBAXIN                                  |                                                          |
| MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln                                                              | 5                    |                                          | PA                                                       |
| <i>orphenadrine citrate 30 mg/ml inj soln</i>                                                                                              | 1                    | NORFLEX                                  |                                                          |
| <i>orphenadrine citrate er 100 mg tab er 12 hr</i>                                                                                         | 1                    | NORFLEX                                  |                                                          |
| XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln                                                                                 | 5                    |                                          | PA                                                       |
| <b>SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]</b> |                      |                                          |                                                          |
| <b>Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]</b>                         |                      |                                          |                                                          |
| EDLUAR 10 mg tab subl, 5 mg tab subl                                                                                                       | 3                    |                                          |                                                          |
| <i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>                                                                                            | 1                    | LUNESTA                                  |                                                          |
| <i>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 subl, 3.5 mg tab subl</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                    |                                          |                                                          |
| <b>Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]</b>                                |                      |                                          |                                                          |
| <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                                  |                                                          |
| XYREM 500 mg/ml soln                                                                                                                       | 5                    |                                          | PA                                                       |
| <b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]</b>                                      |                      |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                                                                                                                                                  | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs</b><br><b>[Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b> |                      |                                          |                                                          |
| ABATRON liq                                                                                                                                                                                                            | 3                    |                                          | AL                                                       |
| <i>animal shapes/iron 18 mg tab chew</i>                                                                                                                                                                               | 1                    |                                          | AL                                                       |
| ATABEX EC 29-1 mg tab dr                                                                                                                                                                                               | 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                    |                                          |                                                          |
| CEROVITE JR 18 mg tab chew                                                                                                                                                                                             | 1                    |                                          | AL                                                       |
| <i>childrens animal shapes 18 mg tab chew</i>                                                                                                                                                                          | 1                    |                                          | AL                                                       |
| <i>childrens multivitamin/iron 15 mg tab chew</i>                                                                                                                                                                      | 1                    |                                          | AL                                                       |
| CITRANATAL 90 DHA 90-1 & 300 mg oral misc                                                                                                                                                                              | 3                    |                                          |                                                          |
| CITRANATAL ASSURE 35-1 & 300 mg oral misc                                                                                                                                                                              | 3                    |                                          |                                                          |
| CITRANATAL B-CALM 20-1 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 &amp; 200 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 pckt</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<br>[Nombre del Medicamento]                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                                                       |
| <i>eq child multivit/minerals 18 mg tab chew</i>                                                    | 1                    |                                          | AL                                                       |
| FA-8 0.8 mg cap                                                                                     | 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</i> | 1                    |                                          | AL                                                       |
| <i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>                                                        | 1                    | FER-IN-SOL                               | AL                                                       |
| <i>fe-vite iron 75 (15 Fe) mg/ml soln</i>                                                           | 3                    | FER-IN-SOL                               | AL                                                       |
| FLINTSTONES COMPLETE 10 mg tab chew, 18 mg tab chew                                                 | 1                    |                                          | AL                                                       |
| FLINTSTONES W/IRON 18 mg tab chew                                                                   | 1                    |                                          | AL                                                       |
| <i>fluoritab 0.275 (0.125 F) mg/drop soln</i>                                                       | 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 85-1 mg cap                                                                             | 3                    |                                          |                                                          |
| <i>fruity chews/iron tab chew</i>                                                                   | 1                    |                                          | AL                                                       |
| GALZIN 25 mg cap, 50 mg cap                                                                         | 3                    |                                          |                                                          |
| <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 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 infant &amp; toddler 75 (15 Fe) mg/ml soln</i>                                              | 3                    | FER-IN-SOL                               | AL                                                       |

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



| Drug Name<br>[Nombre del Medicamento]                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>         | 3                    | FER-IN-SOL                               | AL                                                       |
| <i>iron supplement 220 (44 Fe) mg/5ml oral elix</i>      | 1                    |                                          | AL                                                       |
| <i>iron supplement 75 (15 Fe) mg/ml soln</i>             | 3                    | FER-IN-SOL                               | AL                                                       |
| <i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>   | 1                    | FER-IN-SOL                               | AL                                                       |
| IRON UP 15 mg/0.5ml liq                                  | 3                    |                                          | AL                                                       |
| KLOR-CON 20 meq pckt                                     | 2                    |                                          |                                                          |
| KLOR-CON M10 10 meq tab er                               | 2                    |                                          |                                                          |
| KLOR-CON M15 15 meq tab er                               | 2                    |                                          |                                                          |
| 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 NO 2 305-700 mg tab                               | 3                    |                                          |                                                          |
| K-PRIME 25 meq tab eff                                   | 3                    |                                          |                                                          |
| K-TAB 8 meq tab er                                       | 2                    |                                          |                                                          |
| LAND BEFORE TIME<br>MULTIVITAMIN 15 mg tab chew          | 1                    |                                          | AL                                                       |
| MAGNEBIND 400 80-115 mg tab                              | 3                    |                                          |                                                          |
| <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                                                       |
| <i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i> | 1                    |                                          | PA                                                       |
| 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 mg/5ml liq                                | 3                    |                                          | AL                                                       |
| NOVAFERRUM PEDIATRIC<br>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                    |                                          |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                    | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|----------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| 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                    |                                          |                                                          |
| ORACIT 490-640 mg/5ml soln                               | 3                    |                                          |                                                          |
| <i>pc pediatric iron drops 15 mg/ml soln</i>             | 3                    | FER-IN-SOL                               | 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                    |                                          |                                                          |
| PHOSPHO-TRIN K500 500 mg tab                             | 1                    |                                          |                                                          |
| <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+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>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                    |                                          |                                                          |
| <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                                  |                                                          |

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

| Drug Name<br>[Nombre del Medicamento]                                                               | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|-----------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i> | 1                    | UROKIT-K                                 |                                                          |
| <i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>                                           | 1                    |                                          |                                                          |
| <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 27-1 mg tab</i>                                                                    | 1                    |                                          |                                                          |
| <i>prenatal plus iron 29-1 mg tab</i>                                                               | 1                    |                                          |                                                          |
| <i>prenatal vitamin plus low iron 27-1 mg tab</i>                                                   | 1                    |                                          |                                                          |
| PRENATAL-U 106.5-1 mg cap                                                                           | 3                    |                                          |                                                          |
| <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                                                       |
| <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                                          |

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

| Drug Name<br>[Nombre del Medicamento]                              | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|--------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| sod citrate-citric acid 500-334 mg/5ml soln                        | 1                    | SHOHL'S MODIFIED                         |                                                          |
| sodium fluoride 1.1 (0.5 F) mg tab                                 | 1                    |                                          | AL                                                       |
| sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew | 1                    | LURIDE                                   | AL                                                       |
| sodium fluoride 1.1 (0.5 F) mg/ml soln                             | 1                    | LURIDE                                   | AL                                                       |
| TARON-C DHA 35-1 mg cap                                            | 3                    |                                          |                                                          |
| TARON-PREX 30-1.2-265 mg cap                                       | 3                    |                                          |                                                          |
| thrivite 19 tab                                                    | 1                    |                                          |                                                          |
| thrivite rx 29-1 mg tab                                            | 1                    |                                          |                                                          |
| TRICARE tab                                                        | 3                    |                                          |                                                          |
| tricitrates 550-500-334 mg/5ml soln                                | 1                    |                                          |                                                          |
| trinatal rx 1 60-1 mg tab                                          | 1                    |                                          |                                                          |
| TRINATE tab                                                        | 3                    |                                          |                                                          |
| 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                    |                                          |                                                          |
| virt-c dha 53.5-38-1 mg cap                                        | 1                    |                                          |                                                          |
| virt-nate dha 28-1-200 mg cap                                      | 1                    |                                          |                                                          |
| virt-phos 250 neutral 155-852-130 mg tab                           | 1                    |                                          |                                                          |
| virt-pn dha 27-0.6-0.4-300 mg cap                                  | 1                    |                                          |                                                          |
| virt-pn plus 28-0.6-0.4-340 mg cap                                 | 1                    |                                          |                                                          |
| 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                    |                                          |                                                          |
| vp-pnv-dha 28-1-215.8 mg cap                                       | 1                    |                                          |                                                          |
| wee care 15 mg/1.25ml susp                                         | 1                    |                                          | AL                                                       |
| yl folic acid 400 mcg tab                                          | 1                    |                                          | QL(30 / 30), AL                                          |
| ZATEAN-PN DHA 27-0.6-0.4-300 mg cap                                | 3                    |                                          |                                                          |
| ZATEAN-PN PLUS 28-0.6-0.4-340 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<br>[Nombre del Medicamento]                                                                                                                         | Drug Tier<br>[Nivel] | Reference Name<br>[Nombre de Referencia] | Requirements/Limits <sup>1</sup><br>[Requisitos/Límites] |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------------------------------------------|
| <b>Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b> |                      |                                          |                                                          |
| CHEMET 100 mg cap                                                                                                                                             | 3                    |                                          | PA                                                       |
| deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol                                                                                                    | 4                    | EXJADE                                   | PA                                                       |
| deferasirox 180 mg tab, 360 mg tab, 90 mg tab                                                                                                                 | 4                    | JADENU                                   | PA                                                       |
| deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt                                                                                                              | 4                    | JADENU SPRINKLE                          | PA                                                       |
| deferiprone 500 mg tab                                                                                                                                        | 4                    | FERRIPROX                                | PA                                                       |
| FERRIPROX 100 mg/ml soln                                                                                                                                      | 4                    |                                          | PA                                                       |
| sodium polystyrene sulfonate oral pwdr                                                                                                                        | 1                    | KAYEXALATE                               |                                                          |
| 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]

**1**

|                                    |    |
|------------------------------------|----|
| 1st tier unifine pentips .....     | 56 |
| 1st tier unifine pentips plus..... | 56 |

**A**

|                                          |     |
|------------------------------------------|-----|
| <i>abacavir sulfate</i> .....            | 50  |
| <i>abacavir sulfate-lamivudine</i> ..... | 50  |
| ABATRON.....                             | 143 |
| <i>abiraterone acetate</i> .....         | 37  |
| ABOUTTIME PEN NEEDLE .....               | 57  |
| ABRAXANE .....                           | 38  |
| <i>acamprosate calcium</i> .....         | 15  |
| ACANYA .....                             | 97  |
| <i>acarbose</i> .....                    | 53  |
| <i>acebutolol hcl</i> .....              | 85  |
| <i>acetaminophen-codeine</i> .....       | 12  |
| <i>acetaminophen-codeine #2</i> .....    | 12  |
| <i>acetaminophen-codeine #3</i> .....    | 12  |
| <i>acetaminophen-codeine #4</i> .....    | 12  |
| <i>acetazolamide</i> .....               | 131 |
| <i>acetazolamide er</i> .....            | 131 |
| <i>acetic acid</i> .....                 | 134 |
| <i>acetylcysteine</i> .....              | 139 |
| <i>acitretin</i> .....                   | 97  |
| ACTICARNITINE SF.....                    | 127 |
| ACTIMMUNE .....                          | 125 |
| ACUVAIL.....                             | 132 |
| <i>acyclovir</i> .....                   | 49  |
| <i>adapalene</i> .....                   | 97  |
| <i>adapalene-benzoyl peroxide</i> .....  | 97  |
| ADEMPAS .....                            | 139 |
| ADLYXIN.....                             | 53  |
| ADLYXIN STARTER PACK .....               | 53  |
| ADRENALIN .....                          | 139 |
| ADRIAMYCIN .....                         | 38  |
| <i>adult aspirin regimen</i> .....       | 6   |
| ADVAIR HFA .....                         | 139 |
| ADVOCATE INSULIN PEN NEEDLES .....       | 57  |
| ADVOCATE INSULIN SYRINGE .....           | 57  |
| AFTERA.....                              | 119 |
| AFTERPILL.....                           | 120 |
| <i>aimsco lubricated</i> .....           | 127 |
| AIRDUO RESPICLICK 113/14.....            | 139 |
| AIRDUO RESPICLICK 232/14.....            | 139 |
| AIRDUO RESPICLICK 55/14.....             | 139 |

|                                         |     |
|-----------------------------------------|-----|
| AJOVY .....                             | 35  |
| AKTEN .....                             | 129 |
| ALA SCALP.....                          | 108 |
| <i>ala-cort</i> .....                   | 108 |
| ALA-QUIN .....                          | 32  |
| <i>albendazole</i> .....                | 43  |
| <i>albuterol sulfate</i> .....          | 137 |
| <i>albuterol sulfate hfa</i> .....      | 137 |
| <i>alclometasone dipropionate</i> ..... | 108 |
| ALDACTAZIDE .....                       | 88  |
| <i>alendronate sodium</i> .....         | 126 |
| ALFERON N.....                          | 49  |
| <i>alfuzosin hcl er</i> .....           | 106 |
| ALIMTA .....                            | 38  |
| ALINIA.....                             | 43  |
| <i>aliskiren fumarate</i> .....         | 88  |
| <i>allopurinol</i> .....                | 34  |
| <i>almotriptan malate</i> .....         | 35  |
| ALOCRIIL .....                          | 130 |
| <i>alogliptin benzoate</i> .....        | 54  |
| <i>alogliptin-metformin hcl</i> .....   | 54  |
| <i>alogliptin-pioglitazone</i> .....    | 54  |
| ALOMIDE .....                           | 132 |
| ALORA.....                              | 113 |
| <i>alosetron hcl</i> .....              | 104 |
| ALPHAGAN P .....                        | 131 |
| <i>alprazolam</i> .....                 | 52  |
| <i>alprazolam er</i> .....              | 52  |
| ALPRAZOLAM INTENSOL .....               | 52  |
| <i>alprazolam xr</i> .....              | 52  |
| ALREX .....                             | 132 |
| ALTABAX .....                           | 18  |
| ALTACAINE .....                         | 129 |
| ALTAFRIN.....                           | 129 |
| ALTOPREV .....                          | 92  |
| ALVESCO .....                           | 135 |
| <i>alvimopan</i> .....                  | 103 |
| <i>alyacen 1/35</i> .....               | 113 |
| <i>alyacen 7/7/7</i> .....              | 113 |
| AMABELZ .....                           | 113 |
| <i>amantadine hcl</i> .....             | 44  |
| <i>ambrisentan</i> .....                | 139 |
| <i>amcinonide</i> .....                 | 108 |
| AMETHIA .....                           | 113 |
| AMETHYST .....                          | 113 |

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

|                                             |        |                                            |     |
|---------------------------------------------|--------|--------------------------------------------|-----|
| <i>amiloride hcl</i> .....                  | 91     | ASCOMP-CODEINE .....                       | 12  |
| <i>amiloride-hydrochlorothiazide</i> .....  | 88     | <i>asenapine maleate</i> .....             | 47  |
| <i>aminocaproic acid</i> .....              | 83     | ASMANEX (120 METERED DOSES) .....          | 135 |
| <i>amiodarone hcl</i> .....                 | 85     | ASMANEX (14 METERED DOSES) .....           | 135 |
| <i>amitriptyline hcl</i> .....              | 30     | ASMANEX (30 METERED DOSES) .....           | 135 |
| <i>amlodipine besy-benazepril hcl</i> ..... | 88     | ASMANEX (60 METERED DOSES) .....           | 135 |
| <i>amlodipine besylate</i> .....            | 87     | ASMANEX (7 METERED DOSES) .....            | 135 |
| <i>amlodipine besylate-valsartan</i> .....  | 88     | ASMANEX HFA .....                          | 135 |
| <i>amlodipine-atorvastatin</i> .....        | 88     | <i>aspirin</i> .....                       | 6   |
| <i>amlodipine-olmesartan</i> .....          | 89     | <i>aspirin 81</i> .....                    | 6   |
| <i>amlodipine-valsartan-hctz</i> .....      | 89     | <i>aspirin adult low dose</i> .....        | 6   |
| <i>amoxapine</i> .....                      | 30     | <i>aspirin adult low strength</i> .....    | 6   |
| <i>amoxicill-clarithro-lansopraz</i> .....  | 103    | <i>aspirin childrens</i> .....             | 6   |
| <i>amoxicillin</i> .....                    | 20, 21 | <i>aspirin ec</i> .....                    | 6   |
| <i>amoxicillin-pot clavulanate</i> .....    | 21     | <i>aspirin ec adult low strength</i> ..... | 6   |
| <i>amoxicillin-pot clavulanate er</i> ..... | 21     | <i>aspirin ec low dose</i> .....           | 6   |
| <i>amphetamine-dextroamphet er</i> .....    | 94     | <i>aspirin ec low strength</i> .....       | 6   |
| <i>amphetamine-dextroamphetamine</i> .....  | 94     | <i>aspirin low dose</i> .....              | 6   |
| <i>ampicillin</i> .....                     | 21     | <i>aspirin-dipyridamole er</i> .....       | 83  |
| ANACAINE.....                               | 14     | ASSURE ID INSULIN SAFETY SYR.....          | 57  |
| <i>anagrelide hcl</i> .....                 | 82     | ASSURE ID SAFETY PEN NEEDLES .....         | 57  |
| ANALPRAM-HC.....                            | 97     | ATABEX EC .....                            | 143 |
| <i>anastrozole</i> .....                    | 41     | <i>atazanavir sulfate</i> .....            | 51  |
| ANGELIQ .....                               | 113    | <i>atenolol</i> .....                      | 86  |
| <i>animal shapes/iron</i> .....             | 143    | <i>atenolol-chlorthalidone</i> .....       | 89  |
| ANTARA .....                                | 91     | <i>atomoxetine hcl</i> .....               | 94  |
| <i>anucort-hc</i> .....                     | 34     | <i>atorvastatin calcium</i> .....          | 92  |
| ANZEMET.....                                | 31     | <i>atovaquone</i> .....                    | 43  |
| APEXICON E .....                            | 108    | <i>atovaquone-proguanil hcl</i> .....      | 43  |
| ALENZIN .....                               | 28     | ATROPEN.....                               | 102 |
| <i>apomorphine hcl</i> .....                | 45     | <i>atropine sulfate</i> .....              | 130 |
| <i>apraclonidine hcl</i> .....              | 131    | ATROVENT HFA.....                          | 137 |
| <i>aprepitant</i> .....                     | 31     | AUBAGIO .....                              | 96  |
| APTIVUS.....                                | 51     | AUBRA.....                                 | 113 |
| AQUORAL .....                               | 97     | <i>aum mini insulin pen needle</i> .....   | 57  |
| ARANELLE .....                              | 113    | AUM READYGARD DUO PEN NEEDLE .....         | 57  |
| ARANESP (ALBUMIN FREE) .....                | 82     | AUM SAFETY PEN NEEDLE.....                 | 57  |
| ARCALYST .....                              | 125    | <i>aurora pen needles</i> .....            | 57  |
| <i>arformoterol tartrate</i> .....          | 137    | <i>aurora unifine pentips</i> .....        | 57  |
| <i>aripiprazole</i> .....                   | 47     | AVAR CLEANSER .....                        | 97  |
| <i>armodafinil</i> .....                    | 142    | AVAR-E EMOLLIENT.....                      | 97  |
| ARMOUR THYROID.....                         | 121    | AVAR-E GREEN .....                         | 97  |
| ARNUIITY ELLIPTA.....                       | 135    | <i>avidoxy</i> .....                       | 23  |
| ARRANON .....                               | 38     | AVIDOXY DK .....                           | 23  |
| <i>arsenic trioxide</i> .....               | 38     | AVITA.....                                 | 97  |
| ARZERRA.....                                | 42     | AVONEX PEN .....                           | 96  |

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

|                              |          |
|------------------------------|----------|
| AVONEX PREFILLED .....       | 96       |
| azacitidine .....            | 82       |
| AZASAN .....                 | 123      |
| AZASITE .....                | 130      |
| azathioprine .....           | 123      |
| azelastine hcl .....         | 130, 134 |
| azelastine-fluticasone ..... | 134      |
| AZELEX .....                 | 98       |
| azithromycin .....           | 21       |
| AZURETTE .....               | 114      |

## B

|                                      |         |
|--------------------------------------|---------|
| BAC .....                            | 6       |
| bacitracin .....                     | 18, 130 |
| bacitracin-polymyxin b .....         | 130     |
| bacitra-neomycin-polymyxin-hc .....  | 132     |
| baclofen .....                       | 48      |
| BALZIVA .....                        | 114     |
| BANZEL .....                         | 26      |
| BAQSIMI ONE PACK .....               | 56      |
| BAQSIMI TWO PACK .....               | 56      |
| BASAGLAR KWIKPEN .....               | 57      |
| BAYER ADVANCED ASPIRIN REG ST .....  | 7       |
| BAYER ASPIRIN .....                  | 7       |
| BAYER ASPIRIN EC LOW DOSE .....      | 7       |
| BAYER LOW DOSE .....                 | 7       |
| BD AUTOSHIELD .....                  | 58      |
| BD AUTOSHIELD DUO .....              | 58      |
| BD INSULIN SYR ULTRAFINE II .....    | 58      |
| BD INSULIN SYRINGE .....             | 58      |
| BD INSULIN SYRINGE HALF-UNIT .....   | 58      |
| BD INSULIN SYRINGE MICROFINE .....   | 58      |
| BD INSULIN SYRINGE U/F .....         | 58      |
| BD INSULIN SYRINGE U/F 1/2UNIT ..... | 58      |
| BD INSULIN SYRINGE ULTRAFINE .....   | 58      |
| BD PEN NEEDLE MICRO U/F .....        | 58      |
| BD PEN NEEDLE MINI U/F .....         | 58      |
| BD PEN NEEDLE NANO 2ND GEN .....     | 58      |
| BD PEN NEEDLE NANO U/F .....         | 59      |
| BD PEN NEEDLE ORIGINAL U/F .....     | 59      |
| BD PEN NEEDLE SHORT U/F .....        | 59      |
| BD SAFETYGLIDE INSULIN SYRINGE ..... | 59      |
| BD SAFETY-LOK INSULIN SYRINGE .....  | 59      |
| BD VEO INSULIN SYR U/F 1/2UNIT ..... | 59      |
| BD VEO INSULIN SYRINGE U/F .....     | 59      |
| BECONASE AQ .....                    | 135     |
| benazepril hcl .....                 | 84      |

|                                      |          |
|--------------------------------------|----------|
| benazepril-hydrochlorothiazide ..... | 89       |
| BENDEKA .....                        | 38       |
| BENLYSTA .....                       | 123      |
| benzonatate .....                    | 139      |
| benzoyl peroxide .....               | 98       |
| benzoyl peroxide-erythromycin .....  | 98       |
| benztropine mesylate .....           | 44       |
| bepotastine besilate .....           | 130      |
| BESIVANCE .....                      | 131      |
| BETADINE OPHTHALMIC PREP .....       | 18       |
| betamethasone dipropionate .....     | 108      |
| betamethasone dipropionate aug ..... | 108      |
| betamethasone sod phos & acet .....  | 108      |
| betamethasone valerate .....         | 108, 109 |
| betaxolol hcl .....                  | 86, 131  |
| bethanechol chloride .....           | 107      |
| BETIMOL .....                        | 131      |
| BETOPTIC-S .....                     | 131      |
| BEVESPI AEROSPHERE .....             | 139      |
| bexarotene .....                     | 42       |
| bicalutamide .....                   | 37       |
| BICILLIN C-R .....                   | 21       |
| BICILLIN C-R 900/300 .....           | 21       |
| BICILLIN L-A .....                   | 21       |
| BIDIL .....                          | 89       |
| BIKTARVY .....                       | 50       |
| bimatoprost .....                    | 133      |
| BINOSTO .....                        | 126      |
| BIONECT .....                        | 98       |
| bisoprolol fumarate .....            | 86       |
| bisoprolol-hydrochlorothiazide ..... | 89       |
| bite-a-mins/iron .....               | 143      |
| bleomycin sulfate .....              | 38       |
| BLEPHAMIDE .....                     | 132      |
| BLEPHAMIDE S.O.P .....               | 132      |
| BLISOVI FE 1.5/30 .....              | 114      |
| BLISOVI FE 1/20 .....                | 114      |
| BOCASAL .....                        | 97       |
| bortezomib .....                     | 38       |
| BOSULIF .....                        | 41       |
| BOTOX .....                          | 141      |
| bp 10-1 .....                        | 98       |
| bp cleansing wash .....              | 98       |
| bp wash .....                        | 98       |
| bpo foaming cloths .....             | 98       |
| BPROTECTED PEDIA IRON .....          | 143      |

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



|                                             |               |                                            |     |
|---------------------------------------------|---------------|--------------------------------------------|-----|
| BPROTECTED PEDIA POLY-VITE/FE .....         | 143           | <i>candesartan cilexetil-hctz</i> .....    | 89  |
| BREO ELLIPTA .....                          | 140           | CAPASTAT SULFATE .....                     | 36  |
| <i>briellyn</i> .....                       | 114           | <i>capecitabine</i> .....                  | 37  |
| BRILINTA.....                               | 83            | CAPEX.....                                 | 109 |
| <i>brimonidine tartrate</i> .....           | 131           | CAPRELSA.....                              | 41  |
| <i>brimonidine tartrate-timolol</i> .....   | 131           | <i>captopril</i> .....                     | 84  |
| <i>brinzolamide</i> .....                   | 131           | CARAC.....                                 | 37  |
| <i>bromfenac sodium (once-daily)</i> .....  | 132           | <i>carbamazepine</i> .....                 | 26  |
| <i>bromocriptine mesylate</i> .....         | 44            | <i>carbamazepine er</i> .....              | 26  |
| <i>budesonide</i> .....                     | 126, 135, 136 | CARBATROL .....                            | 26  |
| <i>bumetanide</i> .....                     | 91            | <i>carbidopa</i> .....                     | 45  |
| BUPAP.....                                  | 6             | <i>carbidopa-levodopa</i> .....            | 45  |
| <i>buprenorphine</i> .....                  | 11            | <i>carbidopa-levodopa er</i> .....         | 45  |
| <i>buprenorphine hcl</i> .....              | 15            | <i>carbidopa-levodopa-entacapone</i> ..... | 45  |
| <i>buprenorphine hcl-naloxone hcl</i> ..... | 15            | <i>carbinoxamine maleate</i> .....         | 134 |
| <i>bupropion hcl</i> .....                  | 28            | <i>carboplatin</i> .....                   | 40  |
| <i>bupropion hcl er (smoking det)</i> ..... | 15            | CARDIZEM LA .....                          | 87  |
| <i>bupropion hcl er (sr)</i> .....          | 28            | CARDURA XL .....                           | 106 |
| <i>bupropion hcl er (xl)</i> .....          | 28            | CAREFINE PEN NEEDLES .....                 | 59  |
| <i>buspirone hcl</i> .....                  | 52            | <i>careone insulin syringe</i> .....       | 59  |
| <i>busulfan</i> .....                       | 36            | <i>careone unifine pentips</i> .....       | 59  |
| <i>butalbital-acetaminophen</i> .....       | 6             | <i>careone unifine pentips plus</i> .....  | 59  |
| <i>butalbital-apap-caff-cod</i> .....       | 12            | CARETOUCH INSULIN SYRINGE .....            | 60  |
| <i>butalbital-apap-caffeine</i> .....       | 6             | CARETOUCH PEN NEEDLES .....                | 60  |
| <i>butalbital-asa-caff-codeine</i> .....    | 12            | <i>carglumic acid</i> .....                | 102 |
| <i>butalbital-aspirin-caffeine</i> .....    | 6             | <i>carisoprodol</i> .....                  | 141 |
| <i>butorphanol tartrate</i> .....           | 12            | <i>carisoprodol-aspirin-codeine</i> .....  | 12  |
| BYDUREON BCISE.....                         | 54            | <i>carmustine</i> .....                    | 38  |
| BYETTA 10 MCG PEN .....                     | 54            | <i>carteolol hcl</i> .....                 | 131 |
| BYETTA 5 MCG PEN .....                      | 54            | <i>carvedilol</i> .....                    | 86  |
| BYSTOLIC .....                              | 86            | <i>carvedilol phosphate er</i> .....       | 86  |
| <b>C</b>                                    |               | CAYA .....                                 | 127 |
| <i>cabergoline</i> .....                    | 122           | CAYSTON.....                               | 138 |
| CALCIFOL .....                              | 143           | CAZANT .....                               | 114 |
| <i>calcipotriene</i> .....                  | 98            | <i>cefaclor</i> .....                      | 20  |
| <i>calcipotriene-betameth diprop</i> .....  | 98            | <i>cefaclor er</i> .....                   | 20  |
| <i>calcitonin (salmon)</i> .....            | 127           | <i>cefadroxil</i> .....                    | 20  |
| CALCITRENE .....                            | 98            | <i>cefdinir</i> .....                      | 20  |
| <i>calcitriol</i> .....                     | 98, 127       | <i>cefixime</i> .....                      | 20  |
| <i>calcium acetate (phos binder)</i> .....  | 108           | <i>cefpodoxime proxetil</i> .....          | 20  |
| <i>calcium-folic acid plus d</i> .....      | 143           | <i>cefprozil</i> .....                     | 20  |
| CAMBIA .....                                | 7             | <i>ceftriaxone sodium</i> .....            | 20  |
| CAMILA.....                                 | 120           | <i>cefuroxime axetil</i> .....             | 20  |
| CAMRESE .....                               | 114           | <i>celecoxib</i> .....                     | 7   |
| CAMRESE LO .....                            | 114           | CELONTIN .....                             | 24  |
| <i>candesartan cilexetil</i> .....          | 84            | CENTANY .....                              | 18  |

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

|                                             |              |                                             |        |
|---------------------------------------------|--------------|---------------------------------------------|--------|
| CENTANY AT .....                            | 18           | CLEOCIN .....                               | 18     |
| <i>cephalexin</i> .....                     | 20           | CLEVER CHOICE COMFORT EZ .....              | 60     |
| CEROVITE JR .....                           | 143          | <i>clickfine pen needles</i> .....          | 60     |
| <i>cetirizine hcl</i> .....                 | 134          | CLICKFINE PEN NEEDLES .....                 | 60     |
| CETRAXAL .....                              | 134          | CLIMARA PRO .....                           | 114    |
| <i>cevimeline hcl</i> .....                 | 97           | CLINDACIN ETZ .....                         | 18, 98 |
| CHATEAL .....                               | 114          | CLINDACIN PAC.....                          | 98     |
| CHEMET .....                                | 149          | CLINDACIN-P .....                           | 19     |
| CHENODAL .....                              | 103          | CLINDAGEL.....                              | 19     |
| <i>childrens animal shapes</i> .....        | 143          | <i>clindamycin hcl</i> .....                | 19     |
| <i>childrens aspirin</i> .....              | 7            | <i>clindamycin palmitate hcl</i> .....      | 19     |
| <i>childrens multivitamin/iron</i> .....    | 143          | <i>clindamycin phos-benzoyl perox</i> ..... | 98     |
| <i>chlordiazepoxide hcl</i> .....           | 52           | <i>clindamycin phosphate</i> .....          | 19     |
| <i>chlordiazepoxide-amitriptyline</i> ..... | 30           | <i>clindamycin-tretinoin</i> .....          | 98     |
| <i>chlordiazepoxide-clidinium</i> .....     | 103          | <i>clobazam</i> .....                       | 24     |
| <i>chloroquine phosphate</i> .....          | 43           | <i>clobetasol prop emollient base</i> ..... | 109    |
| <i>chlorpromazine hcl</i> .....             | 46           | <i>clobetasol propionate</i> .....          | 109    |
| <i>chlorthalidone</i> .....                 | 91           | <i>clobetasol propionate e</i> .....        | 109    |
| <i>chlorzoxazone</i> .....                  | 141          | <i>clobetasol propionate emulsion</i> ..... | 109    |
| <i>cholestyramine</i> .....                 | 92           | <i>clocortolone pivalate</i> .....          | 109    |
| <i>cholestyramine light</i> .....           | 92           | CLODAN .....                                | 109    |
| CICLODAN .....                              | 32           | CLODERM .....                               | 109    |
| <i>ciclopirox</i> .....                     | 32           | <i>clofarabine</i> .....                    | 38     |
| <i>ciclopirox olamine</i> .....             | 32           | <i>clomipramine hcl</i> .....               | 30     |
| <i>ciclopirox treatment</i> .....           | 32           | <i>clonazepam</i> .....                     | 24     |
| <i>cilostazol</i> .....                     | 83           | <i>clonidine</i> .....                      | 83     |
| CILOXAN .....                               | 131          | <i>clonidine hcl</i> .....                  | 83     |
| <i>cimetidine</i> .....                     | 104          | <i>clonidine hcl er</i> .....               | 94     |
| <i>cimetidine hcl</i> .....                 | 104          | <i>clopidogrel bisulfate</i> .....          | 83     |
| <i>cinacalcet hcl</i> .....                 | 122          | <i>clorazepate dipotassium</i> .....        | 53     |
| CIPRO .....                                 | 22           | <i>clotrimazole</i> .....                   | 32     |
| CIPRO HC .....                              | 134          | <i>clotrimazole-betamethasone</i> .....     | 32     |
| <i>ciprofloxacin hcl</i> .....              | 22, 131, 134 | <i>clozapine</i> .....                      | 48     |
| <i>ciprofloxacin-dexamethasone</i> .....    | 134          | <i>c-nate dha</i> .....                     | 143    |
| <i>cisplatin</i> .....                      | 38           | COARTEM .....                               | 43     |
| <i>citalopram hydrobromide</i> .....        | 29           | <i>codeine sulfate</i> .....                | 12     |
| CITRANATAL 90 DHA .....                     | 143          | <i>colchicine</i> .....                     | 34     |
| CITRANATAL ASSURE .....                     | 143          | <i>colchicine-probenecid</i> .....          | 34     |
| CITRANATAL B-CALM .....                     | 143          | <i>colesevelam hcl</i> .....                | 92     |
| CITRANATAL DHA .....                        | 143          | <i>colestipol hcl</i> .....                 | 92     |
| CITRANATAL RX.....                          | 143          | COMBIGAN.....                               | 131    |
| <i>cladribine</i> .....                     | 38           | COMBIPATCH .....                            | 114    |
| CLARINEX-D 12 HOUR.....                     | 141          | COMBIVENT RESPIMAT.....                     | 137    |
| <i>clarithromycin</i> .....                 | 21, 22       | COMFORT ASSIST INSULIN SYRINGE .....        | 60     |
| <i>clarithromycin er</i> .....              | 22           | COMFORT EZ INSULIN SYRINGE .....            | 60     |
| <i>clemastine fumarate</i> .....            | 134          | COMFORT EZ MICRO PEN NEEDLES.....           | 60     |

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

|                                             |               |
|---------------------------------------------|---------------|
| COMFORT EZ PEN NEEDLES .....                | 60            |
| COMFORT EZ SHORT PEN NEEDLES.....           | 61            |
| COMFORT TOUCH INSULIN PEN NEED .....        | 61            |
| COMPLERA.....                               | 50            |
| <i>complete natal dha</i> .....             | 143           |
| <i>completenate</i> .....                   | 143           |
| COMPRO.....                                 | 46            |
| CO-NATAL FA .....                           | 143           |
| CONCEPT DHA.....                            | 143           |
| CONCEPT OB .....                            | 143           |
| <i>condoms</i> .....                        | 127           |
| CONDYLOX.....                               | 98            |
| <i>constulose</i> .....                     | 104           |
| CONZIP .....                                | 11            |
| CORDRAN.....                                | 109           |
| CORTANE-B.....                              | 98            |
| CORTIC-ND.....                              | 134           |
| CORTIFOAM .....                             | 126           |
| CORTROPHIN.....                             | 112           |
| COSENTYX .....                              | 98            |
| COSENTYX (300 MG DOSE).....                 | 98            |
| COSENTYX SENSOREADY (300 MG) .....          | 98            |
| COSENTYX SENSOREADY PEN .....               | 98            |
| COVARYX .....                               | 114           |
| COVARYX HS .....                            | 114           |
| CREON.....                                  | 102           |
| CRESEMBA.....                               | 32            |
| CRINONE .....                               | 120           |
| <i>cromolyn sodium</i> .....                | 103, 130, 138 |
| CROTAN.....                                 | 43            |
| <i>cvs aspirin</i> .....                    | 7             |
| <i>cvs aspirin adult low dose</i> .....     | 7             |
| <i>cvs aspirin adult low strength</i> ..... | 7             |
| <i>cvs aspirin ec</i> .....                 | 7             |
| <i>cvs aspirin low dose</i> .....           | 7             |
| <i>cvs aspirin low strength</i> .....       | 7             |
| <i>cvs budesonide</i> .....                 | 136           |
| <i>cvs chewable childrens vitamin</i> ..... | 143           |
| <i>cvs childrens complete</i> .....         | 143           |
| <i>cvs folic acid</i> .....                 | 143           |
| <i>cvs genuine aspirin</i> .....            | 7             |
| <i>cvs nicotine</i> .....                   | 15            |
| <i>cvs nicotine polacrilex</i> .....        | 15            |
| CYCLAFEM 1/35 .....                         | 114           |
| CYCLAFEM 7/7/7 .....                        | 114           |
| <i>cyclobenzaprine hcl</i> .....            | 141           |

|                                    |          |
|------------------------------------|----------|
| CYCLOMYDRIL .....                  | 130      |
| <i>cyclopentolate hcl</i> .....    | 130      |
| <i>cyclophosphamide</i> .....      | 36, 37   |
| <i>cycloserine</i> .....           | 36       |
| CYCLOSET.....                      | 54       |
| <i>cyclosporine</i> .....          | 123, 130 |
| <i>cyclosporine modified</i> ..... | 123      |
| <i>cyproheptadine hcl</i> .....    | 134      |
| CYRAMZA.....                       | 41       |
| CYRED.....                         | 114      |
| CYSTAGON .....                     | 102      |
| <i>cytarabine</i> .....            | 38       |
| <i>cytarabine (pf)</i> .....       | 38       |
| <i>cytra k crystals</i> .....      | 143      |

## D

|                                          |        |
|------------------------------------------|--------|
| <i>dacarbazine</i> .....                 | 38     |
| <i>dactinomycin</i> .....                | 38     |
| <i>dalfampridine er</i> .....            | 96     |
| DALIRESP .....                           | 138    |
| <i>danazol</i> .....                     | 113    |
| <i>dantrolene sodium</i> .....           | 48, 49 |
| <i>dapsone</i> .....                     | 36, 98 |
| <i>darifenacin hydrobromide er</i> ..... | 106    |
| DASETTA 1/35.....                        | 114    |
| DASETTA 7/7/7.....                       | 114    |
| <i>daunorubicin hcl</i> .....            | 38     |
| DAYSEE.....                              | 114    |
| DAYTRANA.....                            | 94     |
| DEBLITANE .....                          | 120    |
| <i>decitabine</i> .....                  | 38     |
| <i>deferasirox</i> .....                 | 149    |
| <i>deferiprone</i> .....                 | 149    |
| DELESTROGEN .....                        | 114    |
| DELYLA .....                             | 114    |
| <i>demeclocycline hcl</i> .....          | 23     |
| DEMEROL .....                            | 12     |
| DENAVIR .....                            | 49     |
| DEPAKOTE.....                            | 24     |
| DEPAKOTE ER.....                         | 24     |
| DEPAKOTE SPRINKLES.....                  | 24     |
| DEPO-ESTRADIOL.....                      | 114    |
| DEPO-MEDROL .....                        | 109    |
| DEPO-PROVERA .....                       | 120    |
| DEPO-SUBQ PROVERA 104 .....              | 120    |
| DERMAZENE.....                           | 32     |
| <i>desipramine hcl</i> .....             | 30     |

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

|                                             |          |                                             |          |
|---------------------------------------------|----------|---------------------------------------------|----------|
| <i>desloratadine</i> .....                  | 134      | <i>dimethyl fumarate</i> .....              | 96       |
| <i>desmopressin ace spray refrig</i> .....  | 112      | <i>dimethyl fumarate starter pack</i> ..... | 96       |
| <i>desmopressin acetate</i> .....           | 112      | <i>diphenhydramine hcl</i> .....            | 134      |
| <i>desmopressin acetate spray</i> .....     | 112      | <i>diphenoxylate-atropine</i> .....         | 103      |
| <i>desogestrel-ethinyl estradiol</i> .....  | 114      | <i>dipyridamole</i> .....                   | 83       |
| <i>desonide</i> .....                       | 109      | <i>disopyramide phosphate</i> .....         | 85       |
| <i>desoximetasone</i> .....                 | 109      | <i>disulfiram</i> .....                     | 15       |
| <i>desvenlafaxine succinate er</i> .....    | 29       | DIURIL .....                                | 91       |
| <i>dexamethasone</i> .....                  | 109      | <i>divalproex sodium</i> .....              | 25       |
| DEXAMETHASONE INTENSOL .....                | 109      | <i>divalproex sodium er</i> .....           | 25       |
| <i>dexamethasone sod phosphate pf</i> ..... | 109      | DIVIGEL .....                               | 114      |
| <i>dexamethasone sodium phosphate</i> ....  | 110, 131 | <i>docetaxel</i> .....                      | 38       |
| DEXILANT .....                              | 105      | <i>dofetilide</i> .....                     | 85       |
| <i>dexmethylphenidate hcl</i> .....         | 94       | <i>donepezil hcl</i> .....                  | 27       |
| <i>dexmethylphenidate hcl er</i> .....      | 94       | DORAL .....                                 | 53       |
| <i>dexrazoxane hcl</i> .....                | 38       | <i>dorzolamide hcl</i> .....                | 131      |
| <i>dextroamphetamine sulfate</i> .....      | 94       | <i>dorzolamide hcl-timolol mal</i> .....    | 131      |
| <i>dextroamphetamine sulfate er</i> .....   | 94       | <i>dorzolamide hcl-timolol mal pf</i> ..... | 131      |
| DIASTAT ACUDIAL .....                       | 24       | DOVATO .....                                | 50       |
| DIATHRIVE PEN NEEDLE .....                  | 61       | <i>doxazosin mesylate</i> .....             | 106      |
| <i>diazepam</i> .....                       | 24, 53   | <i>doxepin hcl</i> .....                    | 30       |
| DIAZEPAM INTENSOL .....                     | 53       | <i>doxercalciferol</i> .....                | 127      |
| <i>diazoxide</i> .....                      | 56       | <i>doxorubicin hcl</i> .....                | 38, 39   |
| <i>diclofenac epolamine</i> .....           | 7        | <i>doxorubicin hcl liposomal</i> .....      | 39       |
| <i>diclofenac potassium</i> .....           | 7        | <i>doxycycline</i> .....                    | 98       |
| <i>diclofenac sodium</i> .....              | 7, 132   | <i>doxycycline hyclate</i> .....            | 23       |
| <i>diclofenac sodium er</i> .....           | 7        | <i>doxycycline monohydrate</i> .....        | 23       |
| <i>diclofenac-misoprostol</i> .....         | 7        | <i>doxylamine-pyridoxine</i> .....          | 31       |
| <i>dicloxacillin sodium</i> .....           | 21       | DRITHO-CREME HP .....                       | 98       |
| <i>dicyclomine hcl</i> .....                | 103      | <i>dronabinol</i> .....                     | 31       |
| DIFICID .....                               | 22       | <i>droperidol</i> .....                     | 52       |
| <i>diflorasone diacetate</i> .....          | 110      | DROPLET INSULIN SYRINGE .....               | 61       |
| <i>diflunisal</i> .....                     | 7        | DROPLET PEN NEEDLES .....                   | 61       |
| <i>difluprednate</i> .....                  | 131      | <i>dropsafe safety pen needles</i> .....    | 61, 62   |
| DIGITEK .....                               | 89       | <i>drospiren-eth estrad-levomefol</i> ..... | 114, 115 |
| <i>digox</i> .....                          | 89       | <i>drospirenone-ethinyl estradiol</i> ..... | 115      |
| <i>digoxin</i> .....                        | 89       | DROXIA .....                                | 38       |
| <i>dihydroergotamine mesylate</i> .....     | 35       | <i>drug mart unifine pentips</i> .....      | 62       |
| DILANTIN .....                              | 26       | <i>drug mart unifine pentips plus</i> ..... | 62       |
| DILANTIN INFATABS .....                     | 26       | DUET DHA 400 .....                          | 144      |
| <i>diltiazem hcl</i> .....                  | 87       | DUET DHA BALANCED .....                     | 144      |
| <i>diltiazem hcl er</i> .....               | 87       | DULERA .....                                | 140      |
| <i>diltiazem hcl er beads</i> .....         | 87       | <i>duloxetine hcl</i> .....                 | 29       |
| <i>diltiazem hcl er coated beads</i> .....  | 87       | DUPIXENT .....                              | 99       |
| <i>dilt-xr</i> .....                        | 87       | DUREX EXTRA SENSITIVE .....                 | 127      |
| <i>dimenhydrinate</i> .....                 | 31       | DUREX REALFEEL .....                        | 127      |

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

|                                             |        |
|---------------------------------------------|--------|
| <i>dutasteride</i> .....                    | 106    |
| <i>dutasteride-tamsulosin hcl</i> .....     | 107    |
| DUTOPROL .....                              | 89     |
| DYSPORT .....                               | 141    |
| <b>E</b>                                    |        |
| E.E.S. 400 .....                            | 22     |
| <i>easy comfort insulin syringe</i> .....   | 62     |
| <i>easy comfort pen needles</i> .....       | 62     |
| <i>easy glide pen needles</i> .....         | 62     |
| EASY TOUCH FLIPLOCK INSULIN SY .....        | 62     |
| EASY TOUCH INSULIN SAFETY SYR .....         | 62     |
| EASY TOUCH INSULIN SYRINGE .....            | 62, 63 |
| EASY TOUCH PEN NEEDLES .....                | 63     |
| EASY TOUCH SAFETY PEN NEEDLES .....         | 63     |
| EASY TOUCH SHEATHLOCK SYRINGE ...           | 63     |
| <i>econazole nitrate</i> .....              | 32     |
| ECONTRA EZ .....                            | 120    |
| ECONTRA ONE-STEP .....                      | 120    |
| ECOTRIN .....                               | 7      |
| ECOTRIN LOW STRENGTH .....                  | 7      |
| EDLUAR .....                                | 142    |
| <i>ed-spaz</i> .....                        | 103    |
| EDURANT .....                               | 50     |
| <i>efavirenz</i> .....                      | 50     |
| <i>efavirenz-emtricitab-tenofovir</i> ..... | 50     |
| EFFER-K .....                               | 144    |
| ELESTRIN .....                              | 115    |
| <i>eletriptan hydrobromide</i> .....        | 35     |
| ELIGARD .....                               | 122    |
| ELINEST .....                               | 115    |
| ELIQUIS .....                               | 81     |
| ELIQUIS DVT/PE STARTER PACK .....           | 81     |
| ELITE-OB .....                              | 144    |
| ELIXOPHYLLIN .....                          | 138    |
| ELLA .....                                  | 119    |
| ELMIRON .....                               | 107    |
| EMCYT .....                                 | 37     |
| EMEND .....                                 | 31     |
| EMGALITY .....                              | 35     |
| EMGALITY (300 MG DOSE) .....                | 35     |
| EMSAM .....                                 | 28     |
| <i>emtricitabine</i> .....                  | 50     |
| <i>emtricitabine-tenofovir df</i> .....     | 50     |
| EMTRIVA .....                               | 50     |
| <i>enalapril maleate</i> .....              | 84     |
| <i>enalapril-hydrochlorothiazide</i> .....  | 89     |

|                                             |          |
|---------------------------------------------|----------|
| ENBREL .....                                | 123, 124 |
| ENBREL MINI .....                           | 124      |
| ENBREL SURECLICK .....                      | 124      |
| ENCARE .....                                | 107      |
| <i>endocet</i> .....                        | 12       |
| ENDOCET .....                               | 12       |
| <i>enoxarx-cyclobenzaprine hcl</i> .....    | 141      |
| <i>enoxaparin sodium</i> .....              | 81       |
| <i>entacapone</i> .....                     | 44       |
| <i>entecavir</i> .....                      | 49       |
| ENTEREG .....                               | 103      |
| ENTRESTO .....                              | 89       |
| <i>enulose</i> .....                        | 104      |
| EPIDUO .....                                | 99       |
| EPIFOAM .....                               | 34       |
| <i>epinastine hcl</i> .....                 | 130      |
| <i>epirubicin hcl</i> .....                 | 39       |
| <i>eplerenone</i> .....                     | 91       |
| EPOGEN .....                                | 82       |
| <i>eq aspirin</i> .....                     | 7        |
| <i>eq aspirin adult low dose</i> .....      | 7        |
| <i>eq aspirin low dose</i> .....            | 8        |
| <i>eq budesonide nasal</i> .....            | 136      |
| <i>eq complete multivitamin child</i> ..... | 144      |
| <i>eq nicotine</i> .....                    | 15       |
| <i>eq nicotine polacrilex</i> .....         | 16       |
| <i>eq nicotine step 3</i> .....             | 16       |
| <i>eq aspirin ec</i> .....                  | 8        |
| <i>eq aspirin low dose</i> .....            | 8        |
| <i>eq child multivit/minerals</i> .....     | 144      |
| <i>eq insulin syringe</i> .....             | 63       |
| <i>eq nicotine polacrilex</i> .....         | 16       |
| EQUETRO .....                               | 26       |
| ERBITUX .....                               | 42       |
| <i>ergoloid mesylates</i> .....             | 27       |
| ERGOMAR .....                               | 35       |
| <i>ergotamine-caffeine</i> .....            | 35       |
| ERIVEDGE .....                              | 41       |
| ERLEADA .....                               | 37       |
| <i>erlotinib hcl</i> .....                  | 41       |
| ERTACZO .....                               | 32       |
| <i>ery</i> .....                            | 22       |
| ERY-TAB .....                               | 22       |
| ERYTHROCIN STEARATE .....                   | 22       |
| <i>erythromycin</i> .....                   | 22, 131  |
| <i>erythromycin base</i> .....              | 22       |

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

|                                             |         |
|---------------------------------------------|---------|
| <i>erythromycin ethylsuccinate</i> .....    | 22      |
| <i>escitalopram oxalate</i> .....           | 29      |
| <i>esomeprazole magnesium</i> .....         | 105     |
| <i>est estrogens-methyltest</i> .....       | 115     |
| <i>est estrogens-methyltest ds</i> .....    | 115     |
| <i>est estrogens-methyltest hs</i> .....    | 115     |
| <i>estazolam</i> .....                      | 53      |
| <i>estradiol</i> .....                      | 115     |
| <i>estradiol valerate</i> .....             | 115     |
| <i>estradiol-norethindrone acet</i> .....   | 115     |
| ESTRING .....                               | 115     |
| ESTROGEL .....                              | 115     |
| ESTROSTEP FE .....                          | 115     |
| <i>eszopiclone</i> .....                    | 142     |
| <i>ethacrynic acid</i> .....                | 91      |
| <i>ethambutol hcl</i> .....                 | 36      |
| <i>ethosuximide</i> .....                   | 24      |
| <i>ethyl chloride</i> .....                 | 14      |
| <i>ethynodiol diac-eth estradiol</i> .....  | 115     |
| <i>etodolac</i> .....                       | 8       |
| <i>etodolac er</i> .....                    | 8       |
| <i>etonogestrel-ethinyl estradiol</i> ..... | 116     |
| ETOPOPHOS .....                             | 41      |
| <i>etoposide</i> .....                      | 41      |
| <i>etravirine</i> .....                     | 50      |
| EUFLEXXA .....                              | 101     |
| EVAMIST .....                               | 116     |
| <i>everolimus</i> .....                     | 41, 124 |
| EXEL COMFORT POINT INSULIN SYR .....        | 63      |
| EXEL COMFORT POINT PEN NEEDLE .....         | 63      |
| EXELDERM .....                              | 32      |
| <i>exemestane</i> .....                     | 41      |
| <i>ezetimibe</i> .....                      | 92      |
| <i>ezetimibe-simvastatin</i> .....          | 92      |

## F

|                                     |     |
|-------------------------------------|-----|
| FA-8 .....                          | 144 |
| FALMINA .....                       | 116 |
| <i>famciclovir</i> .....            | 49  |
| <i>famotidine</i> .....             | 104 |
| FANAPT .....                        | 47  |
| FANAPT TITRATION PACK .....         | 47  |
| FANTASY LUBRICATED .....            | 127 |
| FANTASY LUBRICATED/SPERMICIDE ..... | 127 |
| FARXIGA .....                       | 54  |
| FARYDAK .....                       | 41  |
| FASENRA .....                       | 140 |

|                                      |        |
|--------------------------------------|--------|
| FASENRA PEN .....                    | 140    |
| FAYOSIM .....                        | 116    |
| FC2 FEMALE CONDOM .....              | 127    |
| <i>febuxostat</i> .....              | 34     |
| <i>felbamate</i> .....               | 25     |
| <i>felodipine er</i> .....           | 87     |
| FEM PH .....                         | 19     |
| FEMCAP .....                         | 127    |
| FEMRING .....                        | 116    |
| FEMYNOR .....                        | 116    |
| <i>fenofibrate</i> .....             | 91     |
| <i>fenofibrate micronized</i> .....  | 91     |
| <i>fenofibric acid</i> .....         | 91, 92 |
| <i>fenoprofen calcium</i> .....      | 8      |
| FENORTHO .....                       | 8      |
| <i>fentanyl</i> .....                | 11     |
| <i>fentanyl citrate</i> .....        | 12     |
| FENTORA .....                        | 13     |
| FER-IN-SOL .....                     | 144    |
| FERRIPROX .....                      | 149    |
| <i>ferrous sulfate</i> .....         | 144    |
| <i>fe-vite iron</i> .....            | 144    |
| FIBRICOR .....                       | 92     |
| FIFTY50 PEN NEEDLES .....            | 63     |
| FIFTY50 SUPERIOR COMFORT SYR .....   | 63     |
| <i>finasteride</i> .....             | 107    |
| FIRMAGON .....                       | 122    |
| FIRMAGON (240 MG DOSE) .....         | 122    |
| FIRST-LANSOPRAZOLE .....             | 105    |
| FIRST-MOUTHWASH BLM .....            | 97     |
| FIRST-OMEPRAZOLE .....               | 105    |
| FIRST-PROGESTERONE VGS .....         | 120    |
| FIRVANQ .....                        | 19     |
| FLAREX .....                         | 132    |
| <i>flavoxate hcl</i> .....           | 106    |
| <i>flecainide acetate</i> .....      | 85     |
| FLINTSTONES COMPLETE .....           | 144    |
| FLINTSTONES W/IRON .....             | 144    |
| FLOVENT DISKUS .....                 | 136    |
| FLOVENT HFA .....                    | 136    |
| <i>floxuridine</i> .....             | 39     |
| <i>fluconazole</i> .....             | 32     |
| <i>flucytosine</i> .....             | 33     |
| <i>fludarabine phosphate</i> .....   | 40     |
| <i>fludrocortisone acetate</i> ..... | 110    |
| <i>flunisolide</i> .....             | 136    |

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

|                                             |          |
|---------------------------------------------|----------|
| <i>fluocinolone acetonide</i> .....         | 110, 134 |
| <i>fluocinolone acetonide body</i> .....    | 110      |
| <i>fluocinolone acetonide scalp</i> .....   | 110      |
| <i>fluocinonide</i> .....                   | 110      |
| <i>fluocinonide emulsified base</i> .....   | 110      |
| <i>fluoritab</i> .....                      | 144      |
| <i>fluorometholone</i> .....                | 132      |
| FLUOROPLEX.....                             | 38       |
| <i>fluorouracil</i> .....                   | 38, 39   |
| <i>fluoxetine hcl</i> .....                 | 29       |
| <i>fluoxetine hcl (pmdd)</i> .....          | 29       |
| <i>fluphenazine decanoate</i> .....         | 46       |
| <i>fluphenazine hcl</i> .....               | 46       |
| <i>flurandrenolide</i> .....                | 110      |
| <i>flurazepam hcl</i> .....                 | 142      |
| <i>flurbiprofen</i> .....                   | 8        |
| <i>flurbiprofen sodium</i> .....            | 132      |
| <i>flutamide</i> .....                      | 37       |
| <i>fluticasone propionate</i> .....         | 110, 136 |
| <i>fluticasone-salmeterol</i> .....         | 140      |
| <i>fluvastatin sodium</i> .....             | 92       |
| <i>fluvoxamine maleate</i> .....            | 29       |
| <i>fluvoxamine maleate er</i> .....         | 29       |
| FML.....                                    | 132      |
| FML FORTE.....                              | 132      |
| <i>folate</i> .....                         | 144      |
| <i>folic acid</i> .....                     | 144      |
| FOLIVANE-OB.....                            | 144      |
| <i>fondaparinux sodium</i> .....            | 81       |
| FORFIVO XL.....                             | 28       |
| <i>formoterol fumarate</i> .....            | 137      |
| FOSAMAX PLUS D .....                        | 127      |
| <i>fosamprenavir calcium</i> .....          | 51       |
| <i>fosfomycin tromethamine</i> .....        | 19       |
| <i>fosinopril sodium</i> .....              | 84       |
| <i>fosinopril sodium-hctz</i> .....         | 89       |
| <i>fosphenytoin sodium</i> .....            | 26       |
| FRAGMIN .....                               | 81       |
| <i>freds pharmacy unifine pentip+</i> ..... | 64       |
| <i>freds pharmacy unifine pentips</i> ..... | 64       |
| FREESTYLE PRECISION INS SYR .....           | 64       |
| <i>frovatriptan succinate</i> .....         | 35       |
| <i>fruity chews/iron</i> .....              | 144      |
| <i>fulvestrant</i> .....                    | 39       |
| <i>furosemide</i> .....                     | 91       |
| FUZEON .....                                | 51       |

|              |     |
|--------------|-----|
| FYAVOLV..... | 116 |
|--------------|-----|

## G

|                                             |         |
|---------------------------------------------|---------|
| <i>gabapentin</i> .....                     | 25      |
| <i>galantamine hydrobromide</i> .....       | 27      |
| <i>galantamine hydrobromide er</i> .....    | 27      |
| GALZIN .....                                | 144     |
| <i>gatifloxacin</i> .....                   | 131     |
| GAZYVA.....                                 | 42      |
| GEBAUERS PAIN EASE .....                    | 14      |
| GEBAUERS SPRAY AND STRETCH.....             | 14      |
| GELNIQUE.....                               | 106     |
| <i>gemcitabine hcl</i> .....                | 39      |
| <i>gemfibrozil</i> .....                    | 92      |
| <i>generlac</i> .....                       | 104     |
| GENGRAF .....                               | 124     |
| GENTAK .....                                | 131     |
| <i>gentamicin sulfate</i> .....             | 18, 131 |
| <i>genuine aspirin</i> .....                | 8       |
| GENVISC 850 .....                           | 101     |
| GILENYA.....                                | 96      |
| GILPHEX TR.....                             | 140     |
| <i>glatiramer acetate</i> .....             | 96      |
| GLEOSTINE.....                              | 37      |
| <i>g-levocarnitine s/f</i> .....            | 128     |
| <i>glimepiride</i> .....                    | 54      |
| <i>glipizide</i> .....                      | 54      |
| <i>glipizide er</i> .....                   | 54      |
| <i>glipizide xl</i> .....                   | 54      |
| <i>glipizide-metformin hcl</i> .....        | 54      |
| <i>global ease inject pen needles</i> ..... | 64      |
| <i>global easy glide insulin syr</i> .....  | 64      |
| <i>global easy glide pen needles</i> .....  | 64      |
| <i>global inject ease insulin syr</i> ..... | 64      |
| <i>global insulin syringes</i> .....        | 64      |
| <i>glucagon emergency</i> .....             | 56      |
| GLUCOPRO INSULIN SYRINGE.....               | 64      |
| <i>glyburide</i> .....                      | 54      |
| <i>glyburide micronized</i> .....           | 54      |
| <i>glyburide-metformin</i> .....            | 54      |
| <i>glycopyrrolate</i> .....                 | 103     |
| GLYDO.....                                  | 14      |
| GLYXAMBI.....                               | 54      |
| <i>gnp adult aspirin low strength</i> ..... | 8       |
| <i>gnp aspirin</i> .....                    | 8       |
| <i>gnp aspirin low dose</i> .....           | 8       |
| <i>gnp budesonide nasal spray</i> .....     | 136     |

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

|                                             |     |
|---------------------------------------------|-----|
| <i>gnp childrens chewables/iron</i> .....   | 144 |
| <i>gnp clickfine pen needles</i> .....      | 65  |
| <i>gnp folic acid</i> .....                 | 144 |
| <i>gnp insulin syringe</i> .....            | 65  |
| <i>gnp insulin syringes</i> .....           | 65  |
| <i>gnp insulin syringes 28gx1/2</i> .....   | 65  |
| <i>gnp insulin syringes 29gx1/2</i> .....   | 65  |
| <i>gnp insulin syringes 30gx5/16</i> .....  | 65  |
| <i>gnp insulin syringes 31gx5/16</i> .....  | 65  |
| <i>gnp nicotine</i> .....                   | 16  |
| <i>gnp nicotine mini</i> .....              | 16  |
| <i>gnp nicotine polacrilex</i> .....        | 16  |
| <i>gnp ulticare pen needles</i> .....       | 65  |
| GNP ULTIGUARD SAFEPAK NEEDLE.....           | 65  |
| <i>gnp ultra com insulin syringe</i> .....  | 65  |
| <i>goodsense aspirin</i> .....              | 8   |
| <i>goodsense aspirin adult low st</i> ..... | 8   |
| <i>goodsense aspirin adults</i> .....       | 8   |
| <i>goodsense aspirin low dose</i> .....     | 8   |
| <i>goodsense clickfine pen needle</i> ..... | 65  |
| <i>goodsense nicotine</i> .....             | 16  |
| GOODSENSE PEN NEEDLE PENFINE.....           | 65  |
| GRALISE.....                                | 95  |
| <i>granisetron hcl</i> .....                | 31  |
| <i>griseofulvin microsize</i> .....         | 33  |
| <i>griseofulvin ultramicrosize</i> .....    | 33  |
| <i>guanfacine hcl</i> .....                 | 83  |
| <i>guanfacine hcl er</i> .....              | 95  |

## H

|                                             |     |
|---------------------------------------------|-----|
| HABITROL.....                               | 16  |
| HALAVEN.....                                | 39  |
| <i>halobetasol propionate</i> .....         | 110 |
| HALOG.....                                  | 110 |
| <i>haloperidol</i> .....                    | 46  |
| <i>haloperidol decanoate</i> .....          | 46  |
| <i>haloperidol lactate</i> .....            | 46  |
| <i>healthwise insulin syr/needle</i> .....  | 66  |
| <i>healthwise micron pen needles</i> .....  | 66  |
| <i>healthwise mini pen needles</i> .....    | 66  |
| <i>healthwise pen needles</i> .....         | 66  |
| <i>healthwise short pen needles</i> .....   | 66  |
| <i>healthwise unifine pentips</i> .....     | 66  |
| <i>healthy accents unifine pentip</i> ..... | 66  |
| <i>h-e-b aspirin</i> .....                  | 8   |
| <i>h-e-b incontrol pen needles</i> .....    | 66  |
| H-E-B INCONTROL UNIFINE PENTIP.....         | 66  |

|                                             |          |
|---------------------------------------------|----------|
| <i>hm adult aspirin</i> .....               | 8        |
| <i>hm aspirin</i> .....                     | 8        |
| <i>hm aspirin ec</i> .....                  | 8        |
| <i>hm aspirin ec low dose</i> .....         | 8        |
| <i>hm folic acid</i> .....                  | 144      |
| <i>hm nicotine</i> .....                    | 16       |
| <i>hm nicotine polacrilex</i> .....         | 16       |
| HM ULTICARE INSULIN SYRINGE.....            | 66       |
| HM ULTICARE MINI PEN NEEDLES.....           | 66       |
| HM ULTICARE SHORT PEN NEEDLES.....          | 66       |
| HOMATROPAIRE.....                           | 130      |
| HORIZANT.....                               | 95       |
| HUMALOG.....                                | 66       |
| HUMALOG JUNIOR KWIKPEN.....                 | 66       |
| HUMALOG KWIKPEN.....                        | 67       |
| HUMALOG MIX 50/50.....                      | 67       |
| HUMALOG MIX 50/50 KWIKPEN.....              | 67       |
| HUMALOG MIX 75/25.....                      | 67       |
| HUMALOG MIX 75/25 KWIKPEN.....              | 67       |
| HUMIRA.....                                 | 124      |
| HUMIRA PEDIATRIC CROHNS START.....          | 124      |
| HUMIRA PEN.....                             | 124      |
| HUMIRA PEN-CD/UC/HS STARTER.....            | 124      |
| HUMIRA PEN-PS/UV/ADOL HS START.....         | 124      |
| HUMIRA PEN-PSOR/UEIT STARTER.....           | 124      |
| HUMULIN 70/30.....                          | 67       |
| HUMULIN 70/30 KWIKPEN.....                  | 67       |
| HUMULIN N.....                              | 67       |
| HUMULIN N KWIKPEN.....                      | 67       |
| HUMULIN R.....                              | 67       |
| HUMULIN R U-500 (CONCENTRATED).....         | 67       |
| HUMULIN R U-500 KWIKPEN.....                | 67       |
| HYALGAN.....                                | 101      |
| HYCAMTIN.....                               | 41       |
| <i>hydralazine hcl</i> .....                | 93       |
| <i>hydrochlorothiazide</i> .....            | 91       |
| <i>hydrocod polst-cpm polst er</i> .....    | 140      |
| <i>hydrocodone bit-homatrop mbr</i> .....   | 140      |
| <i>hydrocodone-acetaminophen</i> .....      | 13       |
| <i>hydrocodone-ibuprofen</i> .....          | 13       |
| <i>hydrocortisone</i> .....                 | 110, 126 |
| <i>hydrocortisone (perianal)</i> .....      | 34       |
| <i>hydrocortisone ace-pramoxine</i> .....   | 34, 99   |
| <i>hydrocortisone acetate</i> .....         | 34       |
| <i>hydrocortisone butyr lipo base</i> ..... | 110      |
| <i>hydrocortisone butyrate</i> .....        | 110, 111 |

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



|                                             |         |
|---------------------------------------------|---------|
| <i>hydrocortisone valerate</i> .....        | 111     |
| <i>hydrocortisone-acetic acid</i> .....     | 134     |
| <i>hydrocortisone-iodoquinol</i> .....      | 33      |
| <i>hydrocort-pramoxine (perianal)</i> ..... | 99      |
| <i>hydromet</i> .....                       | 140     |
| <i>hydromorphone hcl</i> .....              | 13      |
| <i>hydromorphone hcl er</i> .....           | 13      |
| <i>hydroxychloroquine sulfate</i> .....     | 43      |
| <i>hydroxyurea</i> .....                    | 38      |
| <i>hydroxyzine hcl</i> .....                | 52, 135 |
| <i>hydroxyzine pamoate</i> .....            | 135     |
| HYOPHEN .....                               | 107     |
| <i>hyoscyamine sulfate</i> .....            | 103     |
| <i>hyoscyamine sulfate er</i> .....         | 103     |
| <i>hyoscyamine sulfate sl</i> .....         | 103     |
| <i>hyosyne</i> .....                        | 103     |
| HYPERRHO S/D.....                           | 125     |
| HYPERSAL.....                               | 140     |

## I

|                                           |      |
|-------------------------------------------|------|
| <i>ibandronate sodium</i> .....           | 127  |
| IBRANCE .....                             | 41   |
| IBU.....                                  | 8    |
| <i>ibuprofen</i> .....                    | 8    |
| <i>ibuprofen-famotidine</i> .....         | 8    |
| ICAR .....                                | 144  |
| <i>idarubicin hcl</i> .....               | 39   |
| IFEX.....                                 | 39   |
| <i>ifosfamide</i> .....                   | 39   |
| ILARIS .....                              | 125  |
| <i>imatinib mesylate</i> .....            | 42   |
| <i>imipramine hcl</i> .....               | 30   |
| <i>imipramine pamoate</i> .....           | 31   |
| <i>imiquimod</i> .....                    | 99   |
| <i>imiquimod pump</i> .....               | 99   |
| INATAL GT .....                           | 144  |
| INCONTROL ULTICARE PEN NEEDLES ....       | 67   |
| <i>indapamide</i> .....                   | 91   |
| INDERAL XL.....                           | 86   |
| INDOCIN.....                              | 8, 9 |
| <i>indomethacin</i> .....                 | 9    |
| <i>indomethacin er</i> .....              | 9    |
| INLYTA .....                              | 42   |
| INNOPRAN XL.....                          | 86   |
| <i>insulin syringe</i> .....              | 67   |
| <i>insulin syringe/needle</i> .....       | 67   |
| <i>insulin syringe-needle u-100</i> ..... | 68   |

|                                             |     |
|---------------------------------------------|-----|
| <i>insupen pen needles</i> .....            | 68  |
| INSUPEN SENSITIVE.....                      | 68  |
| INSUPEN ULTRAFIN.....                       | 68  |
| INTELENCE .....                             | 50  |
| INTRON A .....                              | 49  |
| INTROVALE.....                              | 116 |
| INVEGA HAFYERA.....                         | 47  |
| INVEGA SUSTENNA .....                       | 47  |
| INVEGA TRINZA.....                          | 47  |
| INVIRASE .....                              | 51  |
| <i>iodoquinol-hc-aloe polysacch</i> .....   | 33  |
| IODOSORB.....                               | 99  |
| IOPIDINE .....                              | 132 |
| <i>ipratropium bromide</i> .....            | 137 |
| <i>ipratropium-albuterol</i> .....          | 137 |
| <i>irbesartan</i> .....                     | 84  |
| <i>irbesartan-hydrochlorothiazide</i> ..... | 89  |
| IRESSA.....                                 | 42  |
| <i>irinotecan hcl</i> .....                 | 39  |
| IROFOL.....                                 | 144 |
| <i>iron infant &amp; toddler</i> .....      | 144 |
| <i>iron infant/toddler</i> .....            | 145 |
| <i>iron supplement</i> .....                | 145 |
| <i>iron supplement childrens</i> .....      | 145 |
| IRON UP .....                               | 145 |
| ISENTRESS.....                              | 50  |
| ISENTRESS HD.....                           | 50  |
| ISIBLOOM.....                               | 116 |
| <i>isoniazid</i> .....                      | 36  |
| <i>isosorb dinitrate-hydralazine</i> .....  | 89  |
| <i>isosorbide dinitrate</i> .....           | 93  |
| <i>isosorbide mononitrate</i> .....         | 93  |
| <i>isosorbide mononitrate er</i> .....      | 93  |
| <i>isoxsuprine hcl</i> .....                | 89  |
| <i>isradipine</i> .....                     | 87  |
| <i>itraconazole</i> .....                   | 33  |
| <i>ivermectin</i> .....                     | 43  |
| IXEMPRA KIT .....                           | 39  |

## J

|                  |     |
|------------------|-----|
| JAKAFI .....     | 42  |
| JANTOVEN .....   | 82  |
| JANUMET .....    | 54  |
| JANUMET XR ..... | 54  |
| JANUVIA .....    | 54  |
| JARDIANCE.....   | 54  |
| JENCYCLA .....   | 120 |

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

|                                             |        |                                       |        |
|---------------------------------------------|--------|---------------------------------------|--------|
| JENTADUETO .....                            | 55     | KOMBIGLYZE XR .....                   | 55     |
| JENTADUETO XR .....                         | 55     | KORLYM .....                          | 56     |
| JEVTANA .....                               | 39     | <i>kp aspirin</i> .....               | 9      |
| JOLESSA .....                               | 116    | <i>kp folic acid</i> .....            | 145    |
| JULEBER .....                               | 116    | <i>kp niacin</i> .....                | 145    |
| JUNEL 1/20 .....                            | 116    | K-PHOS NO 2 .....                     | 145    |
| JUNEL FE 1.5/30 .....                       | 116    | K-PRIME .....                         | 145    |
| JUNEL FE 1/20 .....                         | 116    | KRISTALOSE .....                      | 104    |
| <b>K</b>                                    |        | <i>kroger insulin syringe</i> .....   | 68     |
| KADCYLA .....                               | 39     | <i>kroger pen needles</i> .....       | 68     |
| KAITLIB FE .....                            | 116    | K-TAB .....                           | 145    |
| KALETRA .....                               | 51     | KURVELO .....                         | 116    |
| KALYDECO .....                              | 138    | K-Y ME & YOU EXTRA LUBRICATED .....   | 128    |
| KAMELEON LUBRICATED .....                   | 128    | K-Y ME & YOU INTENSE .....            | 128    |
| KARIVA .....                                | 116    | KYNMOBI .....                         | 44     |
| KAZANO .....                                | 55     | KYNMOBI TITRATION KIT .....           | 44     |
| KENALOG .....                               | 111    | KYPROLIS .....                        | 39     |
| KEPIVANCE .....                             | 97     | <b>L</b>                              |        |
| KESIMPTA .....                              | 96     | <i>labetalol hcl</i> .....            | 86     |
| <i>ketoconazole</i> .....                   | 33     | <i>lacosamide</i> .....               | 26     |
| <i>ketoprofen</i> .....                     | 9      | <i>lactulose</i> .....                | 104    |
| <i>ketoprofen er</i> .....                  | 9      | <i>lactulose encephalopathy</i> ..... | 105    |
| <i>ketorolac tromethamine</i> .....         | 9, 133 | LAGEVRIO .....                        | 52     |
| KEVZARA .....                               | 126    | LAMICTAL XR .....                     | 25     |
| KEYTRUDA .....                              | 42     | <i>lamivudine</i> .....               | 49, 50 |
| <i>kimono</i> .....                         | 128    | <i>lamivudine-zidovudine</i> .....    | 50     |
| KIMONO COLORS .....                         | 128    | <i>lamotrigine</i> .....              | 25     |
| <i>kimono micro thin</i> .....              | 128    | <i>lamotrigine er</i> .....           | 25     |
| <i>kimono micro thin plus</i> .....         | 128    | LAND BEFORE TIME MULTIVITAMIN .....   | 145    |
| <i>kimono plus</i> .....                    | 128    | <i>lansoprazole</i> .....             | 105    |
| <i>kimono ps</i> .....                      | 128    | <i>lanthanum carbonate</i> .....      | 108    |
| <i>kimono ps plus</i> .....                 | 128    | LANTUS .....                          | 69     |
| <i>kimono sensation</i> .....               | 128    | LANTUS SOLOSTAR .....                 | 69     |
| <i>kimono sensation plus</i> .....          | 128    | <i>lapatinib ditosylate</i> .....     | 42     |
| KIMONO SPECIAL .....                        | 128    | LARIN 1.5/30 .....                    | 116    |
| <i>kinray insulin syringe</i> .....         | 68     | LARIN 1/20 .....                      | 116    |
| KITABIS PAK .....                           | 138    | LARIN 24 FE .....                     | 116    |
| KLOR-CON .....                              | 145    | LARIN FE 1.5/30 .....                 | 116    |
| KLOR-CON M10 .....                          | 145    | LARIN FE 1/20 .....                   | 116    |
| KLOR-CON M15 .....                          | 145    | LASTACRAFT .....                      | 130    |
| KLOR-CON/EF .....                           | 145    | <i>latanoprost</i> .....              | 133    |
| <i>kls aspirin low dose</i> .....           | 9      | LATUDA .....                          | 47     |
| KLS QUIT2 .....                             | 16     | LAZANDA .....                         | 13     |
| KLS QUIT4 .....                             | 16     | <i>leader insulin syringe</i> .....   | 69     |
| <i>kmart valu insulin syringe 29g</i> ..... | 68     | LEADER UNIFINE PENTIPS .....          | 69     |
| <i>kmart valu insulin syringe 30g</i> ..... | 68     | LEADER UNIFINE PENTIPS PLUS .....     | 69     |

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

|                                             |          |                                      |     |
|---------------------------------------------|----------|--------------------------------------|-----|
| LEENA .....                                 | 116      | LITETOUCH INSULIN SYRINGE.....       | 69  |
| leflunomide.....                            | 126      | LITETOUCH PEN NEEDLES.....           | 69  |
| letrozole .....                             | 41       | <i>lithium carbonate</i> .....       | 53  |
| leucovorin calcium .....                    | 40       | <i>lithium carbonate er</i> .....    | 53  |
| LEUKERAN.....                               | 37       | LITHOSTAT .....                      | 107 |
| leuprolide acetate.....                     | 122      | LIVALO.....                          | 92  |
| levabuterol hcl.....                        | 137      | LO LOESTRIN FE.....                  | 117 |
| levabuterol tartrate .....                  | 138      | LOESTRIN 1.5/30 (21).....            | 117 |
| levetiracetam.....                          | 24       | LOESTRIN 1/20 (21).....              | 117 |
| levetiracetam er .....                      | 24       | LOESTRIN FE 1/20.....                | 117 |
| levobunolol hcl .....                       | 132      | <i>longs insulin syringe</i> .....   | 69  |
| levocarnitine.....                          | 128      | <i>lopinavir-ritonavir</i> .....     | 51  |
| levocarnitine (dietary).....                | 128      | LOPROX .....                         | 33  |
| levocarnitine l-tartrate .....              | 128      | <i>lorazepam</i> .....               | 53  |
| levocetirizine dihydrochloride .....        | 135      | LORTAB.....                          | 13  |
| levofloxacin .....                          | 22, 131  | LORZONE.....                         | 141 |
| levoleucovorin calcium.....                 | 40       | <i>losartan potassium</i> .....      | 84  |
| LEVONEST.....                               | 116      | <i>losartan potassium-hctz</i> ..... | 90  |
| levonorgest-eth est & eth est .....         | 116      | LOSEASONIQUE.....                    | 117 |
| levonorgest-eth estrad 91-day .....         | 116      | LOTEMAX .....                        | 133 |
| levonorgestrel .....                        | 120      | LOTEMAX SM.....                      | 133 |
| levonorgestrel-ethinyl estrad .....         | 116, 117 | <i>loteprednol etabonate</i> .....   | 133 |
| levonorg-eth estrad triphasic.....          | 117      | <i>lovastatin</i> .....              | 92  |
| LEVORA 0.15/30 (28).....                    | 117      | LOW-OGESTREL .....                   | 117 |
| levorphanol tartrate .....                  | 11       | <i>loxapine succinate</i> .....      | 46  |
| LEVO-T.....                                 | 121      | <i>lubiprostone</i> .....            | 104 |
| levothyroxine sodium .....                  | 121      | LUMIGAN.....                         | 133 |
| LEVOXYL.....                                | 121      | LUPRON DEPOT (1-MONTH) .....         | 123 |
| LEVULAN KERASTICK .....                     | 99       | LUPRON DEPOT (3-MONTH) .....         | 123 |
| LEXIVA .....                                | 51       | LUPRON DEPOT (4-MONTH) .....         | 123 |
| <i>lidocaine</i> .....                      | 14       | LUPRON DEPOT (6-MONTH) .....         | 123 |
| <i>lidocaine hcl</i> .....                  | 14, 97   | LUPRON DEPOT-PED (1-MONTH).....      | 123 |
| <i>lidocaine hcl urethral/mucosal</i> ..... | 14       | LUPRON DEPOT-PED (3-MONTH).....      | 123 |
| <i>lidocaine viscous hcl</i> .....          | 97       | LUTERA.....                          | 117 |
| <i>lidocaine-hydrocort (perianal)</i> ..... | 99       | LYSODREN .....                       | 122 |
| <i>lidocaine-hydrocortisone ace</i> .....   | 99       | LYZA .....                           | 120 |
| <i>lidocaine-prilocaine</i> .....           | 14       | <b>M</b>                             |     |
| <i>lidopin</i> .....                        | 14       | <i>mafenide acetate</i> .....        | 19  |
| LILLOW.....                                 | 117      | MAGELLAN INSULIN SAFETY SYR .....    | 69  |
| <i>lindane</i> .....                        | 43       | MAGNEBIND 400.....                   | 145 |
| <i>linezolid</i> .....                      | 19       | <i>malathion</i> .....               | 43  |
| LINZESS.....                                | 104      | MARATHON MEDICAL PENTIPS.....        | 69  |
| <i>lithyronine sodium</i> .....             | 121      | <i>maraviroc</i> .....               | 51  |
| LIPOFEN.....                                | 92       | <i>marlissa</i> .....                | 117 |
| <i>lisinopril</i> .....                     | 84       | MARPLAN.....                         | 28  |
| <i>lisinopril-hydrochlorothiazide</i> ..... | 89       | MATULANE.....                        | 37  |

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

|                                          |          |                                             |        |
|------------------------------------------|----------|---------------------------------------------|--------|
| MATZIM LA.....                           | 87       | <i>methotrexate</i> .....                   | 124    |
| MAVYRET.....                             | 49       | <i>methotrexate sodium</i> .....            | 124    |
| MAXICOMFORT II PEN NEEDLE .....          | 70       | <i>methotrexate sodium (pf)</i> .....       | 124    |
| MAXI-COMFORT INSULIN SYRINGE.....        | 70       | <i>methoxsalen rapid</i> .....              | 99     |
| MAXI-COMFORT SAFETY PEN NEEDLE ...       | 70       | <i>methscopolamine bromide</i> .....        | 103    |
| MAXICOMFORT SYR 27G X 1/2.....           | 70       | <i>methylidopa</i> .....                    | 83     |
| MAXIDEX.....                             | 133      | <i>methylphenidate hcl</i> .....            | 95     |
| <i>maxx</i> .....                        | 128      | <i>methylphenidate hcl er</i> .....         | 95     |
| <i>maxx plus</i> .....                   | 128      | <i>methylphenidate hcl er (cd)</i> .....    | 95     |
| MAYZENT .....                            | 96       | <i>methylphenidate hcl er (la)</i> .....    | 95     |
| MAYZENT STARTER PACK .....               | 96       | <i>methylphenidate hcl er (osm)</i> .....   | 95     |
| <i>meclizine hcl</i> .....               | 31       | <i>methylprednisolone</i> .....             | 111    |
| <i>meclofenamate sodium</i> .....        | 9        | <i>methylprednisolone acetate</i> .....     | 111    |
| <i>medic insulin syringe</i> .....       | 70       | <i>methylprednisolone sodium succ</i> ..... | 111    |
| <i>medicine shoppe pen needles</i> ..... | 70       | <i>metoclopramide hcl</i> .....             | 104    |
| MEDROL.....                              | 111      | <i>metolazone</i> .....                     | 91     |
| <i>medroxyprogesterone acetate</i> ..... | 120      | <i>metoprolol succinate er</i> .....        | 86     |
| <i>mefenamic acid</i> .....              | 9        | <i>metoprolol tartrate</i> .....            | 86     |
| <i>mefloquine hcl</i> .....              | 43       | <i>metoprolol-hydrochlorothiazide</i> ..... | 90     |
| <i>megestrol acetate</i> .....           | 120      | <i>metronidazole</i> .....                  | 19, 99 |
| <i>meijer aspirin ec</i> .....           | 9        | <i>metirosine</i> .....                     | 90     |
| <i>meijer pen needles</i> .....          | 70       | <i>mexiletine hcl</i> .....                 | 85     |
| <i>meloxicam</i> .....                   | 9        | MIBELAS 24 FE .....                         | 117    |
| <i>melphalan</i> .....                   | 37       | <i>miconazole 3</i> .....                   | 33     |
| <i>melphalan hcl</i> .....               | 37       | <i>miconazole-zinc oxide-petrolat</i> ..... | 33     |
| <i>memantine hcl</i> .....               | 28       | MICRHOGAM ULTRA-FILTERED PLUS ...           | 125    |
| <i>memantine hcl er</i> .....            | 28       | MICRODOT PEN NEEDLE .....                   | 70     |
| MENEST .....                             | 117      | MICROGESTIN 1.5/30 .....                    | 117    |
| MENOSTAR.....                            | 117      | MICROGESTIN 1/20 .....                      | 117    |
| MENTAX .....                             | 33       | MICROGESTIN FE 1.5/30 .....                 | 117    |
| <i>meperidine hcl</i> .....              | 13       | MICROGESTIN FE 1/20 .....                   | 117    |
| <i>meprobamate</i> .....                 | 52       | <i>midodrine hcl</i> .....                  | 83     |
| <i>mercaptopurine</i> .....              | 38       | MIGERGOT .....                              | 35     |
| <i>mesalamine</i> .....                  | 126      | <i>miglustat</i> .....                      | 102    |
| <i>mesalamine er</i> .....               | 126      | MILLIPRED .....                             | 111    |
| <i>mesalamine-cleanser</i> .....         | 126      | <i>minocycline hcl</i> .....                | 23     |
| <i>mesna</i> .....                       | 43       | <i>minocycline hcl er</i> .....             | 23     |
| MESNEX.....                              | 43       | <i>minoxidil</i> .....                      | 93     |
| <i>metformin hcl</i> .....               | 55       | MIOCHOL-E.....                              | 130    |
| <i>metformin hcl er</i> .....            | 55       | MIOSTAT .....                               | 132    |
| <i>methamphetamine hcl</i> .....         | 94       | MIRCETTE.....                               | 117    |
| <i>methazolamide</i> .....               | 132      | MIRENA (52 MG) .....                        | 120    |
| <i>methenamine hippurate</i> .....       | 19       | <i>mirtazapine</i> .....                    | 28     |
| <i>methenamine mandelate</i> .....       | 19       | <i>misoprostol</i> .....                    | 105    |
| <i>methimazole</i> .....                 | 123      | <i>mitomycin</i> .....                      | 39     |
| <i>methocarbamol</i> .....               | 141, 142 | MITOSOL .....                               | 128    |

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

|                                            |          |
|--------------------------------------------|----------|
| <i>mitoxantrone hcl</i> .....              | 41       |
| <i>mm insulin syringe/needle</i> .....     | 70       |
| MM PEN NEEDLES.....                        | 70       |
| <i>modafinil</i> .....                     | 142      |
| <i>moexipril hcl</i> .....                 | 84       |
| <i>mometasone furoate</i> .....            | 111, 136 |
| MONDOXYNE NL.....                          | 23       |
| MONOJECT INSULIN SYRINGE.....              | 70       |
| MONOJECT ULTRA COMFORT SYRINGE.....        | 71       |
| MONO-LINYAH.....                           | 117      |
| <i>montelukast sodium</i> .....            | 136      |
| <i>morphine sulfate</i> .....              | 13       |
| <i>morphine sulfate er</i> .....           | 11       |
| <i>morphine sulfate er beads</i> .....     | 11       |
| MOTEGRITY.....                             | 104      |
| MOTOFEN.....                               | 104      |
| MOVANTIK.....                              | 104      |
| <i>moxifloxacin hcl</i> .....              | 22, 131  |
| MOZOBIL.....                               | 82       |
| <i>ms insulin syringe</i> .....            | 71       |
| MULTAQ.....                                | 85       |
| <i>multi-vitamin/fluoride/iron</i> .....   | 145      |
| <i>multivitamins plus iron child</i> ..... | 145      |
| <i>mupirocin</i> .....                     | 19       |
| <i>mupirocin calcium</i> .....             | 19       |
| MY CHOICE.....                             | 120      |
| MY WAY.....                                | 120      |
| <i>mycophenolate mofetil</i> .....         | 124      |
| <i>mycophenolate sodium</i> .....          | 125      |
| MYLERAN.....                               | 37       |
| MYOBLOC.....                               | 142      |
| MYRBETRIQ.....                             | 106      |

## N

|                                             |     |
|---------------------------------------------|-----|
| <i>na ferric gluc cplx in sucrose</i> ..... | 145 |
| <i>nabumetone</i> .....                     | 9   |
| <i>nadolol</i> .....                        | 86  |
| <i>naftifine hcl</i> .....                  | 33  |
| NALFON.....                                 | 9   |
| <i>naltrexone hcl</i> .....                 | 15  |
| NAPRELAN.....                               | 9   |
| <i>napro</i> .....                          | 9   |
| <i>naproxen</i> .....                       | 9   |
| <i>naproxen sodium</i> .....                | 9   |
| <i>naproxen sodium er</i> .....             | 9   |
| <i>naratriptan hcl</i> .....                | 35  |
| NATACHEW.....                               | 145 |

|                                             |          |
|---------------------------------------------|----------|
| NATACYN.....                                | 33       |
| NATALVIT.....                               | 145      |
| NATAZIA.....                                | 117      |
| <i>nateglinide</i> .....                    | 55       |
| NATROBA.....                                | 43       |
| <i>nebivolol hcl</i> .....                  | 86       |
| NEBUSAL.....                                | 140      |
| NECON 0.5/35 (28).....                      | 118      |
| NEEVO DHA.....                              | 145      |
| <i>nefazodone hcl</i> .....                 | 29       |
| <i>nelarabine</i> .....                     | 39       |
| <i>neomycin sulfate</i> .....               | 18       |
| <i>neomycin-bacitracin zn-polymyx</i> ..... | 130      |
| <i>neomycin-polymyxin-dexameth</i> .....    | 133      |
| <i>neomycin-polymyxin-gramicidin</i> .....  | 130      |
| <i>neomycin-polymyxin-hc</i> .....          | 133, 134 |
| NESINA.....                                 | 55       |
| NESTABS.....                                | 145      |
| NESTABS DHA.....                            | 145      |
| NEUAC.....                                  | 99       |
| NEUPRO.....                                 | 44       |
| NEUTRASAL.....                              | 97       |
| NEVANAC.....                                | 133      |
| <i>nevirapine</i> .....                     | 50       |
| <i>nevirapine er</i> .....                  | 50       |
| NEW DAY.....                                | 120      |
| NEXAVAR.....                                | 42       |
| NEXIUM.....                                 | 105      |
| NEXPLANON.....                              | 120      |
| <i>niacin</i> .....                         | 145      |
| <i>niacin (antihyperlipidemic)</i> .....    | 92       |
| <i>niacin er (antihyperlipidemic)</i> ..... | 93       |
| NIACOR.....                                 | 93       |
| <i>nicardipine hcl</i> .....                | 87       |
| NICODERM CQ.....                            | 17       |
| NICORETTE.....                              | 17       |
| NICORETTE MINI.....                         | 17       |
| NICORETTE STARTER KIT.....                  | 17       |
| <i>nicotine</i> .....                       | 17       |
| <i>nicotine mini</i> .....                  | 17       |
| <i>nicotine polacrilex</i> .....            | 17       |
| <i>nicotine polacrilex mini</i> .....       | 17       |
| <i>nicotine step 1</i> .....                | 17       |
| <i>nicotine step 2</i> .....                | 17       |
| <i>nicotine step 3</i> .....                | 17       |
| NICOTROL.....                               | 17       |

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

|                                             |        |                                            |              |
|---------------------------------------------|--------|--------------------------------------------|--------------|
| NICOTROL NS .....                           | 17     | NOVOLIN N FLEXPEN .....                    | 71           |
| <i>nifedipine</i> .....                     | 87     | NOVOLIN N FLEXPEN RELION .....             | 71           |
| <i>nifedipine er</i> .....                  | 87     | NOVOLIN N RELION .....                     | 71           |
| <i>nifedipine er osmotic release</i> .....  | 87, 88 | NOVOLIN R .....                            | 71           |
| NIKKI .....                                 | 118    | NOVOLIN R RELION .....                     | 71           |
| <i>nilutamide</i> .....                     | 37     | NOVOTWIST PEN NEEDLE .....                 | 71           |
| <i>nimodipine</i> .....                     | 88     | NOXAFIL .....                              | 33           |
| NIPENT .....                                | 38     | NP THYROID .....                           | 121          |
| <i>nisoldipine er</i> .....                 | 88     | NPLATE .....                               | 83           |
| <i>nitazoxanide</i> .....                   | 43     | NUBEQA .....                               | 37           |
| NITRO-BID .....                             | 93     | NUCYNTA .....                              | 13           |
| NITRO-DUR .....                             | 93     | NUCYNTA ER .....                           | 11           |
| <i>nitrofurantoin</i> .....                 | 19     | NUDEXTA .....                              | 95           |
| <i>nitrofurantoin macrocrystal</i> .....    | 19     | NULEV .....                                | 103          |
| <i>nitrofurantoin monohyd macro</i> .....   | 19     | NUMOISYN .....                             | 97           |
| <i>nitroglycerin</i> .....                  | 93     | NUTRIDOX .....                             | 23           |
| NITROMIST .....                             | 93     | NUVARING .....                             | 118          |
| NITRO-TIME .....                            | 93     | NYAMYC .....                               | 33           |
| NIVA-PLUS .....                             | 145    | <i>nystatin</i> .....                      | 33           |
| NIVESTYM .....                              | 82     | <i>nystatin-triamcinolone</i> .....        | 33           |
| <i>nizatidine</i> .....                     | 104    | <b>O</b>                                   |              |
| NOLIX .....                                 | 111    | OB COMPLETE .....                          | 145          |
| <i>norethin ace-eth estrad-fe</i> .....     | 118    | OB COMPLETE ONE.....                       | 145          |
| <i>norethindrone</i> .....                  | 120    | OB COMPLETE PETITE .....                   | 145          |
| <i>norethindrone acetate</i> .....          | 120    | OB COMPLETE PREMIER .....                  | 146          |
| <i>norethindrone acet-ethinyl est</i> ..... | 118    | OB COMPLETE/DHA.....                       | 146          |
| <i>norethindrone-eth estradiol</i> .....    | 118    | OBSTETRIX DHA .....                        | 146          |
| <i>norethin-eth estradiol-fe</i> .....      | 118    | OBSTETRIX EC .....                         | 146          |
| <i>norgestimate-eth estradiol</i> .....     | 118    | OCREVUS .....                              | 96           |
| <i>norgestim-eth estrad triphasic</i> ..... | 118    | <i>ofloxacin</i> .....                     | 22, 131, 134 |
| NORITATE .....                              | 99     | OGIVRI.....                                | 39           |
| NORLYROC.....                               | 120    | <i>olanzapine</i> .....                    | 47           |
| NORPACE CR .....                            | 85     | <i>olanzapine-fluoxetine hcl</i> .....     | 29           |
| NORTREL 7/7/7 .....                         | 118    | <i>olmesartan medoxomil</i> .....          | 84           |
| <i>nortriptyline hcl</i> .....              | 31     | <i>olmesartan medoxomil-hctz</i> .....     | 90           |
| NORVIR .....                                | 51     | <i>olmesartan-amlodipine-hctz</i> .....    | 90           |
| NOVAFERRUM .....                            | 145    | <i>olopatadine hcl</i> .....               | 130, 135     |
| NOVAFERRUM PEDIATRIC DROPS.....             | 145    | <i>omega-3-acid ethyl esters</i> .....     | 93           |
| NOVOFINE AUTOCOVER PEN NEEDLE ....          | 71     | <i>omeprazole</i> .....                    | 105          |
| NOVOFINE PEN NEEDLE.....                    | 71     | OMEPRAZOLE+SYRSPEND SF ALKA.....           | 105          |
| NOVOFINE PLUS PEN NEEDLE .....              | 71     | <i>omeprazole-sodium bicarbonate</i> ..... | 105          |
| NOVOLIN 70/30 .....                         | 71     | OMNARIS .....                              | 136          |
| NOVOLIN 70/30 FLEXPEN.....                  | 71     | OMNIFLEX DIAPHRAGM .....                   | 128          |
| NOVOLIN 70/30 FLEXPEN RELION .....          | 71     | ONCASPAS .....                             | 41           |
| NOVOLIN 70/30 RELION.....                   | 71     | <i>ondansetron</i> .....                   | 32           |
| NOVOLIN N .....                             | 71     | <i>ondansetron hcl</i> .....               | 32           |

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

|                                      |     |                                             |     |
|--------------------------------------|-----|---------------------------------------------|-----|
| ONEXTON .....                        | 99  | <i>pamidronate disodium</i> .....           | 127 |
| ONGLYZA.....                         | 55  | PANCREAZE .....                             | 102 |
| OPCICON ONE-STEP .....               | 120 | PANDEL .....                                | 111 |
| OPSUMIT.....                         | 139 | PANOXYL .....                               | 99  |
| OPTION 2 .....                       | 120 | PANRETIN .....                              | 42  |
| OPTIONS GYNOL II CONTRACEPTIVE ....  | 107 | <i>pantoprazole sodium</i> .....            | 105 |
| ORACIT .....                         | 146 | PARAGARD INTRAUTERINE COPPER.....           | 128 |
| ORALONE .....                        | 97  | <i>paricalcitol</i> .....                   | 127 |
| ORAVIG .....                         | 33  | <i>paromomycin sulfate</i> .....            | 18  |
| ORENCIA.....                         | 125 | <i>paroxetine hcl</i> .....                 | 29  |
| ORENCIA CLICKJECT .....              | 125 | <i>paroxetine hcl er</i> .....              | 29  |
| ORILISSA .....                       | 123 | PASER .....                                 | 36  |
| <i>orphenadrine citrate</i> .....    | 142 | PAXLOVID (300/100) .....                    | 52  |
| <i>orphenadrine citrate er</i> ..... | 142 | <i>pc pediatric iron drops</i> .....        | 146 |
| ORTHOVISC.....                       | 101 | <i>pc pediatric poly-vita/fe drop</i> ..... | 146 |
| <i>oscimin</i> .....                 | 103 | <i>pc unifine pentips</i> .....             | 72  |
| <i>oscimin sr</i> .....              | 103 | <i>peg 3350-kcl-na bicarb-nacl</i> .....    | 105 |
| <i>oseltamivir phosphate</i> .....   | 51  | <i>peg-3350/electrolytes</i> .....          | 105 |
| OSENI.....                           | 55  | <i>pemetrexed disodium</i> .....            | 40  |
| OTEZLA.....                          | 126 | <i>pen needles</i> .....                    | 72  |
| OVACE PLUS .....                     | 99  | <i>pen needles 5/16</i> .....               | 72  |
| <i>oxaliplatin</i> .....             | 40  | <i>penicillin g potassium</i> .....         | 21  |
| <i>oxaprozin</i> .....               | 9   | <i>penicillin g procaine</i> .....          | 21  |
| OXAYDO.....                          | 13  | <i>penicillin g sodium</i> .....            | 21  |
| <i>oxazepam</i> .....                | 53  | <i>penicillin v potassium</i> .....         | 21  |
| <i>oxcarbazepine</i> .....           | 26  | PENTASA .....                               | 126 |
| <i>oxiconazole nitrate</i> .....     | 33  | <i>pentazocine-naloxone hcl</i> .....       | 14  |
| OXISTAT.....                         | 33  | PENTIPS.....                                | 72  |
| <i>oxybutynin chloride</i> .....     | 106 | <i>pentoxifylline er</i> .....              | 90  |
| <i>oxybutynin chloride er</i> .....  | 106 | <i>perindopril erbumine</i> .....           | 84  |
| <i>oxycodone hcl</i> .....           | 13  | PERJETA.....                                | 40  |
| <i>oxycodone hcl er</i> .....        | 11  | <i>permethrin</i> .....                     | 43  |
| <i>oxycodone-acetaminophen</i> ..... | 14  | <i>perphenazine</i> .....                   | 46  |
| OXYCONTIN.....                       | 11  | <i>perphenazine-amitriptyline</i> .....     | 31  |
| <i>oxymorphone hcl</i> .....         | 14  | PERTZYE.....                                | 102 |
| <i>oxymorphone hcl er</i> .....      | 11  | PEXEVA.....                                 | 29  |
| OXYTROL.....                         | 106 | PHENAZO.....                                | 107 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) .....  | 55  | <i>phenazopyridine hcl</i> .....            | 107 |
| OZEMPIC (1 MG/DOSE) .....            | 55  | <i>phenelzine sulfate</i> .....             | 28  |
| OZEMPIC (2 MG/DOSE) .....            | 55  | <i>phenobarbital</i> .....                  | 25  |
| OZURDEX .....                        | 132 | <i>phenoxybenzamine hcl</i> .....           | 84  |
| <b>P</b>                             |     | <i>phentolamine mesylate</i> .....          | 84  |
| PACERONE.....                        | 85  | <i>phenylephrine hcl</i> .....              | 130 |
| <i>paclitaxel</i> .....              | 40  | PHENYTEK.....                               | 26  |
| <i>paliperidone er</i> .....         | 47  | <i>phenytoin</i> .....                      | 27  |
| <i>palonosetron hcl</i> .....        | 32  | <i>phenytoin sodium</i> .....               | 27  |

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

|                                             |         |                                             |          |
|---------------------------------------------|---------|---------------------------------------------|----------|
| <i>phenytoin sodium extended</i> .....      | 27      | PRED MILD.....                              | 133      |
| PHILITH .....                               | 118     | PRED-G .....                                | 133      |
| PHOSLYRA .....                              | 108     | PRED-G S.O.P.....                           | 133      |
| PHOSPHA 250 NEUTRAL.....                    | 146     | <i>prednicarbate</i> .....                  | 111      |
| PHOSPHASAL.....                             | 107     | <i>prednisolone</i> .....                   | 111      |
| PHOSPHOLINE IODIDE.....                     | 132     | <i>prednisolone acetate</i> .....           | 133      |
| PHOSPHO-TRIN 250 NEUTRAL.....               | 146     | <i>prednisolone sodium phosphate</i> .....  | 111, 133 |
| PHOSPHO-TRIN K500 .....                     | 146     | <i>prednisone</i> .....                     | 111, 112 |
| PHOTOFRIN .....                             | 40      | PREDNISON INTENSOL.....                     | 112      |
| <i>pilocarpine hcl</i> .....                | 97, 132 | <i>preferred plus insulin syringe</i> ..... | 72       |
| <i>pimecrolimus</i> .....                   | 99      | <i>preferred plus unifine pentips</i> ..... | 72       |
| <i>pimozide</i> .....                       | 46      | PREFEST.....                                | 118      |
| PIMTREA.....                                | 118     | <i>pregabalin</i> .....                     | 96       |
| <i>pindolol</i> .....                       | 86      | <i>pregabalin er</i> .....                  | 96       |
| PIRMELLA 1/35 .....                         | 118     | PREMARIN .....                              | 118      |
| PIRMELLA 7/7/7 .....                        | 118     | <i>premium condoms lubricated</i> .....     | 128      |
| <i>piroxicam</i> .....                      | 9       | <i>premium lidocaine</i> .....              | 15       |
| <i>plain niacin</i> .....                   | 146     | PREMPHASE.....                              | 118      |
| PLAN B ONE-STEP .....                       | 120     | PREMPRO .....                               | 118      |
| PLEGRIDY .....                              | 96      | <i>prenaisance</i> .....                    | 147      |
| PLEGRIDY STARTER PACK .....                 | 96      | <i>prenaisance plus</i> .....               | 147      |
| <i>pnv tabs 29-1</i> .....                  | 146     | PRENATABS RX.....                           | 147      |
| <i>pnv-dha</i> .....                        | 146     | <i>prenatal</i> .....                       | 147      |
| <i>pnv-dha+docusate</i> .....               | 146     | <i>prenatal 19</i> .....                    | 147      |
| <i>pnv-omega</i> .....                      | 146     | <i>prenatal plus</i> .....                  | 147      |
| <i>pnv-select</i> .....                     | 146     | <i>prenatal plus iron</i> .....             | 147      |
| <i>podofilox</i> .....                      | 99      | <i>prenatal vitamin plus low iron</i> ..... | 147      |
| POLYCIN .....                               | 130     | PRENATAL-U .....                            | 147      |
| <i>polymyxin b-trimethoprim</i> .....       | 130     | <i>preplus</i> .....                        | 147      |
| <i>poly-vita/iron</i> .....                 | 146     | <i>pretab</i> .....                         | 147      |
| <i>potassium chloride</i> .....             | 146     | PREVALITE .....                             | 93       |
| <i>potassium chloride crys er</i> .....     | 146     | PREVENT DROPSAFE PEN NEEDLES.....           | 72       |
| <i>potassium chloride er</i> .....          | 146     | PREVENT SAFETY PEN NEEDLES .....            | 73       |
| <i>potassium citrate er</i> .....           | 147     | PREZISTA.....                               | 51       |
| <i>potassium citrate-citric acid</i> .....  | 147     | PRIFTIN .....                               | 36       |
| PRADAXA.....                                | 82      | PRILOSEC .....                              | 106      |
| <i>pramipexole dihydrochloride</i> .....    | 44      | <i>primaquine phosphate</i> .....           | 43       |
| <i>pramipexole dihydrochloride er</i> ..... | 44      | <i>primidone</i> .....                      | 25       |
| PRAMOSONE.....                              | 34      | PRIMSOL .....                               | 19       |
| PRAMOX .....                                | 14      | PRO COMFORT INSULIN SYRINGE .....           | 73       |
| <i>prasugrel hcl</i> .....                  | 83      | <i>pro comfort pen needles</i> .....        | 73       |
| <i>pravastatin sodium</i> .....             | 92      | PROAIR HFA .....                            | 138      |
| <i>praziquantel</i> .....                   | 43      | PROAIR RESPICLICK .....                     | 138      |
| <i>prazosin hcl</i> .....                   | 84      | <i>probenecid</i> .....                     | 34       |
| PRECISION SUREDOSE PLUS SYR .....           | 72      | <i>prochlorperazine</i> .....               | 46       |
| PRECISION SURE-DOSE SYRINGE .....           | 72      | <i>prochlorperazine edisylate</i> .....     | 46       |

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



|                                             |        |
|---------------------------------------------|--------|
| <i>prochlorperazine maleate</i> .....       | 46     |
| PROCORT .....                               | 99     |
| PROCTOFOAM HC .....                         | 99     |
| PROCTO-MED HC .....                         | 34     |
| PROCTO-PAK .....                            | 34     |
| PROCTOSOL HC .....                          | 34     |
| PRODIGY INSULIN SYRINGE .....               | 73     |
| <i>progesterone</i> .....                   | 120    |
| PROLENSA .....                              | 133    |
| PROLEUKIN .....                             | 40     |
| PROLIA.....                                 | 127    |
| <i>promethazine hcl</i> .....               | 31     |
| <i>promethazine vc/codeine</i> .....        | 140    |
| <i>promethazine-codeine</i> .....           | 140    |
| <i>promethazine-dm</i> .....                | 140    |
| <i>promethazine-phenyleph-codeine</i> ..... | 140    |
| <i>promethazine-phenylephrine</i> .....     | 141    |
| PROMETHEGAN.....                            | 31     |
| PROMISEB .....                              | 99     |
| <i>propafenone hcl</i> .....                | 85     |
| <i>propafenone hcl er</i> .....             | 85     |
| <i>proparacaine hcl</i> .....               | 130    |
| <i>propranolol hcl</i> .....                | 86     |
| <i>propranolol hcl er</i> .....             | 86     |
| <i>propylthiouracil</i> .....               | 123    |
| <i>protriptyline hcl</i> .....              | 31     |
| PROVENTIL HFA .....                         | 138    |
| PRUDOXIN .....                              | 99     |
| PULMICORT FLEXHALER .....                   | 136    |
| PULMOZYME .....                             | 138    |
| <i>pure comfort pen needle</i> .....        | 73     |
| <i>px aspirin</i> .....                     | 9      |
| PX CHILDRENS VITAMIN .....                  | 147    |
| <i>px enteric aspirin</i> .....             | 9      |
| <i>px extra short pen needles</i> .....     | 73     |
| <i>px folic acid</i> .....                  | 147    |
| <i>px insulin syringe</i> .....             | 73     |
| <i>px mini pen needles</i> .....            | 73     |
| <i>px pen needle</i> .....                  | 73     |
| <i>px shortlength pen needles</i> .....     | 73     |
| <i>px stop smoking aid</i> .....            | 17, 18 |
| PYLERA.....                                 | 104    |
| <i>pyrazinamide</i> .....                   | 36     |
| <i>pyridostigmine bromide</i> .....         | 36     |
| <i>pyridostigmine bromide er</i> .....      | 36     |
| <i>pyrimethamine</i> .....                  | 43     |

## Q

|                                             |     |
|---------------------------------------------|-----|
| <i>qc aspirin</i> .....                     | 9   |
| <i>qc aspirin low dose</i> .....            | 10  |
| <i>qc childrens aspirin</i> .....           | 10  |
| <i>qc childrens complete</i> .....          | 147 |
| <i>qc childrens vitamins/iron</i> .....     | 147 |
| <i>qc enteric aspirin</i> .....             | 10  |
| <i>qc folic acid</i> .....                  | 147 |
| <i>qc nicotine transdermal system</i> ..... | 18  |
| <i>qc pen needles</i> .....                 | 73  |
| <i>qc unifine pentips</i> .....             | 73  |
| QNASL .....                                 | 136 |
| QNASL CHILDRENS .....                       | 136 |
| QTERN.....                                  | 55  |
| QUARTETTE .....                             | 119 |
| <i>quazepam</i> .....                       | 53  |
| <i>quetiapine fumarate</i> .....            | 47  |
| <i>quetiapine fumarate er</i> .....         | 47  |
| QUILLICHEW ER.....                          | 95  |
| QUILLIVANT XR .....                         | 95  |
| <i>quinapril hcl</i> .....                  | 84  |
| <i>quinapril-hydrochlorothiazide</i> .....  | 90  |
| <i>quinidine gluconate er</i> .....         | 85  |
| <i>quinidine sulfate</i> .....              | 85  |
| <i>quinine sulfate</i> .....                | 43  |
| QUTENZA .....                               | 6   |
| QUTENZA (2 PATCH).....                      | 6   |

## R

|                                             |     |
|---------------------------------------------|-----|
| <i>ra aspirin</i> .....                     | 10  |
| <i>ra aspirin adult low dose</i> .....      | 10  |
| <i>ra aspirin adult low strength</i> .....  | 10  |
| <i>ra aspirin childrens</i> .....           | 10  |
| <i>ra aspirin ec</i> .....                  | 10  |
| <i>ra aspirin ec adult low st</i> .....     | 10  |
| <i>ra budesonide</i> .....                  | 136 |
| <i>ra folic acid</i> .....                  | 147 |
| <i>ra insulin syringe</i> .....             | 73  |
| <i>ra mini nicotine</i> .....               | 18  |
| <i>ra niacin</i> .....                      | 147 |
| <i>ra nicotine</i> .....                    | 18  |
| <i>ra nicotine gum</i> .....                | 18  |
| <i>ra nicotine polacrilex</i> .....         | 18  |
| <i>ra no flush niacin</i> .....             | 147 |
| <i>ra pain relief aspirin</i> .....         | 10  |
| <i>ra pen needles</i> .....                 | 74  |
| <i>ra vitamins complete childrens</i> ..... | 147 |

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

|                                      |         |
|--------------------------------------|---------|
| <i>rabeprazole sodium</i> .....      | 106     |
| <i>raloxifene hcl</i> .....          | 121     |
| <i>ramelteon</i> .....               | 142     |
| <i>ramipril</i> .....                | 85      |
| <i>ranolazine er</i> .....           | 90      |
| <i>rasagiline mesylate</i> .....     | 45      |
| <i>raya sure pen needle</i> .....    | 74      |
| RAYOS .....                          | 112     |
| REACT .....                          | 120     |
| <i>reality insulin syringe</i> ..... | 74      |
| REALITY LATEX CONDOMS .....          | 128     |
| REALITY LATEX/ULTRA TEXTURED .....   | 128     |
| REALITY LATEX/ULTRA THIN .....       | 128     |
| RECLIPSEN .....                      | 119     |
| RECTIV .....                         | 99      |
| REGRANEX .....                       | 99      |
| RELENZA DISKHALER .....              | 52      |
| RELION INSULIN SYRINGE .....         | 74      |
| RELION MINI PEN NEEDLES .....        | 74      |
| RELION PEN NEEDLES .....             | 74      |
| RELION SHORT PEN NEEDLES .....       | 74      |
| RELISTOR .....                       | 104     |
| RENFLEXIS .....                      | 125     |
| <i>repaglinide</i> .....             | 55      |
| RESTASIS .....                       | 130     |
| RETACRIT .....                       | 83      |
| RETIN-A MICRO PUMP .....             | 100     |
| RETISERT .....                       | 132     |
| RETROVIR .....                       | 50      |
| REVLIMID .....                       | 37      |
| RHOGAM ULTRA-FILTERED PLUS .....     | 125     |
| RHOPHYLAC .....                      | 125     |
| <i>ribavirin</i> .....               | 49, 140 |
| RIDAURA .....                        | 126     |
| <i>rifabutin</i> .....               | 36      |
| <i>rifampin</i> .....                | 36      |
| <i>riluzole</i> .....                | 95      |
| <i>rimantadine hcl</i> .....         | 52      |
| RIMSO-50 .....                       | 107     |
| RINVOQ .....                         | 125     |
| <i>risedronate sodium</i> .....      | 127     |
| RISPERDAL CONSTA .....               | 48      |
| <i>risperidone</i> .....             | 48      |
| <i>ritonavir</i> .....               | 51      |
| <i>rivastigmine</i> .....            | 27      |
| <i>rivastigmine tartrate</i> .....   | 27      |

|                                   |     |
|-----------------------------------|-----|
| RIVELSA .....                     | 119 |
| <i>rizatriptan benzoate</i> ..... | 35  |
| <i>romidepsin</i> .....           | 40  |
| <i>ropinirole hcl</i> .....       | 45  |
| <i>ropinirole hcl er</i> .....    | 45  |
| ROSADAN .....                     | 100 |
| <i>rosuvastatin calcium</i> ..... | 92  |
| ROWEEPRA .....                    | 24  |
| ROZLYTREK .....                   | 42  |
| <i>rufinamide</i> .....           | 27  |
| RYBELSUS .....                    | 55  |

## S

|                                      |     |
|--------------------------------------|-----|
| <i>safety insulin syringes</i> ..... | 74  |
| <i>safety pen needles</i> .....      | 74  |
| SALIVAMAX .....                      | 97  |
| <i>salsalate</i> .....               | 10  |
| SANCUSO .....                        | 32  |
| SANDIMMUNE .....                     | 125 |
| SANTYL .....                         | 100 |
| SAPHRIS .....                        | 48  |
| SAVELLA .....                        | 96  |
| SAVELLA TITRATION PACK .....         | 96  |
| <i>sb aspirin</i> .....              | 10  |
| <i>sb aspirin ec</i> .....           | 10  |
| <i>sb childrens aspirin</i> .....    | 10  |
| <i>sb insulin syringe</i> .....      | 74  |
| <i>sb low dose asa ec</i> .....      | 10  |
| SCALACORT DK .....                   | 100 |
| <i>scopolamine</i> .....             | 31  |
| SEASONIQUE .....                     | 119 |
| SECURESAFE INSULIN SYRINGE .....     | 74  |
| SECURESAFE SAFETY PEN NEEDLES .....  | 74  |
| SEGLUROMET .....                     | 55  |
| SELECT-OB .....                      | 147 |
| SELECT-OB+DHA .....                  | 147 |
| <i>selegiline hcl</i> .....          | 45  |
| <i>selenium sulfide</i> .....        | 100 |
| SELZENTRY .....                      | 51  |
| <i>se-natal 19</i> .....             | 147 |
| SEREVENT DISKUS .....                | 138 |
| <i>sertraline hcl</i> .....          | 30  |
| SETLAKIN .....                       | 119 |
| <i>sevelamer carbonate</i> .....     | 108 |
| <i>sevelamer hcl</i> .....           | 108 |
| SFROWASA .....                       | 126 |
| SHAROBEL .....                       | 121 |

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

|                                            |          |                                            |         |
|--------------------------------------------|----------|--------------------------------------------|---------|
| SHOPKO UNIFINE PENTIPS .....               | 74       | SSD.....                                   | 19      |
| SHOPKO UNIFINE PENTIPS PLUS.....           | 75       | sss 10-5.....                              | 100     |
| SHUR-SEAL CONTRACEPTIVE .....              | 107      | ST JOSEPH ASPIRIN .....                    | 10      |
| <i>sildenafil citrate</i> .....            | 139      | ST JOSEPH LOW DOSE .....                   | 10      |
| <i>silodosin</i> .....                     | 107      | STALEVO 125.....                           | 45      |
| <i>silver sulfadiazine</i> .....           | 19       | STALEVO 150.....                           | 45      |
| <i>simvastatin</i> .....                   | 92       | STALEVO 200.....                           | 45      |
| <i>sirolimus</i> .....                     | 125      | STALEVO 50.....                            | 45      |
| SKYRIZI .....                              | 100      | STALEVO 75.....                            | 45      |
| SKYRIZI (150 MG DOSE).....                 | 100      | <i>stavudine</i> .....                     | 51      |
| SKYRIZI PEN.....                           | 100      | STEGLATRO .....                            | 55      |
| <i>sm animal shapes complete</i> .....     | 147      | STEGLUJAN .....                            | 55      |
| <i>sm aspirin</i> .....                    | 10       | STELARA.....                               | 100     |
| <i>sm aspirin adult low strength</i> ..... | 10       | STIMATE.....                               | 112     |
| <i>sm aspirin ec</i> .....                 | 10       | STIVARGA .....                             | 42      |
| <i>sm aspirin ec low strength</i> .....    | 10       | STRIBILD .....                             | 50      |
| <i>sm aspirin low dose</i> .....           | 10       | STRIVERDI RESPIMAT .....                   | 138     |
| <i>sm childrens aspirin</i> .....          | 10       | SUBSYS.....                                | 14      |
| <i>sm folic acid</i> .....                 | 147      | <i>sucralfate</i> .....                    | 105     |
| <i>sm nicotine</i> .....                   | 18       | <i>sulfacetamide sodium</i> .....          | 22, 100 |
| <i>sm nicotine polacrilex</i> .....        | 18       | <i>sulfacetamide sodium (acne)</i> .....   | 22      |
| <i>sod citrate-citric acid</i> .....       | 148      | <i>sulfacetamide sodium (cleans)</i> ..... | 100     |
| <i>sodium chloride</i> .....               | 140, 141 | <i>sulfacetamide sodium-sulfur</i> .....   | 100     |
| <i>sodium fluoride</i> .....               | 148      | <i>sulfacetamide-prednisolone</i> .....    | 133     |
| <i>sodium phenylbutyrate</i> .....         | 102      | <i>sulfacetamide-sulfur in urea</i> .....  | 100     |
| <i>sodium polystyrene sulfonate</i> .....  | 149      | <i>sulfadiazine</i> .....                  | 22      |
| <i>sodium sulfacetamide</i> .....          | 100      | <i>sulfamethoxazole-trimethoprim</i> ..... | 22, 23  |
| <i>sofosbuvir-velpatasvir</i> .....        | 49       | SULFAMYLON .....                           | 19      |
| <i>solifenacin succinate</i> .....         | 106      | <i>sulfasalazine</i> .....                 | 126     |
| SOLTAMOX .....                             | 37       | SULFATRIM PEDIATRIC .....                  | 23      |
| SOLU-CORTEF .....                          | 112      | <i>sulfurated lime</i> .....               | 43      |
| SOLU-MEDROL.....                           | 112      | <i>sulindac</i> .....                      | 10      |
| <i>sorafenib tosylate</i> .....            | 42       | <i>sumatriptan</i> .....                   | 35      |
| SORILUX .....                              | 100      | <i>sumatriptan succinate</i> .....         | 35      |
| SORINE .....                               | 85       | <i>sumatriptan succinate refill</i> .....  | 35      |
| <i>sotalol hcl</i> .....                   | 85       | <i>sumatriptan-naproxen sodium</i> .....   | 35      |
| <i>sotalol hcl (af)</i> .....              | 85       | <i>sunitinib malate</i> .....              | 42      |
| <i>spinosad</i> .....                      | 43       | SUPARTZ FX.....                            | 101     |
| SPIRIVA HANDIHALER.....                    | 137      | SUPRAX .....                               | 20      |
| SPIRIVA RESPIMAT .....                     | 137      | SUPREP BOWEL PREP KIT .....                | 105     |
| <i>spironolactone</i> .....                | 91       | <i>sure comfort insulin syringe</i> .....  | 75      |
| <i>spironolactone-hctz</i> .....           | 90       | <i>sure comfort pen needles</i> .....      | 75      |
| SPRINTEC 28.....                           | 119      | SURE-FINE PEN NEEDLES.....                 | 75      |
| SPRIX .....                                | 10       | SURE-JECT INSULIN SYRINGE.....             | 75      |
| SPRYCEL .....                              | 42       | SYMBICORT .....                            | 141     |
| SPS.....                                   | 149      | SYMPROIC .....                             | 104     |

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

|                  |     |
|------------------|-----|
| SYNAGIS.....     | 141 |
| SYNALAR TS.....  | 100 |
| SYNERA.....      | 15  |
| SYNJARDY.....    | 56  |
| SYNJARDY XR..... | 56  |
| SYNTHROID.....   | 122 |
| SYNVISC.....     | 101 |
| SYNVISC ONE..... | 101 |

## T

|                                            |          |
|--------------------------------------------|----------|
| TABLOID.....                               | 40       |
| TACLONEX.....                              | 101      |
| <i>tacrolimus</i> .....                    | 101, 125 |
| <i>tadalafil (pah)</i> .....               | 139      |
| TAKE ACTION.....                           | 121      |
| TALTZ.....                                 | 101      |
| <i>tamoxifen citrate</i> .....             | 37       |
| <i>tamsulosin hcl</i> .....                | 107      |
| TARGRETIN.....                             | 42       |
| TARINA FE 1/20.....                        | 119      |
| TARON-C DHA.....                           | 148      |
| TARON-PREX.....                            | 148      |
| TASIGNA.....                               | 42       |
| <i>tazarotene</i> .....                    | 101      |
| TAZORAC.....                               | 101      |
| TAZTIA XT.....                             | 88       |
| <i>techlite insulin syringe</i> .....      | 75       |
| TECHLITE PEN NEEDLES.....                  | 76       |
| TEGRETOL.....                              | 27       |
| TEGRETOL-XR.....                           | 27       |
| TEKTURN HCT.....                           | 90       |
| <i>telmisartan</i> .....                   | 84       |
| <i>telmisartan-amlodipine</i> .....        | 90       |
| <i>telmisartan-hctz</i> .....              | 90       |
| <i>temazepam</i> .....                     | 142      |
| TEMODAR.....                               | 37       |
| <i>temozolomide</i> .....                  | 37       |
| <i>temsirolimus</i> .....                  | 125      |
| TENCON.....                                | 6        |
| <i>tenofovir disoproxil fumarate</i> ..... | 51       |
| <i>terazosin hcl</i> .....                 | 107      |
| <i>terbinafine hcl</i> .....               | 33       |
| <i>terbutaline sulfate</i> .....           | 138      |
| <i>terconazole</i> .....                   | 33       |
| <i>testosterone</i> .....                  | 113      |
| <i>testosterone cypionate</i> .....        | 113      |
| <i>testosterone enanthate</i> .....        | 113      |

|                                              |          |
|----------------------------------------------|----------|
| <i>tetrabenazine</i> .....                   | 95       |
| <i>tetracaine hcl</i> .....                  | 130      |
| <i>tetracycline hcl</i> .....                | 23       |
| TEXACORT.....                                | 112      |
| THALOMID.....                                | 37       |
| THEO-24.....                                 | 138      |
| <i>theophylline</i> .....                    | 139      |
| <i>theophylline er</i> .....                 | 139      |
| <i>thioridazine hcl</i> .....                | 46       |
| <i>thiotepa</i> .....                        | 37       |
| <i>thiothixene</i> .....                     | 46       |
| THRIVE.....                                  | 18       |
| <i>thrivite 19</i> .....                     | 148      |
| <i>thrivite rx</i> .....                     | 148      |
| <i>tiagabine hcl</i> .....                   | 25       |
| TICE BCG.....                                | 40       |
| TILIA FE.....                                | 119      |
| <i>timolol maleate</i> .....                 | 86, 132  |
| <i>timolol maleate (once-daily)</i> .....    | 132      |
| <i>tinidazole</i> .....                      | 43       |
| <i>tiopronin</i> .....                       | 107      |
| TIROSINT.....                                | 122      |
| TIROSINT-SOL.....                            | 122      |
| <i>tizanidine hcl</i> .....                  | 49       |
| <i>tobramycin</i> .....                      | 131, 138 |
| <i>tobramycin-dexamethasone</i> .....        | 133      |
| TOBREX.....                                  | 131      |
| TODAY SPONGE.....                            | 107      |
| <i>today's health mini pen needles</i> ..... | 76       |
| <i>today's health pen needles</i> .....      | 76       |
| <i>today's health short pen needle</i> ..... | 76       |
| <i>tolcapone</i> .....                       | 44       |
| <i>tolterodine tartrate</i> .....            | 106      |
| <i>tolterodine tartrate er</i> .....         | 106      |
| <i>topcare clickfine pen needles</i> .....   | 76       |
| <i>topcare ultra comfort ins syr</i> .....   | 76       |
| <i>topiramate</i> .....                      | 26       |
| TOPOSAR.....                                 | 41       |
| <i>topotecan hcl</i> .....                   | 41       |
| <i>torseamide</i> .....                      | 91       |
| TOSYMRA.....                                 | 35       |
| TOTECT.....                                  | 40       |
| TOUJEO MAX SOLOSTAR.....                     | 76       |
| TOUJEO SOLOSTAR.....                         | 76       |
| TOVIAZ.....                                  | 106      |
| TRADJENTA.....                               | 56       |

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

|                                            |         |                                            |     |
|--------------------------------------------|---------|--------------------------------------------|-----|
| <i>tramadol hcl</i> .....                  | 14      | <i>trospium chloride er</i> .....          | 106 |
| <i>tramadol hcl er</i> .....               | 12      | <i>true comfort insulin syringe</i> .....  | 76  |
| <i>tramadol hcl er (biphasic)</i> .....    | 12      | <i>true comfort pen needles</i> .....      | 76  |
| <i>tramadol-acetaminophen</i> .....        | 14      | <i>true comfort pro insulin syr</i> .....  | 77  |
| <i>trandolapril</i> .....                  | 85      | <i>true comfort pro pen needles</i> .....  | 77  |
| <i>trandolapril-verapamil hcl er</i> ..... | 90      | TRUEPLUS 5-BEVEL PEN NEEDLES .....         | 77  |
| <i>tranylcypromine sulfate</i> .....       | 28      | TRUEPLUS INSULIN SYRINGE .....             | 77  |
| <i>travoprost (bak free)</i> .....         | 133     | TRUEPLUS PEN NEEDLES .....                 | 77  |
| TRAZIMERA .....                            | 42      | TRULANCE .....                             | 104 |
| <i>trazodone hcl</i> .....                 | 30      | TRULICITY .....                            | 56  |
| TREANDA.....                               | 40      | TRUSTEX COLOR CONDOMS + LUBE.....          | 128 |
| TRECATOR .....                             | 36      | TRUSTEX LUB/RIBBED/STUDDERED .....         | 128 |
| TRESIBA.....                               | 76      | TRUSTEX LUB/SPERMICIDE EX ST .....         | 128 |
| TRESIBA FLEXTOUCH .....                    | 76      | TRUSTEX LUB/SPERMICIDE XL .....            | 128 |
| <i>tretinoin</i> .....                     | 42, 101 | TRUSTEX LUBRICATED .....                   | 128 |
| <i>tretinoin microsphere</i> .....         | 101     | TRUSTEX LUBRICATED EX LARGE .....          | 129 |
| <i>tretinoin microsphere pump</i> .....    | 101     | TRUSTEX LUBRICATED EXTRA ST .....          | 129 |
| TREXALL .....                              | 125     | TRUSTEX LUBRICATED/SPERMICIDE.....         | 129 |
| TRI FEMYNOR .....                          | 119     | TRUSTEX NATURAL CONDOMS + LUBE.            | 129 |
| <i>triamcinolone acetonide</i> .....       | 97, 112 | TRUSTEX NON-LUBRICATED.....                | 129 |
| <i>triamcinolone in absorbase</i> .....    | 112     | TRUSTEX RIA LUB/SPERMICIDE .....           | 129 |
| <i>triamterene</i> .....                   | 91      | TRUSTEX RIA LUBRICATED.....                | 129 |
| <i>triamterene-hctz</i> .....              | 90      | TRUSTEX RIA NON-LUBRICATED.....            | 129 |
| TRIANEX .....                              | 112     | TRUSTEX-NONNOXYNOL-9/RIB/STUD.....         | 129 |
| <i>triazolam</i> .....                     | 53      | TRUXIMA .....                              | 42  |
| TRICARE .....                              | 148     | TUDORZA PRESSAIR.....                      | 137 |
| <i>tricitrates</i> .....                   | 148     | TUSNEL .....                               | 141 |
| TRIDERM.....                               | 112     | TUSSICAPS.....                             | 141 |
| <i>trientine hcl</i> .....                 | 107     | TYMLOS .....                               | 127 |
| TRIESENCE .....                            | 133     | TYSABRI.....                               | 96  |
| TRI-ESTARYLLA .....                        | 119     |                                            |     |
| <i>trifluoperazine hcl</i> .....           | 46      | <b>U</b>                                   |     |
| <i>trifluridine</i> .....                  | 49      | UDENYCA.....                               | 83  |
| <i>trihexyphenidyl hcl</i> .....           | 44      | ULTICARE INSULIN SAFETY SYR .....          | 77  |
| TRIJARDY XR .....                          | 56      | ULTICARE INSULIN SYRINGE .....             | 77  |
| TRI-LEGEST FE .....                        | 119     | ULTICARE MICRO PEN NEEDLES.....            | 78  |
| TRI-LINYAH .....                           | 119     | ULTICARE MINI PEN NEEDLES.....             | 78  |
| TRI-LO-MARZIA .....                        | 119     | ULTICARE PEN NEEDLES .....                 | 78  |
| TRI-LO-SPRINTEC.....                       | 119     | ULTICARE SHORT PEN NEEDLES .....           | 78  |
| <i>trimethobenzamide hcl</i> .....         | 31      | <i>ultiguard safepack pen needle</i> ..... | 78  |
| <i>trimethoprim</i> .....                  | 20      | ULTIGUARD SAFEPAK PEN NEEDLE.....          | 78  |
| <i>trimipramine maleate</i> .....          | 31      | ULTIGUARD SAFEPAK SYR/NEEDLE.....          | 78  |
| <i>trinatal rx 1</i> .....                 | 148     | ULTILET PEN NEEDLE .....                   | 78  |
| TRINATE.....                               | 148     | ULTRA CHOICE MULTIVITAMIN KIDS .....       | 148 |
| <i>tropicamide</i> .....                   | 130     | <i>ultra comfort insulin syringe</i> ..... | 78  |
| <i>trospium chloride</i> .....             | 106     | ULTRA FLO INSULIN PEN NEEDLES .....        | 79  |
|                                            |         | ULTRA FLO INSULIN SYR 1/2 UNIT .....       | 79  |

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

|                                        |     |
|----------------------------------------|-----|
| ULTRA FLO INSULIN SYRINGE .....        | 79  |
| ULTRA THIN PEN NEEDLES.....            | 79  |
| <i>ultracare insulin syringe</i> ..... | 79  |
| <i>ultracare pen needles</i> .....     | 79  |
| ULTRA-THIN II INS SYR SHORT .....      | 79  |
| ULTRA-THIN II INSULIN SYRINGE .....    | 80  |
| ULTRA-THIN II MINI PEN NEEDLE .....    | 80  |
| ULTRA-THIN II PEN NEEDLE SHORT .....   | 80  |
| ULTRA-THIN II PEN NEEDLES.....         | 80  |
| UNIFINE PEN NEEDLES.....               | 80  |
| UNIFINE PENTIPS .....                  | 80  |
| UNIFINE PENTIPS PLUS .....             | 80  |
| UNIFINE SAFECONTROL PEN NEEDLE ...     | 80  |
| UNIFINE ULTRA PEN NEEDLE .....         | 80  |
| URELLE.....                            | 107 |
| URIMAR-T .....                         | 107 |
| <i>urin ds</i> .....                   | 107 |
| <i>uro-458</i> .....                   | 107 |
| <i>uro-mp</i> .....                    | 107 |
| <i>ursodiol</i> .....                  | 104 |
| USTELL .....                           | 107 |
| UTIRA-C .....                          | 107 |

## V

|                                            |     |
|--------------------------------------------|-----|
| <i>valacyclovir hcl</i> .....              | 49  |
| <i>valganciclovir hcl</i> .....            | 49  |
| <i>valproic acid</i> .....                 | 25  |
| <i>valsartan</i> .....                     | 84  |
| <i>valsartan-hydrochlorothiazide</i> ..... | 90  |
| <i>value health insulin syringe</i> .....  | 80  |
| <i>valumark pen needles</i> .....          | 80  |
| <i>vancomycin hcl</i> .....                | 20  |
| VANISHPOINT INSULIN SYRINGE .....          | 80  |
| VCF VAGINAL CONTRACEPTIVE .....            | 107 |
| VECTIBIX.....                              | 42  |
| VECTICAL .....                             | 101 |
| VELCADE .....                              | 40  |
| VELIVET .....                              | 119 |
| VELTIN .....                               | 101 |
| <i>venlafaxine hcl</i> .....               | 30  |
| <i>venlafaxine hcl er</i> .....            | 30  |
| VENTAVIS .....                             | 139 |
| VENTOLIN HFA.....                          | 138 |
| <i>verapamil hcl</i> .....                 | 88  |
| <i>verapamil hcl er</i> .....              | 88  |
| VERDESO .....                              | 112 |
| VEREGEN .....                              | 101 |

|                                    |     |
|------------------------------------|-----|
| VERQUVO .....                      | 90  |
| VERZENIO.....                      | 41  |
| VESTURA .....                      | 119 |
| VIBRAMYCIN.....                    | 23  |
| VICTOZA.....                       | 56  |
| VIDA MIA UNIFINE PENTIPS.....      | 81  |
| VIENVA .....                       | 119 |
| <i>vigabatrin</i> .....            | 25  |
| VIIBRYD.....                       | 30  |
| VILAMIT MB.....                    | 107 |
| <i>vilazodone hcl</i> .....        | 30  |
| VILEVEV MB.....                    | 107 |
| VIMPAT .....                       | 27  |
| VINATE DHA RF .....                | 148 |
| VINATE II .....                    | 148 |
| VINATE ONE .....                   | 148 |
| <i>vinblastine sulfate</i> .....   | 40  |
| VINCASAR PFS.....                  | 40  |
| <i>vincristine sulfate</i> .....   | 40  |
| <i>vinorelbine tartrate</i> .....  | 40  |
| VIOKACE .....                      | 102 |
| <i>violele</i> .....               | 119 |
| VIRACEPT .....                     | 51  |
| VIREAD.....                        | 51  |
| <i>virt-c dha</i> .....            | 148 |
| <i>virt-nate dha</i> .....         | 148 |
| <i>virt-phos 250 neutral</i> ..... | 148 |
| <i>virt-pn dha</i> .....           | 148 |
| <i>virt-pn plus</i> .....          | 148 |
| VITAFOL-OB.....                    | 148 |
| VITAFOL-OB+DHA .....               | 148 |
| VITAFOL-ONE .....                  | 148 |
| VITAMEDMD ONE RX/QUATREFOLIC.....  | 148 |
| VIVA DHA .....                     | 148 |
| VIVITROL.....                      | 15  |
| VOGELXO.....                       | 113 |
| VOGELXO PUMP .....                 | 113 |
| <i>voriconazole</i> .....          | 34  |
| VOTRIENT .....                     | 42  |
| <i>vp insulin syringe</i> .....    | 81  |
| <i>vp-pnv-dha</i> .....            | 148 |
| VUSION .....                       | 34  |
| VYFEMLA .....                      | 119 |
| VYVANSE .....                      | 94  |

## W

|                              |    |
|------------------------------|----|
| <i>warfarin sodium</i> ..... | 82 |
|------------------------------|----|

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

|                                           |     |
|-------------------------------------------|-----|
| <i>wee care</i> .....                     | 148 |
| <i>wegmans unifine pentips plus</i> ..... | 81  |
| WERA .....                                | 119 |
| WIDE-SEAL DIAPHRAGM 60.....               | 129 |
| WIDE-SEAL DIAPHRAGM 65.....               | 129 |
| WIDE-SEAL DIAPHRAGM 70.....               | 129 |
| WIDE-SEAL DIAPHRAGM 75.....               | 129 |
| WIDE-SEAL DIAPHRAGM 80.....               | 129 |
| WIDE-SEAL DIAPHRAGM 85.....               | 129 |
| WIDE-SEAL DIAPHRAGM 90.....               | 129 |
| WIDE-SEAL DIAPHRAGM 95.....               | 129 |
| WINRHO SDF.....                           | 125 |
| WIXELA INHUB .....                        | 141 |
| WYMZYA FE.....                            | 119 |

## X

|                                   |     |
|-----------------------------------|-----|
| XALKORI .....                     | 42  |
| XARELTO .....                     | 82  |
| XARELTO STARTER PACK.....         | 82  |
| XELJANZ .....                     | 125 |
| XELJANZ XR .....                  | 125 |
| XEOMIN.....                       | 142 |
| XERESE .....                      | 49  |
| XGEVA .....                       | 127 |
| XIFAXAN.....                      | 20  |
| XIGDUO XR.....                    | 56  |
| XIMINO .....                      | 24  |
| XOFLUZA (40 MG DOSE) .....        | 52  |
| XOFLUZA (80 MG DOSE) .....        | 52  |
| XOLEGEL .....                     | 34  |
| XOLEGEL DUO/HEAD & SHOULDERS..... | 34  |
| XOLEGEL DUO/XOLEX .....           | 34  |
| XOPENEX HFA .....                 | 138 |
| XULANE.....                       | 119 |
| XYREM .....                       | 142 |

## Y

|                            |     |
|----------------------------|-----|
| <i>yl folic acid</i> ..... | 148 |
| YUVAFEM.....               | 119 |

## Z

|                               |     |
|-------------------------------|-----|
| <i>zaclir cleansing</i> ..... | 101 |
| <i>zafirlukast</i> .....      | 136 |
| <i>zaleplon</i> .....         | 142 |
| ZANOSAR.....                  | 37  |

|                                    |     |
|------------------------------------|-----|
| ZARXIO.....                        | 83  |
| ZATEAN-PN DHA .....                | 148 |
| ZATEAN-PN PLUS.....                | 148 |
| ZEBUTAL .....                      | 6   |
| ZELAPAR.....                       | 45  |
| ZELBORAF .....                     | 42  |
| ZENPEP.....                        | 102 |
| ZEPATIER.....                      | 49  |
| ZEPOSIA.....                       | 96  |
| ZEPOSIA 7-DAY STARTER PACK.....    | 97  |
| ZEPOSIA STARTER KIT .....          | 97  |
| ZETONNA .....                      | 136 |
| ZEVALIN Y-90.....                  | 40  |
| <i>zevrx insulin syringe</i> ..... | 81  |
| <i>zevrx pen needles</i> .....     | 81  |
| ZIANA.....                         | 101 |
| <i>zidovudine</i> .....            | 51  |
| <i>zileuton er</i> .....           | 136 |
| <i>ziprasidone hcl</i> .....       | 48  |
| <i>ziprasidone mesylate</i> .....  | 48  |
| ZIPSOR.....                        | 10  |
| ZIRABEV.....                       | 37  |
| ZIRGAN.....                        | 49  |
| ZITHRANOL .....                    | 101 |
| ZITHROMAX .....                    | 22  |
| ZOLADEX .....                      | 123 |
| <i>zoledronic acid</i> .....       | 127 |
| ZOLINZA .....                      | 41  |
| <i>zolmitriptan</i> .....          | 36  |
| <i>zolpidem tartrate</i> .....     | 142 |
| <i>zolpidem tartrate er</i> .....  | 142 |
| ZOLPIMIST .....                    | 142 |
| ZOMIG .....                        | 36  |
| ZONALON.....                       | 101 |
| <i>zonisamide</i> .....            | 24  |
| ZUPLENZ.....                       | 32  |
| ZYCLARA.....                       | 101 |
| ZYCLARA PUMP .....                 | 101 |
| ZYDELIG.....                       | 42  |
| ZYFLO.....                         | 136 |
| ZYKADIA.....                       | 42  |
| ZYLET .....                        | 133 |
| ZYPREXA RELPREVV .....             | 48  |

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