



Lista de Medicamentos de 2023

(Actualizado en octubre 2023)

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

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente

Segundo Nivel: Medicamentos de Marca.

Tercer Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos

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

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

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

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

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]	7
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	15
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]	16
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	19
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	25
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	28
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	29
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	32
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	33
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	35
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	35
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	36
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	37
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	37
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	37

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

ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	44
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	45
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	46
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	49
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	50
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	53
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	54
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	54
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]	83
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	85
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	95
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	98
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	99
DEVICES [DISPOSITIVOS]	103
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	103

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

ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	103
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	104
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	107
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	110
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	114
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]	114
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	122
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	123
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	124
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	124
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	124

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].....	125
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]	127
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	128
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]....	129
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	131
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	135
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]	135
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	143
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	143
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	144

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
BAC 50-325-40 mg tab	1		QL(90 / 30)
BUPAP 50-300 mg tab	2		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	3		PA
QUTENZA (2 PATCH) 8 % ext kit	3		PA
TENCON 50-325 mg tab	2		QL(90 / 30)
ZEBUTAL 50-325-40 mg cap	2		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
adult aspirin regimen 81 mg tab dr	1		QL(30 / 30), AL
aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin 81 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
aspirin adult 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 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
aspirin regimen 81 mg tab dr	1		QL(30 / 30), AL
BAYER ADVANCED ASPIRIN REG ST 325 mg tab	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	2		
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 ARTHRTIS PAIN 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>eq aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>eq aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ft aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<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 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>	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INDOCIN 50 mg rect supp	2		
INDOCIN 25 mg/5ml susp	2		
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
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	
MEDI-FIRST ASPIRIN 325 mg tab	1		QL(30 / 30), AL
MEDIQUE ASPIRIN 325 mg tab	1		QL(30 / 30), AL
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	
mm aspirin 81 mg tab dr	1		QL(30 / 30), AL
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
NALFON 400 mg cap	2		
NAPRELAN 750 mg tab er 24 hr	2		
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 dr 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	1	ANAPROX	
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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>px enteric aspirin 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew</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	2		
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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
ZIPSOR 25 mg cap	2		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	2		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, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	PA
OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
abuse-deterr, 60 mg tab er 12 hr abuse-deterr			
oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr	1	OPANA ER	
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	ULTRAM ER	PA
tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	RYZOLT	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab	1	TYLENOL WITH CODEINE	
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	
acetaminophen-codeine 300-60 mg tab	1	TYLENOL WITH CODEINE	
ASCOMP-CODEINE 50-325-40-30 mg cap	2		
butalbital-apap-caff-cod 50-300-40-30 mg cap	1	FIORICET WITH CODEINE	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	FIORICET WITH CODEINE	
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	FIORINAL WITH CODEINE	
butorphanol tartrate 10 mg/ml nasal soln	1	STADOL	QL(2.5 / 30)
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	1		
DEMEROL 75 mg/ml inj soln	2		
ENDOCET 2.5-325 mg tab	2		
endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	1	PERCOCET	
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	1	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
600 mcg bucc tab, 800 mcg bucc tab			
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	2		
LORTAB 10-300 mg/15ml oral elix	2		
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	2		
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	
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
<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	2		
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	2		
GEBAUERS SPRAY AND STRETCH ext aer	2		
GLYDO 2 % External Prefilled Syringe	2		
<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	2		
<i>premium lidocaine 5 % oint</i>	1		
SYNERA 70-70 mg patch	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab sub, 8 mg tab sub</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg sub film, 4-1 mg sub film, 8-2 mg sub film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab sub, 8-2 mg tab sub</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
<i>VIVITROL 380 mg im susp</i>	3		PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)

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

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

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
NICOTROL 10 mg inhaler	2		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	2		PA, QL(160 / 365)
<i>px stop smoking aid 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>px stop smoking aid 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>sm nicotine 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
THRIVE 2 mg m/t gum	2		PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	PA, QL(106 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
neomycin sulfate 500 mg tab	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
ALTABAX 1 % oint	2		
bacitracin 50000 unit im soln	1	BACI-IM	
BETADINE OPHTHALMIC PREP 5 % ophth soln	2		
CENTANY 2 % oint	2		
CENTANY AT 2 % ext kit	2		
CLEOCIN 100 mg vag supp	2		
CLINDACIN ETZ 1 % swab	2		
CLINDACIN-P 1 % swab	2		
CLINDAGEL 1 % gel	2		ST
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	1	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	1	CLEOCIN	
clindamycin phosphate 2 % vag crm	1	CLEOCIN	
clindamycin phosphate 1 % swab	1	CLEOCIN-T	
clindamycin phosphate 1 % ext soln, 1 % lot	1	CLEOCIN-T	
clindamycin phosphate 1 % gel	2	CLEOCIN-T	ST
clindamycin phosphate 1 % gel	2	CLEOCIN-T	ST
clindamycin phosphate 1 % foam	1	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	2		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	2		PA
fosfomycin tromethamine 3 gm pckt	1	MONUROL	
linezolid 600 mg tab	1	ZYVOX	PA
linezolid 100 mg/5ml susp	1	ZYVOX	PA
mafenide acetate 5 % ext pckt	1	SULFAMYLON	
methenamine hippurate 1 gm tab	1	HIPREX	
methenamine mandelate 0.5 gm tab, 1 gm tab	1		
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 375 mg cap	1	FLAGYL	
metronidazole 0.75 % vag gel	1	METROGEL	
mupirocin 2 % oint	1	BACTROBAN	
mupirocin calcium 2 % crm	1	BACTROBAN	
nitrofurantoin 25 mg/5ml susp	1	FURADANTIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	2		
SULFAMYLON 85 mg/gm crm	2		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	1	KEFLEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<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		
AUGMENTIN 125-31.25 mg/5ml susp	2		
BICILLIN C-R 1200000 unit/2ml im susp	2		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	2		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 250 mg tab, 500 mg tab	1	ZITHROMAX	
azithromycin 1 gm pckt, 600 mg tab	1	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	1	ZITHROMAX	
clarithromycin 250 mg tab	1	BIAXIN	
clarithromycin 500 mg tab	1	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	1	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	1	BIAXIN XL	
DIFICID 200 mg tab	2		
DIFICID 40 mg/ml susp	2		
E.E.S. 400 400 mg tab	2		
ery 2 % pad	1		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	2		
ERYTHROCIN STEARATE 250 mg tab	2		
erythromycin 2 % ext soln	1	ERYDERM	
erythromycin 2 % gel	1	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	1		
erythromycin base 500 mg tab	1	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	1	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	1	ERYPED	
ZITHROMAX 1 gm pckt	2		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
CIPRO 250 MG/5ML (5%) susp	2		
ciprofloxacin 500 MG/5ML (10%) susp	1	CIPRO	
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml soln	1	LEVAQUIN	
moxifloxacin hcl 400 mg tab	1	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
sulfacetamide sodium 10 % ophth soln	1	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	1	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	1	KLARON	
sulfadiazine 500 mg tab	1		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	1	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
avidoxy 100 mg tab	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	2		
demeclocycline hcl 150 mg tab, 300 mg tab	1	DECLOMYCIN	
doxycycline hyclate 200 mg tab dr, 50 mg tab dr	1	DORYX	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr	1	DORYX	
doxycycline hyclate 20 mg tab	1	PERIOSTAT	
doxycycline hyclate 100 mg tab	1	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	1	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab	1	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	1	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	1	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	1	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	1	MINOCIN	
minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr	1	SOLODYN	
minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab	1	SOLODYN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>			
MONDOXYNE NL 100 mg cap	2		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	2		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	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	
ROWEEPR 500 mg tab	2		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	2		
<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	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 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	2		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	2		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	2		
DIASTAT ACUDIAL 20 mg rect gel	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</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>	3	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
<i>LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit</i>	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit	1	LAMICTAL ODT	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
BANZEL 200 mg tab, 400 mg tab	2		
BANZEL 40 mg/ml susp	2		
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	2		
DILANTIN 100 mg cap, 30 mg cap	2		
DILANTIN 125 mg/5ml susp	2		
DILANTIN INFATABS 50 mg tab chew	2		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	2		
fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln	1	CEREBYX	
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	VIMPAT	
lacosamide 10 mg/ml soln, 200 mg/20ml iv soln	1	VIMPAT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
PHENYTEK 200 mg cap, 300 mg cap	2		
<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	2		
TEGRETOL 100 mg/5ml susp	2		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	2		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>	2		
<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>	2		
<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	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	2		
MARPLAN 10 mg tab	2		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	
PEXEVA 10 mg tab, 20 mg tab, 30 mg tab	2		
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 225 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	2		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ELAVIL	
<i>amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>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	2		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	3		QL(2 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 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)
<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>	3	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	2		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
CICLODAN 8 % ext soln	2		PA
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	PA
<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	2		PA
DERMAZENE 1-1 % crm	2		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
ERTACZO 2 % crm	2		
EXELDERM 1 % crm	2		
EXELDERM 1 % ext soln	2		
EXODERM 25-1 % lot	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
fluconazole 100 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 150 mg tab	1	DIFLUCAN	QL(2 / 28)
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	1	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	
hydrocortisone-iodoquinol 1-1 % crm	1		
iodoquinol-hc-aloe polysacch 1-2-1 % gel	1	ALCORTIN A	
itraconazole 10 mg/ml soln	1	SPORANOX	PA
itraconazole 100 mg cap	1	SPORANOX	PA
ketoconazole 2 % foam	1	EXTINA	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % crm	1	NIZORAL	
ketoconazole 2 % shampoo	1	NIZORAL	
LOPROX 0.77 % ext kit	2		
MENTAX 1 % crm	2		
miconazole 3 200 mg vag supp	1	MONISTAT	
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	1	VUSION	
naftifine hcl 2 % crm	1	NAFTIN	
NATACYN 5 % ophth susp	2		
NOXAFIL 40 mg/ml susp	2		
NYAMYC 100000 unit/gm ext pwdr	2		
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin 500000 unit tab	1	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	1	MYCOLOG	
ORAVIG 50 mg bucc tab	2		
oxiconazole nitrate 1 % crm	1	OXISTAT	
OXISTAT 1 % lot	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<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	
<i>voriconazole 200 mg tab, 50 mg tab</i>	3	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	3	VFEND	PA
VUSION 0.25-15-81.35 % oint	2		
XOLEGEL 2 % gel	2		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	2		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	2		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % foam	2		
<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	2		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	2		
PROCTO-MED HC 2.5 % crm	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PROCTOSOL HC 2.5 % crm	2		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	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	2		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	2		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
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
Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
sumatriptan-naproxen sodium 85-500 mg tab	1	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	2		
zolmitriptan 5 mg tab, 5 mg tab disint	1	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln	2		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
pyridostigmine bromide 60 mg tab	1	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	1	MESTINON	
pyridostigmine bromide er 180 mg tab er	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	1		
rifabutin 150 mg cap	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
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	2		
PRIFTIN 150 mg tab	2		
pyrazinamide 500 mg tab	1		
rifampin 150 mg cap, 300 mg cap	1	RIFADIN	
TRECTOR 250 mg tab	2		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
busulfan 6 mg/ml iv soln	3	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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	3		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	3		PA
LEUKERAN 2 mg tab	3		PA
MATULANE 50 mg cap	3		PA
<i>melfalan 2 mg tab</i>	3	ALKERAN	PA
<i>melfalan hcl 50 mg iv soln</i>	3	ALKERAN	PA
MYLERAN 2 mg tab	3		PA
TEMODAR 100 mg iv soln	3		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	3	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	3	THIOPLEX	PA
ZANOSAR 1 gm iv soln	3		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	3		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	3	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	3	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	3		PA
<i>flutamide 125 mg cap</i>	3	EULEXIN	PA
<i>nilutamide 150 mg tab</i>	3	NILANDRON	PA
NUBEQA 300 mg tab	3		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap</i>	3	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	3		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	3		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	3		PA
SOLTAMOX 10 mg/5ml soln	3		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	3	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	3	XELODA	PA

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxorubicin hcl 10 mg iv soln, 50 mg iv soln</i>	3		PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	1	ADRIAMYCIN	PA
<i>doxorubicin hcl liposomal 2 mg/ml iv inj</i>	3	DOXIL	PA
<i>floxuridine 0.5 gm inj soln</i>	3	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>	3		PA
<i>fulvestrant 250 mg/5ml im soln pfs</i>	3	FASLODEX	PA
<i>gemcitabine hcl 2 gm iv soln</i>	3		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	3		PA
<i>gemcitabine hcl 1 gm iv soln, 200 mg iv soln</i>	3	GEMZAR	PA
<i>HALAVEN 1 mg/2ml iv soln</i>	3		PA
<i>idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	3	IDAMYCIN PFS	PA
<i>IFEX 3 gm iv soln</i>	3		PA
<i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>	3	IFEX	PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	3	IFEX	PA
<i>irinotecan hcl 500 mg/25ml iv soln</i>	3		PA
<i>irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	3	CAMPTOSAR	PA
<i>IXEMPRA KIT 15 mg iv soln, 45 mg iv soln</i>	3		PA
<i>JEVTANA 60 mg/1.5ml iv soln</i>	3		PA
<i>KADCYLA 100 mg iv soln, 160 mg iv soln</i>	3		PA
<i>KANJINTI 150 mg iv soln, 420 mg iv soln</i>	3		PA
<i>KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln</i>	3		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	3	MUTAMYCIN	PA
<i>nelarabine 5 mg/ml iv soln</i>	3	ARRANON	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	3	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	3	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>	3	TAXOL	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	3	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	3		PA
PHOTOFRIN 75 mg iv soln	3		PA
PROLEUKIN 22000000 unit iv soln	3		PA
<i>romidepsin 10 mg iv soln</i>	3	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	3		PA
TICE BCG 50 mg i-vesic susp	2		PA
TOTECT 500 mg iv soln	3		PA
TREANDA 100 mg iv soln, 25 mg iv soln	3		PA
VELCADE 3.5 mg inj soln	3		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	3		PA
VINCASAR PFS 1 mg/ml iv soln	3		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	3	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	3	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	3		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	3	PARAPLATIN	PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	3		PA
<i>fludarabine phosphate 50 mg iv soln</i>	3	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>	3		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	3	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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	3		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	3	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	3		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		PA
ZOLINZA 100 mg cap	3		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	3	ARIMIDEX	
<i>exemestane 25 mg tab</i>	3	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	3	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	3		PA
<i>etoposide 50 mg cap</i>	3		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	3	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	3		PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	3		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	3		PA
<i>topotecan hcl 4 mg iv soln</i>	3	HYCANTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	3		PA
CAPRELSA 100 mg tab, 300 mg tab	3		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	3		PA
ERIVEDGE 150 mg cap	3		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	3	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	3	AFINITOR	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	3		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	3	GLEEVEC	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INLYTA 1 mg tab, 5 mg tab	3		PA
IRESSA 250 mg tab	3		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	3		PA
KEYTRUDA 100 mg/4ml iv soln	3		PA
<i>lapatinib ditosylate 250 mg tab</i>	3	TYKERB	PA
NEXAVAR 200 mg tab	3		PA
ROZLYTREK 100 mg cap, 200 mg cap	3		PA
<i>sorafenib tosylate 200 mg tab</i>	3	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	3		PA
STIVARGA 40 mg tab	3		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	3	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	3		PA
VOTRIENT 200 mg tab	3		PA
XALKORI 200 mg cap, 250 mg cap	3		PA
ZELBORAF 240 mg tab	3		PA
ZYDELIG 100 mg tab, 150 mg tab	3		PA
ZYKADIA 150 mg tab	3		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	3		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	3		PA
GAZYVA 1000 mg/40ml iv soln	3		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	3		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	3		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	3		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	3	TARGRETIN	PA
PANRETIN 0.1 % gel	3		PA
TARGRETIN 1 % gel	3		PA
<i>tretinoin 10 mg cap</i>	3	VESANOID	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	3	MESNEX	PA
MESNEX 400 mg tab	3		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	2		
ALINIA 100 mg/5ml susp	2		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	2		
<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	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % lot	2		PA
<i>cvs ivermectin lice treatment 0.5 % lot</i>	1	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	1	SKLICE	PA
<i>malathion 0.5 % lot</i>	1	OVIDE	PA
NATROBA 0.9 % ext susp	2		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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 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>	3	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	3		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	3		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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [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	
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]			
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	3	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	2		
STALEVO 150 37.5-150-200 mg tab	2		
STALEVO 200 50-200-200 mg tab	2		
STALEVO 50 12.5-50-200 mg tab	2		
STALEVO 75 18.75-75-200 mg tab	2		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<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	2		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<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</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	2		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	3		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	3		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	3		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2		
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	LATUDA	
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	3		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 sub, 5 mg tab sub	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	2		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>valganciclovir hcl 450 mg tab</i>	1	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
ZIRGAN 0.15 % ophth gel	2		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
ALFERON N 5000000 unit/ml inj soln	3		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
INTRON A 10000000 unit inj soln	3		PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab	3		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	3	EPCLUSA	PA
ZEPATIER 50-100 mg tab	3		PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
<i>ribavirin 200 mg tab</i>	3	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	3	REBETOL	PA
Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % crm, 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
DENAVIR 1 % crm	2		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	3	FAMVIR	
<i>penciclovir 1 % crm</i>	1	DENAVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
XERESE 5-1 % crm	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	3		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	3		PA
ISENTRESS HD 600 mg tab	3		PA
STRIBILD 150-150-200-300 mg tab	3		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
COMPLERA 200-25-300 mg tab	3		PA
EDURANT 25 mg tab	3		PA
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	3	SUSTIVA	PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	3	ATRIPLA	PA
etravirine 100 mg tab, 200 mg tab	3	INTELENCE	PA
INTELENCE 100 mg tab, 25 mg tab	3		PA
nevirapine 50 mg/5ml susp	3	VIRAMUNE	PA
nevirapine 200 mg tab	3	VIRAMUNE	PA
nevirapine er 100 mg tab er 24 hr	3	VIRAMUNE XR	PA
nevirapine er 400 mg tab er 24 hr	3	VIRAMUNE XR	PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	3	ZIAGEN	PA
abacavir sulfate 20 mg/ml soln	3	ZIAGEN	PA
abacavir sulfate-lamivudine 600-300 mg tab	3	EPZICOM	
DOVATO 50-300 mg tab	3		PA
emtricitabine 200 mg cap	3	EMTRIVA	PA
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	3	TRUVADA	PA
EMTRIVA 10 mg/ml soln	3		PA
lamivudine 150 mg tab, 300 mg tab	3	EPIVIR	PA
lamivudine 10 mg/ml soln	3	EPIVIR	PA
lamivudine-zidovudine 150-300 mg tab	3	COMBIVIR	PA
RETROVIR 10 mg/ml iv 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	3	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	3		PA
VIREAD 40 mg/gm oral pwdr	3		PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	3	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	3	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	3		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	3	SELZENTRY	PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	3		PA
SELZENTRY 20 mg/ml soln	3		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	3		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	3	REYATAZ	PA
<i>darunavir 600 mg tab, 800 mg tab</i>	3	PREZISTA	PA
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	PA
KALETRA 100-25 mg tab	3		PA
LEXIVA 50 mg/ml susp	3		PA
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	3	KALETRA	PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	3	KALETRA	PA
NORVIR 100 mg pckt	3		PA
NORVIR 80 mg/ml soln	3		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	3		PA
PREZISTA 100 mg/ml susp	3		PA
<i>ritonavir 100 mg tab</i>	3	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	3		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
RELENZA DISKHALER 5 mg/act inh aer pwr br act	2		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	2		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]			
LAGEVRIO 200 mg cap	2		QL(40 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<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	2		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
DORAL 15 mg tab	2		
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>lorazepam 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 inj soln</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	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	2		ST
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	2		ST
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	2	NESINA	ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	2	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	2	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	2		
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
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	2		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	2		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	
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	2		ST
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	2		ST
ONGLYZA 2.5 mg tab, 5 mg tab	2		ST
OSANI 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	2		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 2 mg/3ml sc soln pen-inj	2		ST
OZEMPIC (1 MG/DOSE) 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	2		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
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1		ST
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	2		ST
STEGLATRO 15 mg tab, 5 mg tab	2		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	2		ST
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
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
<i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>			
<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		
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 8 MM misc	1		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	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		
<i>aum pen needle 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</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aum 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	2		QL(15 / 30), ST
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 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, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BD PEN NEEDLE MICRO U/F 32G X 6 MM misc	1		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO U/F 32G X 4 MM misc	1		
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM misc	1		
BD PEN NEEDLE SHORT U/F 31G X 8 MM misc	1		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
BD 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		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	1		
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	1		
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	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
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		
<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 insulin syringe 31G X 5/16" 0.3 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		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc			
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 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
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		
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc	1		
EMBRACE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM 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</i>	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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			
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	1		
global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc	1		
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	1		
gnp insulin syringes 30G X 5/16" 1 ml misc	1		
gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc	1		
gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc	1		
gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc	1		
gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc	1		
gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc	1		
gnp ulticare pen needles 31G X 5 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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		
<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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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)
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 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.5 ml misc, 29G</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	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		
<i>insulin syringe-needle u-100 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, 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 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 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 pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G 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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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>croger 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>croger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		
<i>croger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
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	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
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		
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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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, 31G X 5/16" 1 ml misc, U-100 1 ml misc	1		
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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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)
<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		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	1		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	1		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>	1		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>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>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>px 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		
<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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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 INSULIN SYRINGE 29G X 1/2" 0.5 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, 31G X 8 MM misc, 32G X 4 MM misc	1		
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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 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>	1		
TECHLITE PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
<i>todays health mini pen needles 31G X 6 MM misc</i>	1		
<i>todays health pen needles 29G X 12MM misc</i>	1		
<i>todays 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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
true comfort insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	1		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	1		
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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 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	1		
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		
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
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	1		
ULTIGUARD SAFEPACK 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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTIGUARD SAFEPACK 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		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc, 33G X 4 MM misc	1		
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTRA FLO INSULIN SYR 1/2 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 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 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</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc			
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	1		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	1		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
UNIFINE PEN NEEDLES 32G X 4 MM misc	1		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM misc	1		
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
misc, 31G X 8 MM misc, 32G X 4 MM misc			
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
<i>valumark pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE 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	1		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
zevrx insulin syringe 30G X 5/16" 1 ml misc	1		
zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
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	3	LOVENOX	PA
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	3	ARIXTRA	PA
FRAGMIN 10000 unit/4ml sc soln, 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	3		PA
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	2		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	3		PA
<i>azacitidine 100 mg inj susp</i>	3	VIDAZA	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA
MOZOBIL 24 mg/1.2ml sc soln	3		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	3		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	2		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	3		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	3		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	1		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	2		
<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	2		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<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	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	2		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	2		
<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	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	2		
<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</i>	1	TIAZAC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>			
<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>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	
<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	
<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,</i>	1	VERELAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr			
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
aliskiren fumarate 150 mg tab, 300 mg tab	1	TEKTURNA	
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	1	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
BIDIL 20-37.5 mg tab	2		
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	
captopril-hydrochlorothiazide 50-15 mg tab	1	CAPOZIDE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
DIGITEK 250 mcg tab	2		
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<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>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSE	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 300-12.5 mg tab, 300-25 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	2		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSpra	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	2		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>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	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	2		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	2		
<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	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral 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	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	2		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PREVALITE 4 gm/dose oral pwdr	2		
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	2		
<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	2		
NITRO-TIME 9 mg cap er	2		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
<i>dextroamphetamine sulfate 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>lisdexamfetamine dimesylate 40 mg cap</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 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,</i>	1	METADATE CD	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
40 mg cap er, 50 mg cap er, 60 mg cap er			
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	1	RITALIN LA	
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	1	CONCERTA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	2		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	2		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
GRALISE 300 mg tab, 600 mg tab	2		
HORIZANT 300 mg tab er, 600 mg tab er	2		
NUDEXTA 20-10 mg cap	2		
riluzole 50 mg tab	3	RILUTEK	PA
tetrabenazine 12.5 mg tab, 25 mg tab	3	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
pregabalin 20 mg/ml soln	1	LYRICA	PA
pregabalin 225 mg cap, 300 mg cap	1	LYRICA	PA, QL(60 / 30)
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	LYRICA	PA, QL(90 / 30)
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	1	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	2		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	3		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	3		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	3	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	3	TECFIDERA	PA
<i>fingolimod hcl 0.5 mg cap</i>	3	GILENYA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	3		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	3	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	3		PA
MAYZENT 0.25 mg tab, 2 mg tab	3		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	3		PA
OCREVUS 300 mg/10ml iv soln	3		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	3		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	3		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	3	AUBAGIO	PA
TYSABRI 300 mg/15ml iv conc	3		PA
ZEPOSIA 0.92 mg cap	3		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	3		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92mg(21) cap pack	1		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	3		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	2		
BOCASAL m/t pckt	2		
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KEPIVANCE 6.25 mg iv soln	3		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	2		
NUMOISYN m/t liq	2		
ORALONE 0.1 % m/t paste	2		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
SALIVAMAX m/t pckt	2		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACANYA 1.2-2.5 % gel	2		ST
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	3	SORIATANE	PA
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	2		
AVAR CLEANSER 10-5 % ext liq	2		
AVAR-E EMOLLIENT 10-5 % crm	2		
AVAR-E GREEN 10-5 % crm	2		
AVITA 0.025 % crm, 0.025 % gel	2		PA
AZELEX 20 % crm	2		
<i>benzoyl peroxide 8 % gel</i>	1	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
BIONECT 0.2 % gel	2		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bp wash 7 % ext liq</i>	1		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
CALCITRENE 0.005 % oint	2		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CLINDACIN ETZ 1 % ext kit	2		
CLINDACIN PAC 1 % ext kit	2		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	2		
CORTANE-B 10-10-1 mg/ml lot	2		
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	3		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	3		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	3		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	3		PA
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
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	3		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
<i>iodosorb 0.9 % gel</i>	2		
LEVULAN KERASTICK 20 % ext 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<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>	3	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	2		
NORITATE 1 % crm	2		
ONEXTON 1.2-3.75 % gel	2		
OVACE PLUS 10 % crm	2		
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	2		
PROCTOFOAM HC 1-1 % foam	2		
PROMISEB crm	2		
PRUDOXIN 5 % crm	2		
RECTIV 0.4 % rect oint	2		
REGRANEX 0.01 % gel	2		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	2		PA
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	2		
ROSADAN 0.75 % crm, 0.75 % gel	2		
SANTYL 250 unit/gm oint	2		
SCALACORT DK 2 & 2-2 % ext kit	2		
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	3		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	3		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
sodium sulfacetamide 10 % shampoo	1		
SORILUX 0.005 % foam	2		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
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	3		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	
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 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	2		
TACLONEX 0.005-0.064 % ext susp	2		
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	PA
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	3		PA
tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	2		PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	1	RETIN-A	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
VELTIN 1.2-0.025 % gel	2		ST
VEREGEN 15 % oint	2		
<i>zaclir cleansing 8 % lot</i>	1		
ZIANA 1.2-0.025 % gel	2		ST
ZITHRANOL 1 % shampoo	2		
ZONALON 5 % crm	2		
ZYCLARA 3.75 % crm	2		PA
ZYCLARA PUMP 2.5 % crm	2		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			
EUFLEXXA 20 mg/2ml i-artic soln pfs	3		PA
GENVISC 850 25 mg/2.5ml i-artic soln pfs	3		PA
HYALGAN 20 mg/2ml i-artic soln, 20 mg/2ml i-artic soln pfs	3		PA
ORTHOVISC 30 mg/2ml i-artic soln pfs	3		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	3		PA
SYNVISC 16 mg/2ml i-artic soln pfs	3		PA
SYNVISC ONE 48 mg/6ml i-artic soln pfs	3		PA
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
114000 unit cap dr prt, 6000-19000 unit cap dr prt			
CYSTAGON 150 mg cap, 50 mg cap	2		
<i>miglustat 100 mg cap</i>	3	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	2		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	2		ST
<i>sodium phenylbutyrate 500 mg tab</i>	3	BUPHENYL	PA
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	2		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		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	2		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab sub</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>hyoscyamine sulfate sl 0.125 mg tab sub</i>	1	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	2		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab sub</i>	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		QL(336 / 365)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		QL(360 / 365)
CHENODAL 250 mg tab	2		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
ENTEREG 12 mg cap	2		
<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	2		ST
MOTOFEN 1-0.025 mg tab	2		
MOVANTI 12.5 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PYLERA 140-125-125 mg cap	2		QL(360 / 365)
RELISTOR 150 mg tab	2		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	2		ST
SYMPROIC 0.2 mg tab	2		ST
TRULANCE 3 mg tab	2		ST
ursodiol 300 mg cap	1	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	1	TAGAMET	
cimetidine hcl 300 mg/5ml soln	1	TAGAMET	
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	1	LOTROXEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		ST
lubiprostone 24 mcg cap, 8 mcg cap	1	AMITIZA	ST
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
constulose 10 gm/15ml soln	1	CONSTULOSE	
enulose 10 gm/15ml soln	1	CONSTULOSE	
generlac 10 gm/15ml soln	1	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	2		
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	
peg-3350/electrolytes 236 gm soln	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	2		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>dexlansoprazole 30 mg cap dr</i>	1		ST
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	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	2		
FIRST-OMEPRAZOLE 2 mg/ml susp	2		
<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	2		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	2		
<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
PRILOSEC 10 mg pckt, 2.5 mg pckt	2		ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	ST
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		
<i>oxybutynin chloride 5 mg tab</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	2		
<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>tropium chloride 20 mg tab</i>	1	SANCTURA	
<i>tropium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	2		
ENCARE 100 mg vag supp	2		
HYOPHEN 81.6 mg tab	2		
LITHOSTAT 250 mg tab	2		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	2		
PHENAZO 200 mg tab	2		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIDIUM	
PHOSPHASAL 81.6 mg tab	2		
RIMSO-50 50 % i-vesic soln	2		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	2		
<i>trientine hcl 250 mg cap</i>	3	SYPRINE	PA
URELLE 81 mg tab	2		
URIMAR-T 120 mg tab	2		
<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	2		
UTIRA-C 81.6 mg tab	2		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	2		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	2		
VILAMIT MB 118 mg cap	2		
VILEVEV MB 81 mg tab	2		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<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	2		
<i>sevelamer carbonate 800 mg tab</i>	1	REVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
ALA SCALP 2 % lot	2		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	2		
<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 & 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	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
CAPEX 0.01 % shampoo	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % shampoo	2		
CLODERM 0.1 % crm	2		
CORDRAN 4 mcg/sqcm tape	2		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	2		
<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	2		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % oint	2		
HALOG 0.1 % ext soln	2		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	2		
MEDROL 2 mg tab	2		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	2		
<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	
PANDEL 0.1 % crm	2		
<i>prednicarbate 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 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		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	2		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	2		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	2		
SOLU-MEDROL 2 gm inj soln	2		
TEXACORT 2.5 % ext soln	2		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
VERDESO 0.05 % foam	2		
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CORTROPHIN 80 unit/ml inj gel	3		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>testosterone 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 1.62 % td gel, 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</i>	1	ANDROGEL	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2		
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	2		
AMETHIA 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
AMETHYST 90-20 mcg tab	2		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	2		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	2		QL(28 / 28)
AUBRA 0.1-20 mg-mcg tab	2		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	2		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
briellyn 0.4-35 mg-mcg tab	1		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	2		QL(91 / 91)
CHATEAL 0.15-30 mg-mcg tab	2		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
COVARYX 1.25-2.5 mg tab	2		
COVARYX HS 0.625-1.25 mg tab	2		
CYRED 0.15-30 mg-mcg tab	2		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	2		
DELYLA 0.1-20 mg-mcg tab	2		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	2		
<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	2		
DIVIGEL 1 mg/gm td gel	2		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	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	2		
ELINEST 0.3-30 mg-mcg tab	2		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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	
estradiol 10 mcg vag tab	1	VAGIFEM	
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	1	VIVELLE-DOT	
estradiol valerate 40 mg/ml im oil	1	DELESTROGEN	
estradiol valerate 20 mg/ml im oil	1	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	1	ACTIVELLA	
ESTRING 2 mg vag ring	2		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	2		
ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab	1	DEMULEN	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	1	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	2		
FALMINA 0.1-20 mg-mcg tab	2		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	2		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	2		
FEMYNOR 0.25-35 mg-mcg tab	2		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2		
INTROVALE 0.15-0.03 mg tab	2		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	2		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	2		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	2		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	2		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	2		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LARIN 24 FE 1-20 mg-mcg(24) tab	2		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	2		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	2		QL(28 / 28)
levonorgest-eth est & eth est 42-21-21-7 days tab	1	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	LOSEASONIQUE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	SEASONALE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab	1	SEASONIQUE	QL(91 / 91)
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	ALESSE	QL(28 / 28)
levonorgestrel-ethinyl estrad 90-20 mcg tab	1	AMETHYST 28 DAY	QL(28 / 28)
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	1	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	2		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	2		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	2		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	2		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	2		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	2		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	2		QL(28 / 28)
marlissa 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MENOSTAR 14 mcg/24hr tdkw patch	2		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	2		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	2		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	2		QL(28 / 28)
NIKKI 3-0.02 mg tab	2		QL(28 / 28)
norethin ace-eth estrad-fe 1-20 mg-mcg tab	1	LOESTRIN FE	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	QL(28 / 28)
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	1	FEMHRT	
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-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	2		QL(1 / 28)
PHILITH 0.4-35 mg-mcg 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	2		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
QUARTETTE 42-21-21-7 days tab	2		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	2		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	2		QL(91 / 91)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	2		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	2		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	2		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	2		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	2		QL(28 / 28)
VESTURA 3-0.02 mg tab	2		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	2		QL(28 / 28)
viorele 0.15-0.02/0.01 mg (21/5) tab	1	MIRCETTE	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VYFEMLA 0.4-35 mg-mcg tab	2		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	2		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	2		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	2		QL(3 / 28)
YUVAFEM 10 mcg vag tab	2		
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	2		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	2		
AFTERPILL 1.5 mg tab	2		
CAMILA 0.35 mg tab	2		QL(28 / 28)
CRINONE 4 % vag gel	2		PA
CURAE 1.5 mg tab	2		
DEBLITANE 0.35 mg tab	2		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	2		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	2		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	2		
ECONTRA ONE-STEP 1.5 mg tab	2		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	2		PA
HER STYLE 1.5 mg tab	2		
JENCYCLA 0.35 mg tab	2		QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
LYZA 0.35 mg tab	2		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>	3	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	3	MEGACE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MIRENA (52 MG) 20 mcg/day iud	3		PA
MY CHOICE 1.5 mg tab	2		
MY WAY 1.5 mg tab	2		
NEW DAY 1.5 mg tab	2		
NEXPLANON 68 mg sc implant	2		
norethindrone 0.35 mg tab	1	NOR-QD	QL(28 / 28)
norethindrone acetate 5 mg tab	1	AYGESTIN	
NORLYROC 0.35 mg tab	2		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	2		
OPTION 2 1.5 mg tab	2		
PLAN B ONE-STEP 1.5 mg tab	2		
progesterone 50 mg/ml im oil	1		PA
progesterone 100 mg cap, 200 mg cap	1	PROMETRIUM	PA
REACT 1.5 mg tab	2		
SHAROBEL 0.35 mg tab	2		QL(28 / 28)
TAKE ACTION 1.5 mg tab	2		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
raloxifene hcl 60 mg tab	1	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
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	2		
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	2		
levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab	1	SYNTHROID	
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg	1	SYNTHROID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>			
<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	2		
<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	2		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap	2		
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	2		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants []			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	3		PA
FIRMAGON 80 mg sc soln	3		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	3		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	3	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	3		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	3		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	3		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	3		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	3		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	3		PA
ORILISSA 150 mg tab, 200 mg tab	3		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	3		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
AMJEVITA 20 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs	3		PA
AZASAN 100 mg tab, 75 mg tab	2		PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	3		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	3		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	3	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	3	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	3	NEORAL	PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	3		PA
ENBREL MINI 50 mg/ml sc soln cart	3		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	3		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	3	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	3		PA
GENGRAF 100 mg/ml soln	3		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	3		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	3		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	3		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML &	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit			
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	3		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	3		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	3		PA
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	3		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj soln</i>	3		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	3	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	3	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	3	MYFORTIC	PA
ORENCIA 250 mg iv soln	3		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	3		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	3		PA
RENFLEXIS 100 mg iv soln	3		PA
RINVOQ 15 mg tab er 24 hr	3		PA
SANDIMMUNE 100 mg/ml soln	2		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PROGRAF	PA
<i>temsirolimus 25 mg/ml iv soln</i>	3	TORISEL	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XELJANZ 10 mg tab, 5 mg tab	3		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	3		PA
Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	3		QL(2 / 365)
MICRHOGAM ULTRA-FILTERED PLUS 250 unit im soln pfs	3		QL(2 / 365)
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		QL(2 / 365)
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		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	3		QL(2 / 365)
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	3		PA
ARCALYST 220 mg sc soln	3		PA
ILARIS 150 mg/ml sc soln	2		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	3		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	3		PA
RIDAURA 3 mg cap	2		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	3		PA
XGEVA 120 mg/1.7ml sc soln	3		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	3	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	3	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
ACTICARNITINE SF 1 gm/10ml soln	1		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	2		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE THIN dev	2		QL(12 / 30)
DUREX REALFEEL dev	2		QL(12 / 30)
FANTASY LUBRICATED misc	2		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	2		QL(12 / 30)
FC2 FEMALE CONDOM misc	2		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	2		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	1		
KAMELEON LUBRICATED misc	2		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	2		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	2		QL(12 / 30)
K-Y ME & YOU EXTRA LUBRICATED dev	2		QL(12 / 30)
K-Y ME & YOU INTENSE dev	2		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
levocarnitine (dietary) 1 gm/10ml soln	1		
levocarnitine l-tartrate 330 mg tab	1		
maxx misc	1		QL(12 / 30)
maxx plus misc	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	2		
OMNIFLEX DIAPHRAGM vag diaph	2		
PARAGARD INTRAUTERINE COPPER iud	3		PA
REALITY LATEX CONDOMS misc	2		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	2		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	2		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	2		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	2		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	2		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	2		QL(12 / 30)
TRUSTEX LUBRICATED misc	2		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	2		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	2		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	2		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	2		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	2		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	2		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	2		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	2		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	2		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	2		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	2		
ALTACAINE 0.5 % ophth soln	2		
ALTACAINE 0.5 % ophth soln	2		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	2		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<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	2		
MIOCHOL-E 20 mg i-ocul soln	2		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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
<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	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	2		
<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	2		
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	1	PATADAY	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	2		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	2		
CILOXAN 0.3 % ophth oint	2		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	2		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	2		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	2		
BETOPTIC-S 0.25 % ophth susp	2		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	1	COMBIGAN	
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT	
IOPIDINE 1 % ophth soln	2		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	2		PA
OZURDEX 0.7 mg Intravitreal Implant	3		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
RETISERT 0.59 mg Intravitreal Implant	2		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALOMIDE 0.1 % ophth soln	2		
ALREX 0.2 % ophth susp	2		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	2		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
FLAREX 0.1 % ophth susp	2		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	2		
FML FORTE 0.25 % ophth susp	2		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth oint	2		
LOTEMAX SM 0.38 % ophth gel	2		
<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	2		
<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	2		
PRED MILD 0.12 % ophth susp	2		
PRED-G 0.3-1 % ophth susp	2		
PRED-G S.O.P. 0.3-0.6 % ophth oint	2		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	2		PA
ZYLET 0.5-0.3 % ophth susp	2		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	2		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
<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	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
cetirizine hcl 1 mg/ml soln	1	ZYRTEC	
clemastine fumarate 2.68 mg tab	1	TAVIST	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	1	CLARINEX	
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	
hydroxyzine pamoate 100 mg cap	1	VISTARIL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	
olopatadine hcl 0.6 % nasal soln	1	PATANASE	
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	2		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr	2		QL(1 / 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 [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
br act, 220 mcg/act inh aer pwdr br act			
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	2		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	2		QL(25 / 25)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<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	2		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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZETONNA 37 mcg/act nasal aer soln	2		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
montelukast sodium 4 mg pckt	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	1	ACCOLATE	
zileuton er 600 mg tab er 12 hr	1	ZYFLO CR	
ZYFLO 600 mg tab	2		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	2		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(250 / 25)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	1	ATROVENT	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	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)
tiotropium bromide monohydrate 18 mcg inh cap	1		QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	2		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln	1	ACCUNEB	QL(300 / 25)
albuterol sulfate 1.25 mg/3ml inh neb soln	1	ACCUNEB	QL(300 / 25), AL
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	PROVENTIL	QL(300 / 25)
albuterol sulfate 2 mg tab, 4 mg tab	1	PROVENTIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	2	XOPENEX HFA	QL(30 / 30), ST
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	2		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	2		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	2		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	3		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt	3		PA
KITABIS PAK 300 mg/5ml inh neb soln	3		PA
PULMOZYME 2.5 mg/2.5ml inh soln	3		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	3	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	2		
ELIXOPHYLLIN 80 mg/15ml oral elix	2		
<i>roflumilast 500 mcg tab</i>	1	DALIRESP	
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	2		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	3		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	3	LETAIRIS	PA
OPSUMIT 10 mg tab	3		PA
<i>sildenafil citrate 20 mg tab</i>	3	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	3	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	3	ADCIRCA	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	3		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
<i>pirfenidone 534 mg tab</i>	3		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	3	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ADRENALIN 0.1 % nasal soln	2		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(10.7 / 30)
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)
BREYNA 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1		QL(10.3 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.2 / 30)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	2		QL(13 / 30), ST
FASENRA 30 mg/ml sc soln pfs	3		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	3		PA
<i>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</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14</i>	1	AIRDUO	QL(1 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>			
GILPHEX TR 10-388 mg tab	2		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln	2		
NEBUSAL 6 % inh neb soln	2		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
PULMOSAL 7 % inh neb soln	2		
ribavirin 6 gm inh soln	3	VIRAZOLE	
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<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	3		PA
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	2		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
TUSNEL 60-30-400 mg tab	2		
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
BOTOX 100 unit inj soln, 200 unit inj soln	3		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	
DYSFORT 300 unit im soln, 500 unit im soln	2		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
LORZONE 375 mg tab	2		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<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	3		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	3		PA
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
EDLUAR 10 mg tab subl, 5 mg tab subl	2		
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	1	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	2		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	NUVIGIL	
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	
ramelteon 8 mg tab	1	ROZEREM	
XYREM 500 mg/ml soln	3		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	2		AL
ATABEX EC 29-1 mg tab dr	2		
bite-a-mins/iron 15 mg tab chew	1		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	2		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	2		
CEROVITE JR 18 mg tab chew	1		AL
childrens animal shapes 18 mg tab chew	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>childrens multivitamin/iron 15 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	2		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	2		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	2		
CITRANATAL DHA 27-1 & 250 mg oral misc	2		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	2		
CONCEPT DHA 53.5-38-1 mg cap	2		
CONCEPT OB 130-92.4-1 mg cap	2		
<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		
DUET DHA 400 25-1 & 400 mg oral misc	2		
DUET DHA BALANCED 25-1 & 267 mg oral misc	2		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	2		
ELITE-OB 50-1.25 mg tab	2		
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eql 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	2		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>	2	FER-IN-SOL	AL
FLINTSTONES COMPLETE 10 mg tab chew, 18 mg tab chew	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FLINTSTONES PLUS EXTRA IRON 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	2		
<i>fruity chews/iron tab chew</i>	1		AL
GALZIN 25 mg cap, 50 mg cap	2		
<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	2		
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron supplement 75 (15 Fe) mg/ml soln</i>	2	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	2		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	2		
K-PRIME 25 meq tab eff	2		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
MAGNEBIND 400 80-115 mg tab	2		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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	FERRLECIT	PA
NATACHEW 28-1 mg tab chew	2		
NATALVIT tab	2		
NEEVO DHA 27-1.13 mg cap	2		
NESTABS 32-1 mg tab	2		
NESTABS DHA 32-1 mg oral misc	2		
<i>niacin 500 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	2		
NOVAFERRUM 125 mg/5ml liq	2		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	2		AL
OB COMPLETE 50-1.25 mg tab	2		
OB COMPLETE ONE 50-1-476 mg cap	2		
OB COMPLETE PETITE 35-5-1-200 mg cap	2		
OB COMPLETE PREMIER 30-20-1 mg tab	2		
OB COMPLETE/DHA 30-10-1-200 mg cap	2		
OBSTETRIX DHA 29-1 & 350 mg oral misc	2		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	2		
ORACIT 490-640 mg/5ml soln	2		
<i>pc pediatric iron drops 15 mg/ml soln</i>	2	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	2		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	2		
PHOSPHO-TRIN K500 500 mg tab	1		
<i>plain niacin 500 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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
<i>PRENATABS RX 29-1 mg tab</i>	2		
<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 vitamin plus low iron 27-1 mg tab</i>	1		
<i>PRENATAL-U 106.5-1 mg cap</i>	2		
<i>PX CHILDRENS VITAMIN 18 mg tab chew</i>	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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>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	2		
SELECT-OB+DHA 29-1 & 250 mg oral misc	2		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium fluoride 1.1 (0.5 F) mg tab</i>	1		AL
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
TARON-C DHA 35-1 mg cap	2		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	2		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	2		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	2		
VINATE II 29-1 mg tab	2		
VINATE ONE 60-1 mg tab	2		
<i>virt-nate dha 28-1-200 mg cap</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
VITAFOL-OB tab	2		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	2		
VITAFOL-ONE 29-1-200 mg cap	2		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VIVA DHA 28-1-200 mg cap	2		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	2		
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	2		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	3	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	3	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	3	JADENU SPRINKLE	PA
<i>deferasirox granules 360 mg pckt</i>	3	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	3	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	3		PA
<i>sodium polystyrene sulfonate oral powdr</i>	1	KAYEXALATE	
SPS 15 gm/60ml susp	2		

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	57
1st tier unifine pentips plus.....	58

A

abacavir sulfate	51
abacavir sulfate-lamivudine.....	51
ABATRON.....	144
abiraterone acetate	38
ABOUTTIME PEN NEEDLE	58
ABRAXANE	39
acamprosate calcium	16
ACANYA	99
acarbose	54
acebutolol hcl	87
acetaminophen-codeine.....	13
acetazolamide	132
acetazolamide er.....	132
acetic acid.....	135
acetylcysteine	140
acitretin	99
ACTICARNITINE SF.....	129
ACTIMMUNE	127
ACUVAIL.....	133
acyclovir	50
adapalene	99
adapalene-benzoyl peroxide	99
ADEMPAS	140
ADLYXIN.....	54
ADLYXIN STARTER PACK	54
ADRENALIN	141
adult aspirin regimen.....	7
ADVAIR HFA	141
ADVOCATE INSULIN PEN NEEDLES	58
ADVOCATE INSULIN SYRINGE	58
AFTERA.....	121
AFTERPILL.....	121
aimsco lubricated	129
AIRDUO RESPIClick 113/14.....	141
AIRDUO RESPIClick 232/14.....	141
AIRDUO RESPIClick 55/14.....	141
AJOVY	36
AKTEN	131
ALA SCALP	110
ala-cort.....	110

albendazole	44
albuterol sulfate	138, 139
albuterol sulfate hfa	139
alclometasone dipropionate	110
alendronate sodium.....	128
ALFERON N.....	50
alfuzosin hcl er	108
ALIMTA	39
ALINIA.....	44
aliskiren fumarate	90
allopurinol.....	35
almotriptan malate.....	36
ALOCRIAL.....	132
alogliptin benzoate	54
alogliptin-metformin hcl	55
alogliptin-pioglitazone.....	55
ALOMIDE	134
ALORA	115
alose tron hcl.....	106
ALPHAGAN P	132
alprazolam.....	53
alprazolam er	53
ALPRAZOLAM INTENSOL	53
alprazolam xr.....	53
ALREX	134
ALTABAX	20
ALTACAINE	131
ALTAFRIN	131
ALTOPREV	93
ALVESCO	136
alvimopan.....	105
alyacen 1/35.....	115
alyacen 7/7/7.....	115
AMABELZ	115
amantadine hcl.....	45
ambrisentan	140
amcinonide.....	110
AMETHIA	115
AMETHYST.....	115
amiloride hcl	92
amiloride-hydrochlorothiazide	90
aminocaproic acid	85
amiodarone hcl.....	86
amitriptyline hcl	31
AMJEVITA.....	125

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

<i>amlodipine besy-benazepril hcl</i>	90	<i>aspirin</i>	7
<i>amlodipine besylate</i>	88	<i>aspirin 81</i>	7
<i>amlodipine besylate-valsartan</i>	90	<i>aspirin adult low dose</i>	7
<i>amlodipine-atorvastatin</i>	90	<i>aspirin adult low strength</i>	7
<i>amlodipine-olmesartan</i>	90	<i>aspirin childrens</i>	7
<i>amlodipine-valsartan-hctz</i>	90	<i>aspirin ec low dose</i>	7
<i>amoxapine</i>	31	<i>aspirin ec low strength</i>	7
<i>amoxicill-clarithro-lansopraz</i>	105	<i>aspirin low dose</i>	7
<i>amoxicillin</i>	22	<i>aspirin regimen</i>	7
<i>amoxicillin-pot clavulanate</i>	22	<i>aspirin-dipyridamole er</i>	85
<i>amoxicillin-pot clavulanate er</i>	22	ASSURE ID INSULIN SAFETY SYR.....	58
<i>amphetamine-dextroamphet er</i>	95	ASSURE ID SAFETY PEN NEEDLES	58
<i>amphetamine-dextroamphetamine</i>	95	ATABEX EC	144
<i>ampicillin</i>	22	<i>atazanavir sulfate</i>	52
ANACAINE.....	15	<i>atenolol</i>	87
<i>anagrelide hcl</i>	84	<i>atenolol-chlorthalidone</i>	90
ANALPRAM-HC	99	<i>atomoxetine hcl</i>	96
<i>anastrozole</i>	42	<i>atorvastatin calcium</i>	93
ANGELIQ	115	<i>atovaquone</i>	44
<i>anucort-hc</i>	35	<i>atovaquone-proguanil hcl</i>	44
ANZEMET.....	32	ATROPEN.....	104
APEXICON E	110	<i>atropine sulfate</i>	131
APLENZIN	29	ATROVENT HFA.....	138
<i>apomorphine hcl</i>	46	AUBAGIO	97
<i>apraclonidine hcl</i>	133	AUBRA.....	115
<i>aprepitant</i>	33	AUGMENTIN.....	22
APTIVUS.....	52	<i>aum insulin safety pen needle</i>	58
AQUORAL	98	<i>aum mini insulin pen needle</i>	58
ARANELLE	115	<i>aum pen needle</i>	58, 59
ARANESP (ALBUMIN FREE)	84	AUM READYGARD DUO PEN NEEDLE	59
ARCALYST	127	AUM SAFETY PEN NEEDLE.....	59
<i>arformoterol tartrate</i>	139	<i>aurora pen needles</i>	59
<i>aripiprazole</i>	48	<i>aurora unifine pentips</i>	59
<i>armodafinil</i>	144	AVAR CLEANSER	99
ARMOUR THYROID.....	122	AVAR-E EMOLLIENT.....	99
ARNUITY ELLIPTA.....	136	AVAR-E GREEN	99
ARRANON	39	<i>avidoxy</i>	24
<i>arsenic trioxide</i>	39	AVIDOXY DK	24
ARZERRA.....	43	AVITA.....	99
ASCOMP-CODEINE.....	13	AVONEX PEN	98
<i>asenapine maleate</i>	48	AVONEX PREFILLED	98
ASMANEX (120 METERED DOSES)	136	<i>azacitidine</i>	84
ASMANEX (14 METERED DOSES)	136	AZASAN.....	125
ASMANEX (30 METERED DOSES)	136	AZASITE	132
ASMANEX (60 METERED DOSES)	137	<i>azathioprine</i>	125
ASMANEX HFA	137	<i>azelastine hcl</i>	132, 135

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

<i>azelastine-fluticasone</i>	136
AZELEX	99
<i>azithromycin</i>	23
AZURETTE	115

B

BAC	7
<i>bacitracin</i>	20, 132
<i>bacitracin-polymyxin b</i>	131
<i>bacitra-neomycin-polymyxin-hc</i>	134
<i>baclofen</i>	49
BALZIVA	115
BANZEL	27
BAQSIMI ONE PACK	57
BAQSIMI TWO PACK	57
BASAGLAR KWIKPEN	59
BAYER ADVANCED ASPIRIN REG ST	7
BAYER ASPIRIN	8
BAYER ASPIRIN EC LOW DOSE	8
BAYER LOW DOSE	8
BD AUTOSHIELD DUO	59
BD INSULIN SYR ULTRAFINE II.....	59
BD INSULIN SYRINGE.....	59
BD INSULIN SYRINGE HALF-UNIT	59
BD INSULIN SYRINGE MICROFINE.....	59
BD INSULIN SYRINGE U/F	59
BD INSULIN SYRINGE U/F 1/2UNIT.....	59
BD INSULIN SYRINGE ULTRAFINE.....	59
BD PEN NEEDLE MICRO U/F.....	60
BD PEN NEEDLE MINI U/F	60
BD PEN NEEDLE NANO 2ND GEN	60
BD PEN NEEDLE NANO U/F	60
BD PEN NEEDLE ORIGINAL U/F	60
BD PEN NEEDLE SHORT U/F	60
BD SAFETYGLIDE INSULIN SYRINGE	60
BD VEO INSULIN SYR U/F 1/2UNIT.....	60
BD VEO INSULIN SYRINGE U/F	60
BECONASE AQ.....	137
<i>benazepril hcl</i>	86
<i>benazepril-hydrochlorothiazide</i>	90
BENDEKA.....	39
BENLYSTA	125
<i>benzonatate</i>	141
<i>benzoyl peroxide</i>	99
<i>benzoyl peroxide-erythromycin</i>	99
<i>benztropine mesylate</i>	45
<i>bepotastine besilate</i>	132

BESIVANCE.....	132
BETADINE OPHTHALMIC PREP	20
<i>betamethasone dipropionate</i>	110
<i>betamethasone dipropionate aug</i>	110
<i>betamethasone sod phos & acet</i>	110
<i>betamethasone valerate</i>	110
<i>betaxolol hcl</i>	87, 133
<i>bethanechol chloride</i>	109
BETIMOL	133
BETOPTIC-S.....	133
BEVESPI AEROSPHERE	141
<i>bexarotene</i>	43
<i>bicalutamide</i>	38
BICILLIN C-R	22
BICILLIN C-R 900/300	22
BICILLIN L-A	22
BIDIL	90
BIKTARVY	51
<i>bimatoprost</i>	135
BINOSTO	128
BIONECT	99
<i>bismuth/metronidaz/tetracyclin</i>	105
<i>bisoprolol fumarate</i>	87
<i>bisoprolol-hydrochlorothiazide</i>	90
<i>bite-a-mins/iron</i>	144
<i>bleomycin sulfate</i>	39
BLEPHAMIDE S.O.P.....	134
BLISOVI FE 1.5/30.....	115
BLISOVI FE 1/20.....	115
BOCASAL	98
<i>bortezomib</i>	39
BOSULIF.....	42
BOTOX.....	143
<i>bp 10-1</i>	99
<i>bp cleansing wash</i>	99
<i>bp wash</i>	99
<i>bpo foaming cloths</i>	99
BPROTECTED PEDIA IRON	144
BPROTECTED PEDIA POLY-VITE/FE.....	144
BREO ELLIPTA.....	141
BREYNA	141
<i>briellyn</i>	115
BRILINTA	85
<i>brimonidine tartrate</i>	133
<i>brimonidine tartrate-timolol</i>	133
<i>brinzolamide</i>	133

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

<i>bromfenac sodium (once-daily)</i>	134
<i>bromocriptine mesylate</i>	45
<i>budesonide</i>	128, 137
<i>budesonide-formoterol fumarate</i>	141
<i>bumetanide</i>	92
BUPAP	7
<i>buprenorphine</i>	12
<i>buprenorphine hcl</i>	16
<i>buprenorphine hcl-naloxone hcl</i>	16
<i>bupropion hcl</i>	29
<i>bupropion hcl er (smoking det)</i>	16
<i>bupropion hcl er (sr)</i>	29
<i>bupropion hcl er (xl)</i>	29
<i>buspirone hcl</i>	53
<i>busulfan</i>	37
<i>butalbital-acetaminophen</i>	7
<i>butalbital-apap-caff-cod</i>	13
<i>butalbital-apap-caffeine</i>	7
<i>butalbital-asa-caff-codeine</i>	13
<i>butalbital-aspirin-caffeine</i>	7
<i>butorphanol tartrate</i>	13
BYDUREON BCISE	55
BYETTA 10 MCG PEN	55
BYETTA 5 MCG PEN	55
BYSTOLIC	87

C

<i>cabergoline</i>	124
CALCIFOL	144
<i>calcipotriene</i>	99
<i>calcipotriene-betameth diprop</i>	100
<i>calcitonin (salmon)</i>	128
CALCITRENE	100
<i>calcitriol</i>	100, 128
<i>calcium acetate (phos binder)</i>	109
CAMBIA	8
CAMILA.....	121
CAMRESE	115
CAMRESE LO	115
<i>candesartan cilexetil</i>	85
<i>candesartan cilexetil-hctz</i>	90
<i>capecitabine</i>	38
CAPEX.....	110
CAPRELSA.....	42
<i>captopril</i>	86
<i>captopril-hydrochlorothiazide</i>	90, 91
CARAC	39

<i>carbamazepine</i>	27
<i>carbamazepine er</i>	27
CARBATROL	27
<i>carbidopa</i>	46
<i>carbidopa-levodopa</i>	46
<i>carbidopa-levodopa er</i>	46
<i>carbidopa-levodopa-entacapone</i>	46
<i>carbinoxamine maleate</i>	136
<i>carboplatin</i>	41
CARDIZEM LA	88
CARDURA XL	108
CAREFINE PEN NEEDLES	60
<i>careone insulin syringe</i>	60
<i>careone unifine pentips</i>	60, 61
<i>careone unifine pentips plus</i>	61
CARETOUCH INSULIN SYRINGE	61
CARETOUCH PEN NEEDLES	61
<i>carglumic acid</i>	103
<i>carisoprodol</i>	143
<i>carmustine</i>	39
<i>carteolol hcl</i>	133
<i>carvedilol</i>	87
<i>carvedilol phosphate er</i>	87
CAYA	129
CAYSTON.....	139
<i>cefaclor</i>	21
<i>cefaclor er</i>	21
<i>cefadroxil</i>	21
<i>cefdinir</i>	21
<i>cefixime</i>	21
<i>cefpodoxime proxetil</i>	21
<i>cefprozil</i>	21
<i>ceftriaxone sodium</i>	21
<i>cefuroxime axetil</i>	21
<i>celecoxib</i>	8
CELONTIN	25
CENTANY	20
CENTANY AT	20
<i>cephalexin</i>	21, 22
CEROVITE JR	144
<i>cetirizine hcl</i>	136
CETRAXAL	135
<i>cevimeline hcl</i>	98
CHATEAL.....	115
CHEMET	150
CHENODAL	105

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

<i>childrens animal shapes</i>	144	<i>clindamycin hcl</i>	20
<i>childrens aspirin</i>	8	<i>clindamycin palmitate hcl</i>	20
<i>childrens multivitamin/iron</i>	145	<i>clindamycin phos-benzoyl perox</i>	100
<i>chlordiazepoxide hcl</i>	53	<i>clindamycin phosphate</i>	20
<i>chlordiazepoxide-amitriptyline</i>	31	<i>clindamycin-tretinoin</i>	100
<i>chlordiazepoxide-clidinium</i>	104	<i>clobazam</i>	25
<i>chloroquine phosphate</i>	44	<i>clobetasol prop emollient base</i>	110
<i>chlorpromazine hcl</i>	47	<i>clobetasol propionate</i>	110
<i>chlorthalidone</i>	92	<i>clobetasol propionate e</i>	110
<i>chlorzoxazone</i>	143	<i>clobetasol propionate emulsion</i>	111
<i>cholestyramine</i>	94	<i>clocortolone pivalate</i>	111
<i>cholestyramine light</i>	94	CLODAN	111
CICLODAN	33	CLODERM	111
<i>ciclopirox</i>	33	<i>clofarabine</i>	39
<i>ciclopirox olamine</i>	33	<i>clomipramine hcl</i>	31
<i>ciclopirox treatment</i>	33	<i>clonazepam</i>	25
<i>cilostazol</i>	85	<i>clonidine</i>	85
CILOXAN	132	<i>clonidine hcl</i>	85
<i>cimetidine</i>	106	<i>clonidine hcl er</i>	96
<i>cimetidine hcl</i>	106	<i>clopidogrel bisulfate</i>	85
<i>cinacalcet hcl</i>	124	<i>clorazepate dipotassium</i>	53
CIPRO	23	<i>clotrimazole</i>	33
CIPRO HC	135	<i>clotrimazole-betamethasone</i>	33
<i>ciprofloxacin</i>	23	<i>clozapine</i>	49
<i>ciprofloxacin hcl</i>	23, 132, 135	<i>c-nate dha</i>	145
<i>ciprofloxacin-dexamethasone</i>	135	COARTEM	44
<i>cisplatin</i>	39	<i>codeine sulfate</i>	13
<i>citalopram hydrobromide</i>	30	<i>colchicine</i>	35
CITRANATAL 90 DHA	145	<i>colchicine-probenecid</i>	35
CITRANATAL ASSURE	145	<i>colesevelam hcl</i>	94
CITRANATAL B-CALM	145	<i>colestipol hcl</i>	94
CITRANATAL DHA	145	COMBIGAN	133
<i>cladribine</i>	39	COMBIPATCH	115
CLARINEX-D 12 HOUR	143	COMBIVENT RESPIMAT	138
<i>clarithromycin</i>	23	COMFORT ASSIST INSULIN SYRINGE	61
<i>clarithromycin er</i>	23	COMFORT EZ INSULIN SYRINGE	61
<i>clemastine fumarate</i>	136	COMFORT EZ MICRO PEN NEEDLES	62
CLEOCIN	20	COMFORT EZ PEN NEEDLES	62
CLEVER CHOICE COMFORT EZ	61	COMFORT EZ PRO PEN NEEDLES	62
<i>clickfine pen needles</i>	61	COMFORT EZ SHORT PEN NEEDLES	62
CLICKFINE PEN NEEDLES	61	COMFORT TOUCH INSULIN PEN NEED	62
CLIMARA PRO	115	COMPLERA	51
CLINDACIN ETZ	20, 100	<i>complete natal dha</i>	145
CLINDACIN PAC	100	<i>completenate</i>	145
CLINDACIN-P	20	COMPRO	47
CLINDAGEL	20	CO-NATAL FA	145

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

CONCEPT DHA.....	145
CONCEPT OB	145
<i>condoms</i>	129
CONDYLOX.....	100
<i>constulose</i>	106
CONZIP	12
CORDRAN.....	111
CORTANE-B.....	100
CORTIFOAM	128
<i>cortisone acetate</i>	111
CORTROPHIN.....	114
COSENTYX	100
COSENTYX (300 MG DOSE)	100
COSENTYX SENSOREADY (300 MG)	100
COSENTYX SENSOREADY PEN	100
COVARYX	116
COVARYX HS	116
CREON.....	103
CRESEMBA.....	33
CRINONE	121
<i>cromolyn sodium</i>	105, 132, 140
CROTAN.....	44
CURAE	121
<i>cvs aspirin</i>	8
<i>cvs aspirin adult low dose</i>	8
<i>cvs aspirin adult low strength</i>	8
<i>cvs aspirin ec</i>	8
<i>cvs aspirin low dose</i>	8
<i>cvs aspirin low strength</i>	8
<i>cvs budesonide</i>	137
<i>cvs chewable childrens vitamin</i>	145
<i>cvs childrens complete</i>	145
<i>cvs folic acid</i>	145
<i>cvs genuine aspirin</i>	8
<i>cvs ivermectin lice treatment</i>	44
<i>cvs nicotine</i>	16
<i>cvs nicotine polacrilex</i>	16
<i>cyclobenzaprine hcl</i>	143
CYCLOMYDRIL	132
<i>cyclopentolate hcl</i>	131
<i>cyclophosphamide</i>	37, 38
<i>cycloserine</i>	37
CYCLOSET.....	55
<i>cyclosporine</i>	125, 131
<i>cyclosporine modified</i>	125
<i>cyproheptadine hcl</i>	136

CYRAMZA.....	42
CYRED.....	116
CYSTAGON	104
<i>cytarabine</i>	39
<i>cytarabine (pf)</i>	39
<i>cytra k crystals</i>	145

D

<i>dabigatran etexilate mesylate</i>	83
<i>dacarbazine</i>	39
<i>dactinomycin</i>	39
<i>dalfampridine er</i>	98
DALIRESP	140
<i>danazol</i>	114
<i>dantrolene sodium</i>	50
<i>dapsone</i>	37, 100
<i>darifenacin hydrobromide er</i>	108
<i>darunavir</i>	52
DASETTA 1/35.....	116
DASETTA 7/7/7.....	116
<i>daunorubicin hcl</i>	39
DAYSEE.....	116
DAYTRANA.....	96
DEBLITANE	121
<i>decitabine</i>	39
<i>deferasirox</i>	150
<i>deferasirox granules</i>	150
<i>deferiprone</i>	150
DELESTROGEN	116
DELYLA	116
<i>demeclocycline hcl</i>	24
DEMEROL	13
DENAVIR	50
DEPAKOTE.....	25
DEPAKOTE ER.....	25
DEPAKOTE SPRINKLES.....	25
DEPO-ESTRADIOL.....	116
DEPO-MEDROL	111
DEPO-PROVERA	121
DEPO-SUBQ PROVERA 104	121
DERMAZENE.....	33
<i>desipramine hcl</i>	31
<i>desloratadine</i>	136
<i>desmopressin ace spray refig</i>	114
<i>desmopressin acetate</i>	114
<i>desmopressin acetate spray</i>	114
<i>desogestrel-ethinyl estradiol</i>	116

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

<i>desonide</i>	111	<i>disulfiram</i>	16
<i>desoximetasone</i>	111	DIURIL	92
<i>desvenlafaxine succinate er</i>	30	<i>divalproex sodium</i>	26
<i>dexamethasone</i>	111	<i>divalproex sodium er</i>	26
DEXAMETHASONE INTENSOL.....	111	DIVIGEL	116
<i>dexamethasone sod phosphate pf</i>	111	<i>docetaxel</i>	39
<i>dexamethasone sodium phosphate</i>	111, 133	<i>dofetilide</i>	86
DEXILANT	107	<i>donepezil hcl</i>	28
<i>dexlansoprazole</i>	107	DORAL	54
<i>dexmethylphenidate hcl</i>	96	<i>dorzolamide hcl</i>	133
<i>dexmethylphenidate hcl er</i>	96	<i>dorzolamide hcl-timolol mal</i>	133
<i>dexrazoxane hcl</i>	39	<i>dorzolamide hcl-timolol mal pf</i>	133
<i>dextroamphetamine sulfate</i>	95	DOVATO	51
<i>dextroamphetamine sulfate er</i>	95	<i>doxazosin mesylate</i>	108
DIASTAT ACUDIAL	25	<i>doxepin hcl</i>	31, 32
DIATHRIVE PEN NEEDLE	62	<i>doxercalciferol</i>	128
<i>diazepam</i>	26, 53, 54	<i>doxorubicin hcl</i>	40
DIAZEPAM INTENSOL.....	54	<i>doxorubicin hcl liposomal</i>	40
<i>diazoxide</i>	57	<i>doxycycline</i>	100
<i>diclofenac epolamine</i>	8	<i>doxycycline hyclate</i>	24
<i>diclofenac potassium</i>	8	<i>doxycycline monohydrate</i>	24
<i>diclofenac sodium</i>	8, 134	<i>doxylamine-pyridoxine</i>	32
<i>diclofenac sodium er</i>	8	<i>dronabinol</i>	33
<i>diclofenac-misoprostol</i>	8	<i>droperidol</i>	53
<i>dicloxacin sodium</i>	22	DROPLET INSULIN SYRINGE	62
<i>dicyclomine hcl</i>	104	DROPLET PEN NEEDLES	63
DIFICID	23	<i>dropsafe safety pen needles</i>	63
<i>diflorasone diacetate</i>	111	<i>drospiren-eth estrad-levomefol</i>	116
<i>diflunisal</i>	8	<i>drospirenone-ethinyl estradiol</i>	116
<i>difluprednate</i>	133	DROXIA	39
DIGITEK.....	91	<i>drug mart unifine pentips</i>	63
<i>digoxin</i>	91	<i>drug mart unifine pentips plus</i>	63
<i>dihydroergotamine mesylate</i>	36	DUET DHA 400	145
DILANTIN.....	27	DUET DHA BALANCED.....	145
DILANTIN INFATABS	27	DULERA.....	141
<i>diltiazem hcl</i>	88	<i>duloxetine hcl</i>	30
<i>diltiazem hcl er</i>	88	DUPIXENT	100
<i>diltiazem hcl er beads</i>	88	DUREX EXTRA SENSITIVE THIN.....	129
<i>diltiazem hcl er coated beads</i>	89	DUREX REALFEEL	129
<i>dilt-xr</i>	89	<i>dutasteride</i>	108
<i>dimenhydrinate</i>	32	<i>dutasteride-tamsulosin hcl</i>	108
<i>dimethyl fumarate</i>	98	DYSPORE	143
<i>diphenhydramine hcl</i>	136	E	
<i>diphenoxylate-atropine</i>	105	E.E.S. 400	23
<i>dipyridamole</i>	85	<i>easy comfort insulin syringe</i>	63
<i>disopyramide phosphate</i>	86	<i>easy comfort pen needles</i>	63

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

<i>easy glide pen needles</i>	63	<i>enovarx-cyclobenzaprine hcl</i>	143
EASY TOUCH FLIPLOCK INSULIN SY	63	<i>enoxaparin sodium</i>	83
EASY TOUCH INSULIN SAFETY SYR	63	<i>entacapone</i>	45
EASY TOUCH INSULIN SYRINGE	64	<i>entecavir</i>	50
EASY TOUCH PEN NEEDLES.....	64	ENTEREG.....	105
EASY TOUCH SAFETY PEN NEEDLES.....	64	ENTRESTO.....	91
EASY TOUCH SHEATHLOCK SYRINGE	64	<i>enulose</i>	106
<i>econazole nitrate</i>	33	EPIDUO	100
ECONTRA EZ.....	121	EPIFOAM	35
ECONTRA ONE-STEP	121	<i>epinastine hcl</i>	132
ECOTRIN.....	8	<i>eplerenone</i>	92
ECOTRIN ARTHRTIS PAIN.....	8	EPOGEN.....	84
ECOTRIN LOW STRENGTH	8	<i>eq aspirin</i>	8
EDLUAR	144	<i>eq aspirin adult low dose</i>	8
<i>ed-spaz</i>	104	<i>eq aspirin low dose</i>	9
EDURANT.....	51	<i>eq budesonide nasal</i>	137
<i>efavirenz</i>	51	<i>eq complete multivitamin child</i>	145
<i>efavirenz-emtricitab-tenofo df</i>	51	<i>eq nicotine</i>	16, 17
EFFER-K.....	145	<i>eq nicotine polacrilex</i>	17
ELESTRIN	116	<i>eq nicotine step 3</i>	17
<i>eletriptan hydrobromide</i>	36	<i>eq aspirin ec</i>	9
ELIGARD	124	<i>eq aspirin low dose</i>	9
ELINEST	116	<i>eq child multivit/minerals</i>	145
ELIQUIS.....	83	<i>eq insulin syringe</i>	64
ELIQUIS DVT/PE STARTER PACK	83	<i>eq nicotine polacrilex</i>	17
ELITE-OB.....	145	EQUETRO	27
ELIXOPHYLLIN	140	ERBITUX.....	43
ELLA.....	121	<i>ergoloid mesylates</i>	28
ELMIRON.....	109	ERGOMAR.....	36
EMBRACE PEN NEEDLES	64	<i>ergotamine-caffeine</i>	36
EMCYT	38	ERIVEDGE.....	42
EMEND.....	33	ERLEADA	38
EMGALITY	36	<i>erlotinib hcl</i>	42
EMGALITY (300 MG DOSE).....	36	ERTACZO	33
EMSAM.....	30	<i>ery</i>	23
<i>emtricitabine</i>	51	ERY-TAB.....	23
<i>emtricitabine-tenofovir df</i>	51	ERYTHROCIN STEARATE.....	23
EMTRIVA.....	51	<i>erythromycin</i>	23, 132
<i>enalapril maleate</i>	86	<i>erythromycin base</i>	23
<i>enalapril-hydrochlorothiazide</i>	91	<i>erythromycin ethylsuccinate</i>	23
ENBREL.....	125	<i>escitalopram oxalate</i>	30
ENBREL MINI	125	<i>esomeprazole magnesium</i>	107
ENBREL SURECLICK	125	<i>est estrogens-methyltest</i>	116
ENCARE.....	109	<i>est estrogens-methyltest ds</i>	116
<i>endocet</i>	13	<i>est estrogens-methyltest hs</i>	116
ENDOCET	13	<i>estazolam</i>	54

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

<i>estradiol</i>	116, 117
<i>estradiol valerate</i>	117
<i>estradiol-norethindrone acet</i>	117
ESTRING	117
ESTROGEL	117
<i>eszopiclone</i>	144
<i>ethacrynic acid</i>	92
<i>ethambutol hcl</i>	37
<i>ethosuximide</i>	25
<i>ethyl chloride</i>	15
<i>ethynodiol diac-eth estradiol</i>	117
<i>etodolac</i>	9
<i>etodolac er</i>	9
<i>etonogestrel-ethinyl estradiol</i>	117
ETOPOPHOS	42
<i>etoposide</i>	42
<i>etravirine</i>	51
EUFLEXXA	103
EVAMIST	117
<i>everolimus</i>	42, 125
EXEL COMFORT POINT INSULIN SYR	65
EXEL COMFORT POINT PEN NEEDLE	65
EXELDERM	33
<i>exemestane</i>	42
EXODERM.....	33
<i>ezetimibe</i>	94
<i>ezetimibe-simvastatin</i>	94

F

FA-8	145
FALMINA	117
<i>famciclovir</i>	50
<i>famotidine</i>	106
FANAPT	48
FANAPT TITRATION PACK	48
FANTASY LUBRICATED.....	129
FANTASY LUBRICATED/SPERMICIDE	129
FARXIGA	55
FASENRA	141
FASENRA PEN.....	141
FAYOSIM.....	117
FC2 FEMALE CONDOM.....	129
<i>febuxostat</i>	35
<i>felbamate</i>	26
<i>felodipine er</i>	89
FEM PH	20
FEMCAP	129

FEMRING.....	117
FEMYNOR	117
<i>fenofibrate</i>	93
<i>fenofibrate micronized</i>	93
<i>fenofibric acid</i>	93
<i>fenopropfen calcium</i>	9
<i>fentanyl</i>	12
<i>fentanyl citrate</i>	13
FENTORA	13
FER-IN-SOL	145
FERRIPROX	150
<i>ferrous sulfate</i>	145
<i>fe-vite iron</i>	145
FIBRICOR	93
FIFTY50 PEN NEEDLES	65
FIFTY50 SUPERIOR COMFORT SYR	65
<i>finasteride</i>	108
<i> fingolimod hcl</i>	98
FIRMAGON	124
FIRMAGON (240 MG DOSE).....	124
FIRST-LANSOPRAZOLE	107
FIRST-MOUTHWASH BLM	98
FIRST-OMEPRAZOLE.....	107
FIRST-PROGESTERONE VGS	121
FIRVANQ	20
FLAREX	134
<i>flavoxate hcl</i>	108
<i>flecainide acetate</i>	87
FLINTSTONES COMPLETE.....	145
FLINTSTONES PLUS EXTRA IRON	146
FLINTSTONES W/IRON	146
FLOVENT DISKUS	137
FLOVENT HFA	137
<i>floxuridine</i>	40
<i>fluconazole</i>	34
<i>flucytosine</i>	34
<i>fludarabine phosphate</i>	41
<i>fludrocortisone acetate</i>	111
<i>flunisolide</i>	137
<i>fluocinolone acetonide</i>	111, 112, 135
<i>fluocinolone acetonide body</i>	112
<i>fluocinolone acetonide scalp</i>	112
<i>fluocinonide</i>	112
<i>fluocinonide emulsified base</i>	112
<i>fluoritab</i>	146
<i>fluorometholone</i>	134

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

<i>fluorouracil</i>	39, 40
<i>fluoxetine hcl</i>	30
<i>fluoxetine hcl (pmdd)</i>	30
<i>fluphenazine decanoate</i>	47
<i>fluphenazine hcl</i>	47
<i>flurandrenolide</i>	112
<i>flurazepam hcl</i>	144
<i>flurbiprofen</i>	9
<i>flurbiprofen sodium</i>	134
<i>flutamide</i>	38
<i>fluticasone propionate</i>	112, 137
<i>fluticasone-salmeterol</i>	141
<i>fluvastatin sodium</i>	93
<i>fluvoxamine maleate</i>	30
<i>fluvoxamine maleate er</i>	30
FML	134
FML FORTE	134
<i>folate</i>	146
<i>folic acid</i>	146
FOLIVANE-OB	146
<i>fondaparinux sodium</i>	83
FORFIVO XL	29
<i>formoterol fumarate</i>	139
FOSAMAX PLUS D	128
<i>fosamprenavir calcium</i>	52
<i>fosfomycin tromethamine</i>	20
<i>fosinopril sodium</i>	86
<i>fosinopril sodium-hctz</i>	91
<i>fosphenytoin sodium</i>	27
FRAGMIN	83
<i>freds pharmacy unifine pentip+</i>	65
<i>freds pharmacy unifine pentips</i>	65
<i>frovatriptan succinate</i>	36
<i>fruity chews/iron</i>	146
<i>ft aspirin</i>	9
<i>ft aspirin low dose</i>	9
<i>ft enteric coated aspirin</i>	9
<i>fulvestrant</i>	40
<i>furosemide</i>	92
FUZEON	52
FYAVOLV	117
G	
<i>gabapentin</i>	26
<i>galantamine hydrobromide</i>	28
<i>galantamine hydrobromide er</i>	28
GALZIN	146

<i>gatifloxacin</i>	132
GAZYVA	43
GEBAUERS PAIN EASE	15
GEBAUERS SPRAY AND STRETCH	15
GELNIQUE	108
<i>gemcitabine hcl</i>	40
<i>gemfibrozil</i>	93
<i>generlac</i>	106
GENGRAF	125
GENTAK	132
<i>gentamicin sulfate</i>	19, 132
<i>genuine aspirin</i>	9
GENVISC 850	103
GILENYA	98
GILPHEX TR	142
<i>glatiramer acetate</i>	98
GLEOSTINE	38
<i>g-levocarnitine s/f</i>	129
<i>glimepiride</i>	55
<i>glipizide</i>	55
<i>glipizide er</i>	55
<i>glipizide xl</i>	55
<i>glipizide-metformin hcl</i>	55
<i>global ease inject pen needles</i>	65
<i>global easy glide insulin syr</i>	65
<i>global easy glide pen needles</i>	65
<i>global inject ease insulin syr</i>	65, 66
<i>global insulin syringes</i>	66
<i>glucagon emergency</i>	57
GLUCOPRO INSULIN SYRINGE	66
<i>glyburide</i>	55
<i>glyburide micronized</i>	55
<i>glyburide-metformin</i>	55
<i>glycopyrrolate</i>	104
GLYDO	15
GLYXAMBI	55
<i>gnp adult aspirin low strength</i>	9
<i>gnp aspirin</i>	9
<i>gnp aspirin low dose</i>	9
<i>gnp budesonide nasal spray</i>	137
<i>gnp childrens chewables/iron</i>	146
<i>gnp clickfine pen needles</i>	66
<i>gnp folic acid</i>	146
<i>gnp insulin syringe</i>	66
<i>gnp insulin syringes</i>	66
<i>gnp insulin syringes 28gx1/2</i>	66

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

<i>gnp insulin syringes 29gx1/2</i>	66	<i>hm folic acid</i>	146
<i>gnp insulin syringes 30gx5/16</i>	66	<i>hm nicotine</i>	17
<i>gnp insulin syringes 31gx5/16</i>	66	<i>hm nicotine polacrilex</i>	17
<i>gnp nicotine</i>	17	HM ULTICARE INSULIN SYRINGE.....	68
<i>gnp nicotine mini</i>	17	HM ULTICARE MINI PEN NEEDLES	68
<i>gnp nicotine polacrilex</i>	17	HM ULTICARE SHORT PEN NEEDLES	68
<i>gnp ulticare pen needles</i>	66, 67	HOMATROPAIRE	131
GNP ULTIGUARD SAFEPAK NEEDLE	67	HORIZANT	97
<i>gnp ultra com insulin syringe</i>	67	HUMALOG	68
<i>goodsense aspirin</i>	9	HUMALOG JUNIOR KWIKPEN	68
<i>goodsense aspirin adults</i>	9	HUMALOG KWIKPEN.....	68
<i>goodsense aspirin low dose</i>	9	HUMALOG MIX 50/50.....	68
<i>goodsense clickfine pen needle</i>	67	HUMALOG MIX 50/50 KWIKPEN	68
<i>goodsense nicotine</i>	17	HUMALOG MIX 75/25.....	68
GOODSENSE PEN NEEDLE PENFINE.....	67	HUMALOG MIX 75/25 KWIKPEN	68
GRALISE	97	HUMIRA	125
<i>granisetron hcl</i>	33	HUMIRA PEDIATRIC CROHNS START	125
<i>griseofulvin microsize</i>	34	HUMIRA PEN.....	126
<i>griseofulvin ultramicrosize</i>	34	HUMIRA PEN-CD/UC/HS STARTER.....	126
<i>guanfacine hcl</i>	85	HUMIRA PEN-PS/UV/ADOL HS START	126
<i>guanfacine hcl er</i>	96	HUMIRA PEN-PSOR/UEIT STARTER	126
H		HUMULIN 70/30	68
HABITROL	17	HUMULIN 70/30 KWIKPEN	68
HADLIMA	125	HUMULIN N	68
HADLIMA PUSHTOUCH	125	HUMULIN N KWIKPEN.....	68
HALAVEN	40	HUMULIN R	68
<i>halobetasol propionate</i>	112	HUMULIN R U-500 (CONCENTRATED)	68
HALOG	112	HUMULIN R U-500 KWIKPEN	68
<i>haloperidol</i>	47	HYALGAN	103
<i>haloperidol decanoate</i>	47	HYCAMTIN	42
<i>haloperidol lactate</i>	47	<i>hydralazine hcl</i>	94
<i>healthwise insulin syr/needle</i>	67	<i>hydrochlorothiazide</i>	92, 93
<i>healthwise micron pen needles</i>	67	<i>hydrocod poli-chlorphe poli er</i>	142
<i>healthwise mini pen needles</i>	67	<i>hydrocodone bit-homatrop mbr</i>	142
<i>healthwise pen needles</i>	67	<i>hydrocodone-acetaminophen</i>	14
<i>healthwise short pen needles</i>	67	<i>hydrocodone-ibuprofen</i>	14
<i>healthwise unifine pentips</i>	67	<i>hydrocortisone</i>	112, 128
<i>healthy accents unifine pentip</i>	67	<i>hydrocortisone (perianal)</i>	35
<i>h-e-b aspirin</i>	9	<i>hydrocortisone ace-pramoxine</i>	35, 100
<i>h-e-b incontrol pen needles</i>	67	<i>hydrocortisone acetate</i>	35
H-E-B INCONTROL UNIFINE PENTIP ...	67, 68	<i>hydrocortisone butyr lipo base</i>	112
HER STYLE	121	<i>hydrocortisone butyrate</i>	112
<i>hm adult aspirin</i>	9	<i>hydrocortisone valerate</i>	112
<i>hm aspirin</i>	9	<i>hydrocortisone-acetic acid</i>	135
<i>hm aspirin ec</i>	9	<i>hydrocortisone-iodoquinol</i>	34
<i>hm aspirin ec low dose</i>	9	<i>hydrocort-pramoxine (perianal)</i>	100

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

<i>hydromet</i>	142
<i>hydromorphone hcl</i>	14
<i>hydromorphone hcl er</i>	14
<i>hydroxychloroquine sulfate</i>	44
<i>hydroxyurea</i>	39
<i>hydroxyzine hcl</i>	53, 136
<i>hydroxyzine pamoate</i>	136
HYOPHEN	109
<i>hyoscyamine sulfate</i>	105
<i>hyoscyamine sulfate er</i>	105
<i>hyoscyamine sulfate sl</i>	105
<i>hyosyne</i>	105
HYPERRHO S/D.....	127
HYPERSAL.....	142

I

<i>ibandronate sodium</i>	128
IBRANCE	42
IBU.....	9
<i>ibuprofen</i>	9
<i>ibuprofen-famotidine</i>	9
ICAR	146
<i>idarubicin hcl</i>	40
IFEX	40
<i>ifosfamide</i>	40
ILARIS	127
<i>imatinib mesylate</i>	42
<i>imipramine hcl</i>	32
<i>imipramine pamoate</i>	32
<i>imiquimod</i>	100
<i>imiquimod pump</i>	100
INATAL GT	146
INCONTROL ULTICARE PEN NEEDLES	68
<i>indapamide</i>	93
INDERAL XL	88
INDOCIN.....	10
<i>indomethacin</i>	10
<i>indomethacin er</i>	10
INLYTA	43
INNOPRAN XL.....	88
<i>insulin syringe</i>	68, 69
<i>insulin syringe/needle</i>	69
<i>insulin syringe-needle u-100</i>	69
<i>insupen pen needles</i>	69
INSUPEN SENSITIVE	69
INSUPEN ULTRAFIN	69
INTELENCE.....	51

INTRON A	50
INTROVALE.....	117
INVEGA HAFYERA.....	48
INVEGA SUSTENNA	48
INVEGA TRINZA.....	48
<i>iodoquinol-hc-aloe polysacch</i>	34
<i>iodosorb</i>	100
IOPIDINE	133
<i>ipratropium bromide</i>	138
<i>ipratropium-albuterol</i>	138
<i>irbesartan</i>	85
<i>irbesartan-hydrochlorothiazide</i>	91
IRESSA	43
<i>irinotecan hcl</i>	40
<i>iron (ferrous sulfate)</i>	146
<i>iron infant & toddler</i>	146
<i>iron infant/toddler</i>	146
<i>iron supplement</i>	146
<i>iron supplement childrens</i>	146
IRON UP	146
ISENTRESS.....	51
ISENTRESS HD.....	51
ISIBLOOM.....	117
<i>isoniazid</i>	37
<i>isosorb dinitrate-hydralazine</i>	91
<i>isosorbide dinitrate</i>	94
<i>isosorbide mononitrate</i>	94
<i>isosorbide mononitrate er</i>	95
<i>isradipine</i>	89
<i>itraconazole</i>	34
<i>ivermectin</i>	44
IXEMPRA KIT	40

J

JAKAFI	43
JANTOVEN	83
JANUMET	55
JANUMET XR	55
JANUVIA	55
JARDIANCE.....	55
JENCYCLA	121
JENTADUETO	55
JENTADUETO XR	56
JEVTANA	40
JOLESSA	117
JULEBER	117
JUNEL 1/20	117

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

JUNEL FE 1.5/30	117
JUNEL FE 1/20	117
K	
KADCYLA	40
KAITLIB FE	117
KALETRA.....	52
KALYDECO	139
KAMELEON LUBRICATED	129
KANJINTI.....	40
KARIVA.....	117
KAZANO	56
KENALOG.....	112
KEPIVANCE	99
KESIMPTA.....	98
<i>ketoconazole</i>	34
<i>ketoprofen er</i>	10
<i>ketorolac tromethamine</i>	10, 134
KEVZARA	127
KEYTRUDA	43
<i>kimono</i>	129
KIMONO COLORS	129
<i>kimono micro thin</i>	129
<i>kimono micro thin plus</i>	129
<i>kimono plus</i>	129
<i>kimono ps</i>	129
<i>kimono ps plus</i>	129
<i>kimono sensation</i>	129
<i>kimono sensation plus</i>	129
KIMONO SPECIAL	129
<i>kinray insulin syringe</i>	69
KITABIS PAK	139
KLOR-CON	146
KLOR-CON M10	146
KLOR-CON M15	146
KLOR-CON/EF	146
<i>kls aspirin low dose</i>	10
KLS QUIT2.....	18
KLS QUIT4.....	18
<i>kmart valu insulin syringe 29g</i>	70
<i>kmart valu insulin syringe 30g</i>	70
KOMBIGLYZE XR.....	56
KORLYM.....	57
<i>kp aspirin</i>	10
<i>kp folic acid</i>	146
<i>kp niacin</i>	146
K-PHOS NO 2.....	146

K-PRIME	146
KRISTALOSE.....	106
<i>kroger insulin syringe</i>	70
<i>kroger pen needles</i>	70
KURVELO	117
K-Y ME & YOU EXTRA LUBRICATED	129
K-Y ME & YOU INTENSE	129
KYNMOBI.....	45
KYNMOBI TITRATION KIT	45
KYPROLIS	40
L	
<i>labetalol hcl</i>	88
<i>lacosamide</i>	27
<i>lactulose</i>	106
<i>lactulose encephalopathy</i>	106
LAGEVRIO	53
LAMICTAL XR.....	26
<i>lamivudine</i>	50, 51
<i>lamivudine-zidovudine</i>	51
<i>lamotrigine</i>	26, 27
<i>lamotrigine er</i>	27
LAND BEFORE TIME MULTIVITAMIN	146
<i>lansoprazole</i>	107
<i>lanthanum carbonate</i>	109
LANTUS	70
LANTUS SOLOSTAR.....	70
<i>lapatinib ditosylate</i>	43
LARIN 1.5/30.....	117
LARIN 1/20.....	117
LARIN 24 FE	118
LARIN FE 1.5/30	118
LARIN FE 1/20	118
<i>latanoprost</i>	135
LATUDA	48
LAZANDA.....	14
<i>leader insulin syringe</i>	70
LEADER UNIFINE PENTIPS	70
LEADER UNIFINE PENTIPS PLUS	70
LEENA	118
<i>leflunomide</i>	127
<i>lenalidomide</i>	38
<i>letrozole</i>	42
<i>leucovorin calcium</i>	41
LEUKERAN	38
<i>leuprolide acetate</i>	124
<i>levabuterol hcl</i>	139

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

<i>levalbuterol tartrate</i>	139	LOESTRIN 1.5/30 (21)	118
<i>levetiracetam</i>	25	LOESTRIN 1/20 (21)	118
<i>levetiracetam er</i>	25	LOESTRIN FE 1/20	118
<i>levobunolol hcl</i>	133	<i>longs insulin syringe</i>	71
<i>levocarnitine</i>	129	<i>lopinavir-ritonavir</i>	52
<i>levocarnitine (dietary)</i>	130	LOPROX	34
<i>levocarnitine l-tartrate</i>	130	<i>lorazepam</i>	54
<i>levocetirizine dihydrochloride</i>	136	LORTAB	14
<i>levofloxacin</i>	23, 132	LORZONE	143
<i>levoleucovorin calcium</i>	41	<i>losartan potassium</i>	86
LEVONEST	118	<i>losartan potassium-hctz</i>	91
<i>levonorgest-eth est & eth est</i>	118	LOSEASONIQUE	118
<i>levonorgest-eth estrad 91-day</i>	118	LOTEMAX	134
<i>levonorgestrel</i>	121	LOTEMAX SM	134
<i>levonorgestrel-ethinyl estrad</i>	118	<i>loteprednol etabonate</i>	134
<i>levonorg-eth estrad triphasic</i>	118	<i>lovastatin</i>	93
LEVORA 0.15/30 (28)	118	LOW-OGESTREL	118
<i>levorphanol tartrate</i>	12	<i>loxapine succinate</i>	47
LEVO-T	122	<i>lubiprostone</i>	106
<i>levothyroxine sodium</i>	122, 123	LUMIGAN	135
LEVOXYL	123	LUPRON DEPOT (1-MONTH)	124
LEVULAN KERASTICK	100	LUPRON DEPOT (3-MONTH)	124
LEXIVA	52	LUPRON DEPOT (4-MONTH)	124
<i>lidocaine</i>	15	LUPRON DEPOT (6-MONTH)	124
<i>lidocaine hcl</i>	15, 99	LUPRON DEPOT-PED (1-MONTH)	124
<i>lidocaine hcl urethral/mucosal</i>	15	LUPRON DEPOT-PED (3-MONTH)	124
<i>lidocaine viscous hcl</i>	99	<i>lurasidone hcl</i>	48
<i>lidocaine-hydrocort (perianal)</i>	101	LUTERA	118
<i>lidocaine-hydrocortisone ace</i>	101	LYSODREN	123
<i>lidocaine-prilocaine</i>	15	LYZA	121
<i>lidopin</i>	15	M	
<i>linezolid</i>	20	<i>mafenide acetate</i>	20
LINZESS	106	MAGELLAN INSULIN SAFETY SYR	71
<i>liothyronine sodium</i>	123	MAGNEBIND 400	146
LIPOFEN	93	<i>malathion</i>	44
<i>lisdexamfetamine dimesylate</i>	95	MARATHON MEDICAL PENTIPS	71
<i>lisinopril</i>	86	<i>maraviroc</i>	52
<i>lisinopril-hydrochlorothiazide</i>	91	<i>marlissa</i>	118
LITETOUCH INSULIN SYRINGE	70	MARPLAN	30
LITETOUCH PEN NEEDLES	71	MATULANE	38
<i>lithium</i>	54	MAVYRET	50
<i>lithium carbonate</i>	54	MAXICOMFORT II PEN NEEDLE	71
<i>lithium carbonate er</i>	54	MAXI-COMFORT INSULIN SYRINGE	71
LITHOSTAT	109	MAXI-COMFORT SAFETY PEN NEEDLE	71
LIVALO	93	MAXICOMFORT SYR 27G X 1/2	71
LO LOESTRIN FE	118	MAXIDEX	134

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

<i>maxx</i>	130	<i>methylphenidate hcl</i>	96
<i>maxx plus</i>	130	<i>methylphenidate hcl er</i>	96
MAYZENT	98	<i>methylphenidate hcl er (cd)</i>	96
MAYZENT STARTER PACK	98	<i>methylphenidate hcl er (la)</i>	97
<i>meclizine hcl</i>	32	<i>methylphenidate hcl er (osm)</i>	97
<i>meclofenamate sodium</i>	10	<i>methylprednisolone</i>	112
<i>medic insulin syringe</i>	71	<i>methylprednisolone acetate</i>	112
<i>medicine shoppe pen needles</i>	71	<i>methylprednisolone sodium succ</i>	113
MEDI-FIRST ASPIRIN	10	<i>metoclopramide hcl</i>	105
MEDIQUE ASPIRIN	10	<i>metolazone</i>	93
MEDROL	112	<i>metoprolol succinate er</i>	88
<i>medroxyprogesterone acetate</i>	121	<i>metoprolol tartrate</i>	88
<i>mefenamic acid</i>	10	<i>metoprolol-hydrochlorothiazide</i>	91
<i>mefloquine hcl</i>	44	<i>metronidazole</i>	20, 101
<i>megestrol acetate</i>	121	<i>metyrosine</i>	91
<i>meijer aspirin ec</i>	10	<i>mexiletine hcl</i>	87
<i>meijer pen needles</i>	71	MIBELAS 24 FE	119
<i>meloxicam</i>	10	<i>miconazole 3</i>	34
<i>melphalan</i>	38	<i>miconazole-zinc oxide-petrolat</i>	34
<i>melphalan hcl</i>	38	MICRHOGAM ULTRA-FILTERED PLUS	127
<i>memantine hcl</i>	29	MICRODOT PEN NEEDLE	71
<i>memantine hcl er</i>	29	MICROGESTIN 1.5/30	119
MENEST	118	MICROGESTIN 1/20	119
MENOSTAR	119	MICROGESTIN FE 1.5/30	119
MENTAX	34	MICROGESTIN FE 1/20	119
<i>meperidine hcl</i>	14	<i>midodrine hcl</i>	85
<i>meprobamate</i>	53	MIGERGOT	36
<i>mercaptopurine</i>	39	<i>miglustat</i>	104
<i>mesalamine</i>	127	MILLIPRED	113
<i>mesalamine er</i>	127	<i>minocycline hcl</i>	24
<i>mesalamine-cleanser</i>	128	<i>minocycline hcl er</i>	24
<i>mesna</i>	44	<i>minoxidil</i>	94
MESNEX	44	MIOCHOL-E	131
<i>metformin hcl</i>	56	MIOSTAT	133
<i>metformin hcl er</i>	56	MIRCETTE	119
<i>methamphetamine hcl</i>	96	MIRENA (52 MG)	122
<i>methazolamide</i>	133	<i>mirtazapine</i>	29
<i>methenamine hippurate</i>	20	<i>misoprostol</i>	107
<i>methenamine mandelate</i>	20	<i>mitomycin</i>	40
<i>methimazole</i>	124	MITOSOL	130
<i>methocarbamol</i>	143	<i>mitoxantrone hcl</i>	42
<i>methotrexate sodium</i>	126	<i>mm aspirin</i>	10
<i>methotrexate sodium (pf)</i>	126	<i>mm insulin syringe/needle</i>	72
<i>methoxsalen rapid</i>	101	MM PEN NEEDLES	72
<i>methscopolamine bromide</i>	105	<i>modafinil</i>	144
<i>methylidopa</i>	85	<i>moexipril hcl</i>	86

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

<i>mometasone furoate</i>	113, 137
MONDOXYNE NL	25
MONOJECT INSULIN SYRINGE	72
MONOJECT ULTRA COMFORT SYRINGE	72
MONO-LINYAH	119
<i>montelukast sodium</i>	138
<i>morphine sulfate</i>	14
<i>morphine sulfate er</i>	12
<i>morphine sulfate er beads</i>	12
MOTEGRITY	105
MOTOFEN	105
MOUNJARO	56
MOVANTIK	105
<i>moxifloxacin hcl</i>	23, 132
MOZOBIL	84
<i>ms insulin syringe</i>	72
MULTAQ	87
<i>multi-vitamin/fluoride/iron</i>	146
<i>multivitamins plus iron child</i>	147
<i>mupirocin</i>	20
<i>mupirocin calcium</i>	20
MY CHOICE	122
MY WAY	122
<i>mycophenolate mofetil</i>	126
<i>mycophenolate sodium</i>	126
MYLERAN	38
MYOBLOC	143
MYRBETRIQ	108
N	
<i>na ferric gluc cplx in sucrose</i>	147
<i>nabumetone</i>	10
<i>nadolol</i>	88
<i>naftifine hcl</i>	34
NALFON	10
<i>naltrexone hcl</i>	16
NAPRELAN	10
<i>napro</i>	10
<i>naproxen</i>	10
<i>naproxen dr</i>	10
<i>naproxen sodium</i>	10
<i>naproxen sodium er</i>	10
<i>naratriptan hcl</i>	36
NATACHEW	147
NATACYN	34
NATALVIT	147
NATAZIA	119

<i>nateglinide</i>	56
NATROBA	44
<i>nebivolol hcl</i>	88
NEBUSAL	142
NECON 0.5/35 (28)	119
NEEVO DHA	147
<i>nefazodone hcl</i>	30
<i>nelarabine</i>	40
<i>neomycin sulfate</i>	20
<i>neomycin-bacitracin zn-polymyx</i>	131
<i>neomycin-polymyxin-dexameth</i>	134
<i>neomycin-polymyxin-gramicidin</i>	131
<i>neomycin-polymyxin-hc</i>	134, 135
NESINA	56
NESTABS	147
NESTABS DHA	147
NEUAC	101
NEUPRO	45
NEUTRASAL	99
NEVANAC	134
<i>nevirapine</i>	51
<i>nevirapine er</i>	51
NEW DAY	122
NEXAVAR	43
NEXIUM	107
NEXPLANON	122
<i>niacin</i>	147
<i>niacin (antihyperlipidemic)</i>	94
<i>niacin er (antihyperlipidemic)</i>	94
NIACOR	94
<i>nicardipine hcl</i>	89
NICODERM CQ	18
NICORETTE	18
NICORETTE MINI	18
NICORETTE STARTER KIT	18
<i>nicotine</i>	18
<i>nicotine mini</i>	18
<i>nicotine polacrilex</i>	18
<i>nicotine polacrilex mini</i>	18
<i>nicotine step 1</i>	18
<i>nicotine step 2</i>	18
<i>nicotine step 3</i>	19
NICOTROL	19
NICOTROL NS	19
<i>nifedipine</i>	89
<i>nifedipine er</i>	89

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

<i>nifedipine er osmotic release</i>	89
NIKKI	119
<i>nilutamide</i>	38
<i>nimodipine</i>	89
NIPENT.....	39
<i>nisoldipine er</i>	89
<i>nitazoxanide</i>	44
NITRO-BID.....	95
NITRO-DUR.....	95
<i>nitrofurantoin</i>	20
<i>nitrofurantoin macrocrystal</i>	21
<i>nitrofurantoin monohyd macro</i>	21
<i>nitroglycerin</i>	95
NITROMIST	95
NITRO-TIME	95
NIVA-PLUS	147
NIVESTYM.....	84
<i>nizatidine</i>	106
<i>norethin ace-eth estrad-fe</i>	119
<i>norethindrone</i>	122
<i>norethindrone acetate</i>	122
<i>norethindrone acet-ethinyl est</i>	119
<i>norethindrone-eth estradiol</i>	119
<i>norethin-eth estradiol-fe</i>	119
<i>norgestimate-eth estradiol</i>	119
<i>norgestim-eth estrad triphasic</i>	119
NORITATE.....	101
NORLYROC.....	122
NORPACE CR	87
NORTREL 7/7/7.....	119
<i>nortriptyline hcl</i>	32
NORVIR.....	52
NOVAFERRUM	147
NOVAFERRUM PEDIATRIC DROPS.....	147
NOVOFINE AUTOCOVER PEN NEEDLE	72
NOVOFINE PEN NEEDLE.....	72
NOVOFINE PLUS PEN NEEDLE	72
NOVOLIN 70/30.....	72
NOVOLIN 70/30 FLEXPEN.....	72
NOVOLIN 70/30 FLEXPEN RELION	73
NOVOLIN 70/30 RELION.....	73
NOVOLIN N	73
NOVOLIN N FLEXPEN	73
NOVOLIN N FLEXPEN RELION.....	73
NOVOLIN N RELION.....	73
NOVOLIN R	73

NOVOLIN R RELION	73
NOXAFIL	34
NP THYROID	123
NPLATE	84
NUBEQA	38
NUCYNTA.....	14
NUCYNTA ER.....	12
NUDEXTA.....	97
NULEV	105
NUMOISYN	99
NUVARING	119
NYAMYC.....	34
<i>nystatin</i>	34
<i>nystatin-triamcinolone</i>	34

O

OB COMPLETE	147
OB COMPLETE ONE.....	147
OB COMPLETE PETITE.....	147
OB COMPLETE PREMIER	147
OB COMPLETE/DHA.....	147
OBSTETRIX DHA	147
OBSTETRIX EC (WITH DOCUSATE).....	147
OCREVUS	98
<i>ofloxacin</i>	23, 132, 135
<i>olanzapine</i>	48
<i>olanzapine-fluoxetine hcl</i>	30
<i>olmesartan medoxomil</i>	86
<i>olmesartan medoxomil-hctz</i>	91
<i>olmesartan-amlodipine-hctz</i>	91
<i>olopatadine hcl</i>	132, 136
<i>omega-3-acid ethyl esters</i>	94
<i>omeprazole</i>	107
OMEPRAZOLE+SYRSPEND SF ALKA.....	107
<i>omeprazole-sodium bicarbonate</i>	107
OMNARIS	137
OMNIFLEX DIAPHRAGM	130
ONCASPAR	42
<i>ondansetron</i>	33
<i>ondansetron hcl</i>	33
ONEXTON	101
ONGLYZA	56
OPCICON ONE-STEP	122
OPSUMIT	140
OPTION 2	122
OPTIONS GYNOL II CONTRACEPTIVE	109
ORACIT.....	147

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

ORALONE	99
ORAVIG	34
ORENCIA	126
ORENCIA CLICKJECT	126
ORILISSA	124
<i>orphenadrine citrate</i>	143
<i>orphenadrine citrate er</i>	143
ORTHOVISC	103
<i>oscimin</i>	105
<i>oseltamivir phosphate</i>	52
OSENI	56
OTEZLA	127
OVACE PLUS	101
<i>oxaliplatin</i>	41
<i>oxaprozin</i>	10
OXAYDO	14
<i>oxazepam</i>	54
<i>oxcarbazepine</i>	28
<i>oxiconazole nitrate</i>	34
OXISTAT	34
<i>oxybutynin chloride</i>	108
<i>oxybutynin chloride er</i>	108
<i>oxycodone hcl</i>	14
<i>oxycodone hcl er</i>	12
<i>oxycodone-acetaminophen</i>	14, 15
OXYCONTIN	12
<i>oxymorphone hcl</i>	15
<i>oxymorphone hcl er</i>	13
OXYTROL	108
OZEMPIC (0.25 OR 0.5 MG/DOSE)	56
OZEMPIC (1 MG/DOSE)	56
OZEMPIC (2 MG/DOSE)	56
OZURDEX	133

P

PACERONE	87
<i>paclitaxel</i>	41
<i>paliperidone er</i>	48
<i>palonosetron hcl</i>	33
<i>pamidronate disodium</i>	128
PANCREAZE	104
PANDEL	113
PANOXYL	101
PANRETIN	43
<i>pantoprazole sodium</i>	107
PARAGARD INTRAUTERINE COPPER	130
<i>paricalcitol</i>	128

<i>paroxetine hcl</i>	30, 31
<i>paroxetine hcl er</i>	31
PASER	37
PAXLOVID (300/100)	53
<i>pc pediatric iron drops</i>	147
<i>pc pediatric poly-vita/fe drop</i>	147
<i>pc unifine pentips</i>	73
<i>peg 3350-kcl-na bicarb-nacl</i>	106
<i>peg-3350/electrolytes</i>	106
<i>pemetrexed disodium</i>	41
<i>pen needles</i>	73
<i>pen needles 5/16</i>	73
<i>penciclovir</i>	50
<i>penicillin g potassium</i>	22
<i>penicillin g procaine</i>	22
<i>penicillin g sodium</i>	22
<i>penicillin v potassium</i>	22
PENTASA	128
<i>pentazocine-naloxone hcl</i>	15
PENTIPS	73
<i>pentoxifylline er</i>	91
<i>perindopril erbumine</i>	86
PERJETA	41
<i>permethrin</i>	44
<i>perphenazine</i>	47
<i>perphenazine-amitriptyline</i>	32
PERTZYE	104
PEXEVA	31
PHENAZO	109
<i>phenazopyridine hcl</i>	109
<i>phenelzine sulfate</i>	30
<i>phenobarbital</i>	26
<i>phenoxybenzamine hcl</i>	85
<i>phentolamine mesylate</i>	85
<i>phenylephrine hcl</i>	131
PHENYTEK	28
<i>phenytoin</i>	28
<i>phenytoin sodium</i>	28
<i>phenytoin sodium extended</i>	28
PHILITH	119
PHOSLYRA	109
PHOSPHA 250 NEUTRAL	147
PHOSPHASAL	109
PHOSPHOLINE IODIDE	133
PHOSPHO-TRIN 250 NEUTRAL	147
PHOSPHO-TRIN K500	147

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

PHOTOFRIN	41	<i>prednisone</i>	113
<i>pilocarpine hcl</i>	99, 133	PREDNISON INTENSOL.....	113
<i>pimecrolimus</i>	101	<i>preferred plus insulin syringe</i>	74
<i>pimozide</i>	47	<i>preferred plus unifine pentips</i>	74
PIMTREA.....	120	PREFEST.....	120
<i>pindolol</i>	88	<i>pregabalin</i>	97
<i>pip pen needles 31g x 5mm</i>	73	<i>pregabalin er</i>	97
<i>pip pen needles 32g x 4mm</i>	73	PREMARIN	120
<i>pirfenidone</i>	140	<i>premium lidocaine</i>	15
PIRMELLA 1/35	120	PREMPHASE.....	120
PIRMELLA 7/7/7	120	PREMPRO	120
<i>piroxicam</i>	10	<i>prenaisance</i>	148
<i>plain niacin</i>	147	<i>prenaisance plus</i>	148
PLAN B ONE-STEP	122	PRENATABS RX.....	148
PLEGRIDY	98	<i>prenatal</i>	148
PLEGRIDY STARTER PACK	98	<i>prenatal 19</i>	148
<i>pnv-dha</i>	147	<i>prenatal plus</i>	148
<i>pnv-dha+docusate</i>	147	<i>prenatal vitamin plus low iron</i>	148
<i>pnv-omega</i>	147	PRENATAL-U	148
<i>pnv-select</i>	148	PREVALITE	94
<i>podofilox</i>	101	PREVENT DROPSAFE PEN NEEDLES.....	74
POLYCIN	131	PREVENT SAFETY PEN NEEDLES	74
<i>polymyxin b-trimethoprim</i>	132	PREZISTA.....	52
<i>poly-vita/iron</i>	148	PRIFTIN	37
<i>potassium chloride</i>	148	PRILOSEC	107
<i>potassium chloride crys er</i>	148	<i>primaquine phosphate</i>	44
<i>potassium chloride er</i>	148	<i>primidone</i>	26
<i>potassium citrate er</i>	148	PRO COMFORT INSULIN SYRINGE	74
<i>potassium citrate-citric acid</i>	148	<i>pro comfort pen needles</i>	74
PRADAXA.....	83	PROAIR RESPICLICK	139
<i>pramipexole dihydrochloride</i>	45	<i>probenecid</i>	35
<i>pramipexole dihydrochloride er</i>	45	<i>prochlorperazine</i>	47
PRAMOSONE.....	35	<i>prochlorperazine edisylate</i>	47
PRAMOX	15	<i>prochlorperazine maleate</i>	47
<i>prasugrel hcl</i>	85	PROCORT	101
<i>pravastatin sodium</i>	93	PROCTOFOAM HC	101
<i>praziquantel</i>	44	PROCTO-MED HC.....	35
<i>prazosin hcl</i>	85	PROCTOSOL HC.....	36
PRECISION SURE-DOSE SYRINGE	73	PRODIGY INSULIN SYRINGE	74
PRED MILD	134	<i>progesterone</i>	122
PRED-G	134	PROLENSA.....	134
PRED-G S.O.P.	134	PROLEUKIN	41
<i>prednicarbate</i>	113	PROLIA	128
<i>prednisolone</i>	113	<i>promethazine hcl</i>	32
<i>prednisolone acetate</i>	134	<i>promethazine vc/codeine</i>	142
<i>prednisolone sodium phosphate</i>	113, 134	<i>promethazine-codeine</i>	142

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

<i>promethazine-dm</i>	142
<i>promethazine-phenyleph-codeine</i>	142
<i>promethazine-phenylephrine</i>	143
PROMETHEGAN	32
PROMISEB	101
<i>propafenone hcl</i>	87
<i>propafenone hcl er</i>	87
<i>proparacaine hcl</i>	132
<i>propranolol hcl</i>	88
<i>propranolol hcl er</i>	88
<i>propylthiouracil</i>	124
<i>protriptyline hcl</i>	32
PROVENTIL HFA	139
PRUDOXIN	101
PULMICORT FLEXHALER	137
PULMOSAL	142
PULMOZYME	139
<i>pure comfort pen needle</i>	74
<i>pure comfort safety pen needle</i>	74
<i>px aspirin</i>	10
PX CHILDRENS VITAMIN	148
<i>px enteric aspirin</i>	11
<i>px extra short pen needles</i>	74
<i>px folic acid</i>	148
<i>px insulin syringe</i>	74
<i>px mini pen needles</i>	75
<i>px pen needle</i>	75
<i>px shortlength pen needles</i>	75
<i>px stop smoking aid</i>	19
PYLERA	106
<i>pyrazinamide</i>	37
<i>pyridostigmine bromide</i>	37
<i>pyridostigmine bromide er</i>	37
<i>pyrimethamine</i>	44

Q

<i>qc aspirin</i>	11
<i>qc aspirin low dose</i>	11
<i>qc childrens aspirin</i>	11
<i>qc childrens complete</i>	148
<i>qc childrens vitamins/iron</i>	148
<i>qc enteric aspirin</i>	11
<i>qc folic acid</i>	149
<i>qc nicotine transdermal system</i>	19
<i>qc pen needles</i>	75
<i>qc unifine pentips</i>	75
QNASL	137

QNASL CHILDRENS	137
QTERN	56
QUARTETTE	120
<i>quazepam</i>	54
<i>quetiapine fumarate</i>	48
<i>quetiapine fumarate er</i>	49
QUILLICHEW ER	97
QUILLIVANT XR	97
<i>quinapril hcl</i>	86
<i>quinapril-hydrochlorothiazide</i>	91
<i>quinidine gluconate er</i>	87
<i>quinidine sulfate</i>	87
<i>quinine sulfate</i>	44
QUTENZA	7
QUTENZA (2 PATCH)	7

R

<i>ra aspirin</i>	11
<i>ra aspirin adult low dose</i>	11
<i>ra aspirin adult low strength</i>	11
<i>ra aspirin childrens</i>	11
<i>ra aspirin ec</i>	11
<i>ra aspirin ec adult low st</i>	11
<i>ra budesonide</i>	137
<i>ra folic acid</i>	149
<i>ra insulin syringe</i>	75
<i>ra mini nicotine</i>	19
<i>ra niacin</i>	149
<i>ra nicotine</i>	19
<i>ra nicotine gum</i>	19
<i>ra nicotine polacrilex</i>	19
<i>ra no flush niacin</i>	149
<i>ra pain relief aspirin</i>	11
<i>ra pen needles</i>	75
<i>ra vitamins complete childrens</i>	149
<i>rabeprazole sodium</i>	107
<i>raloxifene hcl</i>	122
ramelteon	144
ramipril	86
<i>ranolazine er</i>	91
<i>rasagiline mesylate</i>	46
<i>raya sure pen needle</i>	75
RAYOS	113
REACT	122
<i>reality insulin syringe</i>	75
REALITY LATEX CONDOMS	130
REALITY LATEX/ULTRA TEXTURED	130

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

REALITY LATEX/ULTRA THIN.....	130
RECLIPSEN.....	120
RECTIV.....	101
REGRANEX.....	101
RELENZA DISKHALER	53
RELION INSULIN SYRINGE	75
RELION MINI PEN NEEDLES.....	75
RELION PEN NEEDLES.....	75
RELION SHORT PEN NEEDLES	75
RELISTOR.....	106
RENFLEXIS.....	126
<i>repaglinide</i>	56
REPATHA.....	94
REPATHA PUSHTRONEX SYSTEM	94
REPATHA SURECLICK	94
RESTASIS	132
RETACRIT	84
RETIN-A MICRO PUMP	101
RETISERT	133
RETROVIR	51
REVLIMID.....	38
RHOGAM ULTRA-FILTERED PLUS	127
RHOPHYLAC.....	127
<i>ribavirin</i>	50, 142
RIDAURA.....	127
<i>rifabutin</i>	37
<i>rifampin</i>	37
<i>riluzole</i>	97
<i>rimantadine hcl</i>	53
RIMSO-50.....	109
RINVOQ.....	126
<i>risedronate sodium</i>	128, 129
RISPERDAL CONSTA.....	49
<i>risperidone</i>	49
<i>ritonavir</i>	52
<i>rivastigmine</i>	29
<i>rivastigmine tartrate</i>	29
RIVELSA.....	120
<i>rizatriptan benzoate</i>	36
<i>roflumilast</i>	140
<i>romidepsin</i>	41
<i>ropinirole hcl</i>	46
<i>ropinirole hcl er</i>	46
ROSADAN	101
<i>rosuvastatin calcium</i>	93
ROWEEPRa	25

ROZLYTREK.....	43
<i>rufinamide</i>	28
RYBELSUS	56

S

<i>safety pen needles</i>	76
SALIVAMAX.....	99
<i>salsalate</i>	11
SANCUSO	33
SANDIMMUNE.....	126
SANTYL	101
SAPHRIS	49
SAVELLA	97
SAVELLA TITRATION PACK.....	97
<i>saxagliptin hcl</i>	56
<i>saxagliptin-metformin er</i>	56
<i>sb aspirin</i>	11
<i>sb aspirin ec</i>	11
<i>sb childrens aspirin</i>	11
<i>sb insulin syringe</i>	76
<i>sb low dose asa ec</i>	11
SCALACORT DK	101
<i>scopolamine</i>	32
SEASONIQUE	120
SECURESAFE INSULIN SYRINGE.....	76
SECURESAFE SAFETY PEN NEEDLES	76
SEGLUROMET	57
SELECT-OB.....	149
SELECT-OB+DHA	149
<i>selegiline hcl</i>	46
<i>selenium sulfide</i>	101
SELZENTRY	52
<i>se-natal 19</i>	149
SEREVENT DISKUS.....	139
<i>sertraline hcl</i>	31
SETLAKIN.....	120
<i>sevelamer carbonate</i>	109
<i>sevelamer hcl</i>	109
SFROWASA.....	128
SHAROBEL.....	122
SHOPKO UNIFINE PENTIPS	76
SHOPKO UNIFINE PENTIPS PLUS	76
<i>sildenafil citrate</i>	140
<i>silodosin</i>	108
<i>silver sulfadiazine</i>	21
<i>simvastatin</i>	93
<i>sirolimus</i>	126

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

SKYRIZI	101	STALEVO 75.....	46
SKYRIZI (150 MG DOSE).....	101	stavudine	52
SKYRIZI PEN.....	101	STEGLATRO	57
sm animal shapes complete.....	149	STEGLUJAN	57
sm aspirin.....	11	STELARA.....	102
sm aspirin adult low strength.....	11	STIVARGA.....	43
sm aspirin ec.....	11	STRIBILD	51
sm aspirin ec low strength.....	11	STRIVERDI RESPIMAT	139
sm aspirin low dose	11	SUBSYS.....	15
sm childrens aspirin	11	sucralfate.....	107
sm folic acid	149	sulconazole nitrate	35
sm nicotine.....	19	sulfacetamide sodium.....	24, 102
sm nicotine polacrilex.....	19	sulfacetamide sodium (acne)	24
sod citrate-citric acid	149	sulfacetamide sodium (cleans)	102
sodium chloride.....	142	sulfacetamide sodium-sulfur.....	102
sodium fluoride.....	149	sulfacetamide-prednisolone	135
sodium phenylbutyrate	104	sulfacetamide-sulfur in urea	102
sodium polystyrene sulfonate.....	150	sulfadiazine	24
sodium sulfacetamide	102	sulfamethoxazole-trimethoprim	24
sofosbuvir-velpatasvir	50	SULFAMYLLON	21
solifenacin succinate.....	108	sulfasalazine	128
SOLTAMOX.....	38	SULFATRIM PEDIATRIC.....	24
SOLU-CORTEF	113	sulfurated lime	44
SOLU-MEDROL.....	113	sulindac	11
sorafenib tosylate	43	sumatriptan	36
SORILUX	102	sumatriptan succinate	36
SORINE	87	sumatriptan succinate refill.....	36
sotalol hcl.....	87	sumatriptan-naproxen sodium.....	37
sotalol hcl (af).....	87	sunitinib malate	43
spinosad.....	44	SUPARTZ FX.....	103
SPIRIVA HANDIHALER.....	138	SUPREP BOWEL PREP KIT	106
SPIRIVA RESPIMAT	138	sure comfort insulin syringe.....	76
spironolactone.....	92	sure comfort pen needles.....	76
spironolactone-hctz	91	SYMBICORT	142
SPRINTEC 28.....	120	SYMPROIC	106
SPRIX	11	SYNAGIS	142
SPRYCEL	43	SYNALAR TS.....	102
SPS.....	150	SYNERA	15
SSD	21	SYNJARDY	57
sss 10-5	102	SYNJARDY XR	57
ST JOSEPH ASPIRIN.....	11	SYNTHROID	123
ST JOSEPH LOW DOSE.....	11	SYNVISC	103
STALEVO 125	46	SYNVISC ONE.....	103
STALEVO 150	46	T	
STALEVO 200	46	TABLOID.....	41
STALEVO 50	46	TACLONEX.....	102

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

<i>tacrolimus</i>	102, 126	THRIVE	19
<i>tadalafil (pah)</i>	140	<i>thrivite rx</i>	149
TAKE ACTION	122	<i>thyroid</i>	123
TALTZ.....	102	<i>tiagabine hcl</i>	26
<i>tamoxifen citrate</i>	38	TICE BCG	41
<i>tamsulosin hcl</i>	108	TILIA FE	120
TARGRETIN	43	<i>timolol maleate</i>	88, 133
TARINA FE 1/20	120	<i>timolol maleate (once-daily)</i>	133
TARON-C DHA	149	<i>tinidazole</i>	44
TASIGNA	43	<i>tiopronin</i>	109
<i>tazarotene</i>	102	<i>tiotropium bromide monohydrate</i>	138
TAZORAC.....	102	TIROSINT	123
TAZTIA XT	89	TIROSINT-SOL	123
<i>techlite insulin syringe</i>	77	<i>tizanidine hcl</i>	50
TECHLITE PEN NEEDLES.....	77	<i>tobramycin</i>	132, 139
TEGRETOL.....	28	<i>tobramycin-dexamethasone</i>	135
TEGRETOL-XR	28	TOBREX	132
TEKTURN HCT	91	TODAY SPONGE.....	109
<i>telmisartan</i>	86	<i>today's health mini pen needles</i>	77
<i>telmisartan-amlodipine</i>	92	<i>today's health pen needles</i>	77
<i>telmisartan-hctz</i>	92	<i>today's health short pen needle</i>	77
<i>temazepam</i>	144	<i>tolcapone</i>	45
TEMODAR	38	<i>tolmetin sodium</i>	12
<i>temozolomide</i>	38	<i>tolterodine tartrate</i>	108
<i>temsirolimus</i>	126	<i>tolterodine tartrate er</i>	108
TENCON.....	7	<i>topcare clickfine pen needles</i>	77
<i>tenofovir disoproxil fumarate</i>	52	<i>topcare ultra comfort ins syr</i>	77
<i>terazosin hcl</i>	108	<i>topiramate</i>	27
<i>terbinafine hcl</i>	35	TOPOSAR.....	42
<i>terbutaline sulfate</i>	139	<i>topotecan hcl</i>	42
<i>terconazole</i>	35	<i>torseamide</i>	92
<i>teriflunomide</i>	98	TOSYMRA	37
<i>testosterone</i>	114, 115	TOTECT	41
<i>testosterone cypionate</i>	115	TOUJEO MAX SOLOSTAR	77
<i>testosterone enanthate</i>	115	TOUJEO SOLOSTAR	77
<i>tetrabenazine</i>	97	TOVIAZ	108
<i>tetracaine hcl</i>	132	TRADJENTA	57
<i>tetracycline hcl</i>	25	<i>tramadol hcl</i>	15
TEXACORT	113	<i>tramadol hcl er</i>	13
THALOMID	38	<i>tramadol hcl er (biphasic)</i>	13
THEO-24.....	140	<i>tramadol-acetaminophen</i>	15
<i>theophylline</i>	140	<i>trandolapril</i>	86
<i>theophylline er</i>	140	<i>trandolapril-verapamil hcl er</i>	92
<i>thioridazine hcl</i>	47	<i>tranylcypromine sulfate</i>	30
<i>thiotepa</i>	38	<i>travoprost (bak free)</i>	135
<i>thiothixene</i>	47	TRAZIMERA	43

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

<i>trazodone hcl</i>	31
TREANDA.....	41
TRECATOR	37
TRELEGY ELLIPTA.....	142
TRESIBA.....	77
TRESIBA FLEXTOUCH	77
<i>tretinoin</i>	43, 102
<i>tretinoin microsphere</i>	103
<i>tretinoin microsphere pump</i>	103
TREXALL	126
TRI FEMYNOR	120
<i>triamcinolone acetonide</i>	99, 113, 114
<i>triamcinolone in absorbbase</i>	114
<i>triamterene</i>	92
<i>triamterene-hctz</i>	92
TRIANEX	114
<i>triazolam</i>	54
TRICARE	149
<i>tricitrates</i>	149
<i>trientine hcl</i>	109
TRIESENCE	135
TRI-ESTARYLLA	120
<i>trifluoperazine hcl</i>	47
<i>trifluridine</i>	50
<i>trihexyphenidyl hcl</i>	45
TRIJARDY XR	57
TRI-LEGEST FE	120
TRI-LINYAH	120
TRI-LO-MARZIA	120
TRI-LO-SPRINTEC.....	120
<i>trimethobenzamide hcl</i>	32
<i>trimethoprim</i>	21
<i>trimipramine maleate</i>	32
<i>trinatal rx 1</i>	149
TRINATE.....	149
<i>tropicamide</i>	132
<i>trospium chloride</i>	108
<i>trospium chloride er</i>	108
<i>true comfort insulin syringe</i>	78
<i>true comfort pen needles</i>	78
<i>true comfort pro insulin syr</i>	78
<i>true comfort pro pen needles</i>	78
TRUEPLUS 5-BEVEL PEN NEEDLES	78
TRUEPLUS INSULIN SYRINGE.....	78
TRUEPLUS PEN NEEDLES.....	78
TRULANCE.....	106

TRULICITY.....	57
TRUSTEX COLOR CONDOMS + LUBE.....	130
TRUSTEX LUB/RIBBED/STUDDED	130
TRUSTEX LUB/SPERMICIDE EX ST	130
TRUSTEX LUB/SPERMICIDE XL.....	130
TRUSTEX LUBRICATED.....	130
TRUSTEX LUBRICATED EX LARGE	130
TRUSTEX LUBRICATED EXTRA ST	130
TRUSTEX LUBRICATED/SPERMICIDE.....	130
TRUSTEX NATURAL CONDOMS + LUBE.....	130
TRUSTEX NON-LUBRICATED.....	130
TRUSTEX RIA LUB/SPERMICIDE	130
TRUSTEX RIA LUBRICATED.....	130
TRUSTEX RIA NON-LUBRICATED.....	130
TRUSTEX-NONNOXYNOL-9/RIB/STUD.....	130
TRUXIMA	43
TUDORZA PRESSAIR.....	138
TUSNEL	143
TYMLOS	129
TYSABRI.....	98

U

UDENYCA.....	84
ULTICARE INSULIN SAFETY SYR	79
ULTICARE INSULIN SYR 1/2 UNIT.....	79
ULTICARE INSULIN SYRINGE	79
ULTICARE MICRO PEN NEEDLES.....	79
ULTICARE MINI PEN NEEDLES.....	79
ULTICARE PEN NEEDLES	79
ULTICARE SHORT PEN NEEDLES	79
ULTIGUARD SAFEPAK PEN NEEDLE	79
ULTIGUARD SAFEPAK SYR/NEEDLE	79, 80
ULTILET PEN NEEDLE	80
ULTRA CHOICE MULTIVITAMIN KIDS	149
<i>ultra comfort insulin syringe</i>	80
ULTRA FLO INSULIN PEN NEEDLES	80
ULTRA FLO INSULIN SYR 1/2 UNIT	80
ULTRA FLO INSULIN SYRINGE	80
ULTRA THIN PEN NEEDLES	80
<i>ultracare insulin syringe</i>	80
<i>ultracare pen needles</i>	80
ULTRA-THIN II INS SYR SHORT	81
ULTRA-THIN II INSULIN SYRINGE.....	81
ULTRA-THIN II MINI PEN NEEDLE.....	81
ULTRA-THIN II PEN NEEDLE SHORT	81
ULTRA-THIN II PEN NEEDLES	81
UNIFINE PEN NEEDLES.....	81

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

UNIFINE PENTIPS	81
UNIFINE PENTIPS PLUS	81
UNIFINE SAFECONTROL PEN NEEDLE	81
UNIFINE ULTRA PEN NEEDLE	81
URELLE	109
URIMAR-T	109
<i>urin ds</i>	109
<i>uro-458</i>	109
<i>uro-mp</i>	109
<i>ursodiol</i>	106
USTELL	109
UTIRA-C	109

V

<i>valacyclovir hcl</i>	50
<i>valganciclovir hcl</i>	50
<i>valproic acid</i>	26
<i>valsartan</i>	86
<i>valsartan-hydrochlorothiazide</i>	92
<i>value health insulin syringe</i>	82
<i>valumark pen needles</i>	82
<i>vancomycin hcl</i>	21
VANISHPOINT INSULIN SYRINGE	82
<i>varenicline tartrate</i>	19
<i>varenicline tartrate (starter)</i>	19
VCF VAGINAL CONTRACEPTIVE	109
VECTIBIX	43
VECTICAL	103
VELCADE	41
VELIVET	120
VELTIN	103
<i>venlafaxine hcl</i>	31
<i>venlafaxine hcl er</i>	31
VENTAVIS	140
VENTOLIN HFA	139
<i>verapamil hcl</i>	89
<i>verapamil hcl er</i>	89
VERDESO	114
VEREGEN	103
VERIFINE INSULIN PEN NEEDLE	82
VERIFINE INSULIN SYRINGE	82
VERIFINE PLUS PEN NEEDLE	82
VERQUVO	92
VERZENIO	42
VESTURA	120
VICTOZA	57
VIDA MIA UNIFINE PENTIPS	82

VIENVA	120
<i>vigabatrin</i>	26
VIIBRYD	31
VILAMIT MB	109
<i>vilazodone hcl</i>	31
VILEVEV MB	109
VIMPAT	28
VINATE DHA RF	149
VINATE II	149
VINATE ONE	149
<i>vinblastine sulfate</i>	41
VINCASAR PFS	41
<i>vincristine sulfate</i>	41
<i>vinorelbine tartrate</i>	41
VIOKACE	104
<i>viorele</i>	120
VIRACEPT	52
VIREAD	52
<i>virt-nate dha</i>	149
<i>virt-pn dha</i>	149
VITAFOL-OB	149
VITAFOL-OB+DHA	149
VITAFOL-ONE	149
VITAMEDMD ONE RX/QUATREFOLIC	149
VIVA DHA	150
VIVITROL	16
VOGELXO	115
VOGELXO PUMP	115
<i>voriconazole</i>	35
VOTRIENT	43
<i>vp insulin syringe</i>	82
VUSION	35
VYFEMLA	121
VYVANSE	96

W

<i>warfarin sodium</i>	83
<i>wee care</i>	150
<i>wegmans unifine pentips plus</i>	82
WERA	121
WIDE-SEAL DIAPHRAGM 60	130
WIDE-SEAL DIAPHRAGM 65	131
WIDE-SEAL DIAPHRAGM 70	131
WIDE-SEAL DIAPHRAGM 75	131
WIDE-SEAL DIAPHRAGM 80	131
WIDE-SEAL DIAPHRAGM 85	131
WIDE-SEAL DIAPHRAGM 90	131

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

WIDE-SEAL DIAPHRAGM 95.....	131
WINRHO SDF.....	127
WIXELA INHUB.....	142
WYMZYA FE.....	121

X

XALKORI.....	43
XARELTO.....	84
XARELTO STARTER PACK.....	84
XELJANZ.....	127
XELJANZ XR.....	127
XEOMIN.....	143
XERESE.....	50
XGEVA.....	129
XIFAXAN.....	21
XIGDUO XR.....	57
XIMINO.....	25
XOFLUZA (80 MG DOSE).....	53
XOLEGEL.....	35
XOLEGEL DUO/HEAD & SHOULDERS.....	35
XOLEGEL DUO/XOLEX.....	35
XOPENEX HFA.....	139
XULANE.....	121
XYREM.....	144

Y

<i>yl folic acid</i>	150
YUVAFEM.....	121

Z

<i>zaclir cleansing</i>	103
<i>zafirlukast</i>	138
<i>zaleplon</i>	144
ZANOSAR.....	38
ZARXIO.....	84
ZATEAN-PN DHA.....	150
ZEBUTAL.....	7
ZELAPAR.....	46

ZELBORAF.....	43
ZENPEP.....	104
ZEPATIER.....	50
ZEPOSIA.....	98
ZEPOSIA 7-DAY STARTER PACK.....	98
ZEPOSIA STARTER KIT.....	98
ZETONNA.....	138
ZEVALIN Y-90.....	41
<i>zevrx insulin syringe</i>	82, 83
<i>zevrx pen needles</i>	83
ZIANA.....	103
<i>zidovudine</i>	52
<i>zileuton er</i>	138
<i>ziprasidone hcl</i>	49
<i>ziprasidone mesylate</i>	49
ZIPSOR.....	12
ZIRABEV.....	38
ZIRGAN.....	50
ZITHRANOL.....	103
ZITHROMAX.....	23
ZOLADEX.....	124
<i>zoledronic acid</i>	129
ZOLINZA.....	42
<i>zolmitriptan</i>	37
<i>zolpidem tartrate</i>	144
<i>zolpidem tartrate er</i>	144
ZOLPIMIST.....	144
ZOMIG.....	37
ZONALON.....	103
<i>zonisamide</i>	25
ZYCLARA.....	103
ZYCLARA PUMP.....	103
ZYDELIG.....	43
ZYFLO.....	138
ZYKADIA.....	43
ZYLET.....	135
ZYPREXA RELPREVV.....	49

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

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