



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 Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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

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

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

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]	15
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]	34
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	34
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	35
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	36
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	36
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	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]	43
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	44
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]	49
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	52
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	53
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	53
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]	81
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	83
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	93
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	96
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	97
DEVICES [DISPOSITIVOS]	100
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	101

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

ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	101
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	102
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	105
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	107
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	111
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]	111
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	119
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	121
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	121
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	121
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	122

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].....	122
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]	123
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	124
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]....	125
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	127
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	131
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]	131
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	138
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	139
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	140

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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	2		QL(90 / 30)
BUPAP 50-300 mg tab	4		QL(90 / 30)
butalbital-acetaminophen 50-300 mg tab	2	ORBIVAN CF	QL(90 / 30)
butalbital-acetaminophen 50-325 mg tab	2	PHRENILIN	QL(90 / 30)
butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab	2	ESGIC	QL(90 / 30)
butalbital-apap-cafeine 50-300-40 mg cap	2	FIORICET	QL(90 / 30)
butalbital-aspirin-cafeine 50-325-40 mg cap	2	FIORINAL	QL(90 / 30)
QUTENZA 8 % ext kit	6		PA
QUTENZA (2 PATCH) 8 % ext kit	6		PA
TENCON 50-325 mg tab	4		QL(90 / 30)
ZEBUTAL 50-325-40 mg cap	4		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
adult aspirin 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
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	2	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	2	FLECTOR	
diclofenac potassium 50 mg tab	2	CATAFLAM	
diclofenac potassium 25 mg cap	2	ZIPSOR	
diclofenac sodium 1.5 % ext soln	2	PENNSAID	
diclofenac sodium 3 % gel	2	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	2	VOLTAREN	
diclofenac sodium 1 % gel	2	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	2	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	2	ARTHROTEC	
diflunisal 500 mg tab	2	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>	2	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	LODINE XL	
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	2	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>	4		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	2	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	4		
INDOCIN 25 mg/5ml susp	4		
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	2	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	1		QL(20 / 25)
ketorolac tromethamine 30 mg/ml inj soln	2	TORADOL	QL(20 / 25)
ketorolac tromethamine 10 mg tab	2	TORADOL	QL(20 / 30)
ketorolac tromethamine 15 mg/ml inj soln	2	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	2	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	2	PONSTEL	
meijer aspirin ec 325 mg tab dr	1		QL(30 / 30), AL
meloxicam 15 mg tab, 7.5 mg tab	2	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	4		
NAPRELAN 750 mg tab er 24 hr	4		
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	2	NAPROSYN	
naproxen 125 mg/5ml susp	2	NAPROSYN	
naproxen dr 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	2	ANAPROX	
naproxen sodium er 500 mg tab er 24 hr	2	NAPRELAN	
oxaprozin 600 mg tab	2	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	2	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>	2	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	4		
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>	2	TOLECTIN	
ZIPSOR 25 mg cap	4		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	2	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		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>	2	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>	2	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	2	AVINZA	PA
<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>	2	OXYCONTIN	PA
OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr	3		PA
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	2	OPANA ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	ULTRAM ER	PA
<i>tramadol hcl er (biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	RYZOLT	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 300-30 mg tab, 300-60 mg tab</i>	2	TYLENOL WITH CODEINE	
ASCOMP-CODEINE 50-325-40-30 mg cap	4		
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
DEMEROL 75 mg/ml inj soln	4		
ENDOCET 2.5-325 mg tab	4		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	2	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln	2	HYCET	
hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	2	NORCO	
hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	2	VICODIN	
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	2	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg tab	2	VICOPROFEN	
hydromorphone hcl 2 mg tab, 8 mg tab	1	DILAUDID	
hydromorphone hcl 4 mg tab	2	DILAUDID	
hydromorphone hcl 1 mg/ml liq	2	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	4		
LORTAB 10-300 mg/15ml oral elix	4		
meperidine hcl 50 mg tab	2	DEMEROL	
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln	2	DEMEROL	
morphine sulfate 15 mg tab, 30 mg tab	2		
OXAYDO 5 mg tab, 7.5 mg tab	4		
oxycodone hcl 5 mg cap	2	OXYIR	
oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ROXICODONE	
oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln	2	ROXICODONE	
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	
oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	2	PERCOCET	
oxycodone-acetaminophen 5-325 mg/5ml soln	2	ROXICET	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>oxymorphone hcl 10 mg tab, 5 mg tab</i>	2	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	4		
<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	4		
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	4		
GEBAUERS SPRAY AND STRETCH ext aer	4		
<i>lidocaine 5 % oint</i>	2		
<i>lidocaine 5 % patch</i>	2	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	2	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	2	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>	2	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
PRAMOX 1 % gel	4		
<i>premium lidocaine 5 % oint</i>	2		
SYNERA 70-70 mg patch	4		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	2	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	2	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	2	REVIA	PA
<i>VIVITROL 380 mg im susp</i>	6		PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	2	ZYBAN	PA, QL(360 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	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>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	4	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>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 4 mg m/t gum</i>	4	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>	2	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 step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 4 mg m/t gum</i>	4	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 mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	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>	2	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>	4	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>	2	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>HABITROL 21 mg/24hr td patch 24hr</i>	4		PA, QL(84 / 365)
<i>hm nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>hm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	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>	2	NICORETTE	PA, QL(2772 / 365)
<i>KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg</i>	4		PA, QL(2772 / 365)
<i>KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg</i>	4		PA, QL(2772 / 365)
<i>NICODERM CQ 7 mg/24hr td patch 24hr</i>	4		PA, QL(28 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	4		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	4		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum	4		PA, QL(2772 / 365)
nicotine 21-14-7 mg/24hr td kit	2		QL(112 / 365)
nicotine 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	1	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex mini 2 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine step 3 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
NICOTROL 10 mg inhaler	4		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 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>	2	NICORETTE	PA, QL(2772 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	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>	2	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	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>	2	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>	2	NICORETTE	PA, QL(2772 / 365)
THRIVE 2 mg m/t gum	4		PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	2	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	2	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	2	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>	2	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
<i>bacitracin 50000 unit im soln</i>	2	BACI-IM	
BETADINE OPHTHALMIC PREP 5 % ophth soln	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CENTANY 2 % oint	4		
CENTANY AT 2 % ext kit	4		
CLEOCIN 100 mg vag supp	4		
CLINDACIN ETZ 1 % swab	4		
CLINDACIN-P 1 % swab	4		
CLINDAGEL 1 % gel	4		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	4	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % gel</i>	4	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % foam</i>	2	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	4		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	4		PA
<i>fosfomycin tromethamine 3 gm pckt</i>	2	MONUROL	
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	2	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	2	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	2	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	2	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	4		
SULFAMYLON 85 mg/gm crm	4		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	6		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	2	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	2	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	2	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>	2	OMNICEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	2	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>	2	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	2	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	2	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	2	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	2		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	2	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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>	2	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>	2	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>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	2		
AUGMENTIN 125-31.25 mg/5ml susp	4		
BICILLIN C-R 1200000 unit/2ml im susp	4		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	2	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	2	PFIZERPEN	
<i>penicillin g procaine 600000 unit/ml im susp</i>	2		
<i>penicillin g sodium 5000000 unit inj soln</i>	2		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 1 gm pckt, 600 mg tab</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	2	ZITHROMAX	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
<i>E.E.S. 400 400 mg tab</i>	4		
<i>ery 2 % pad</i>	2		
<i>ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4		
<i>ERYTHROCIN STEARATE 250 mg tab</i>	4		
<i>erythromycin 2 % ext soln</i>	2	ERYDERM	
<i>erythromycin 2 % gel</i>	2	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	2	ERYPED	
<i>ZITHROMAX 1 gm pckt</i>	4		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>CIPRO 250 MG/5ML (5%) susp</i>	4		
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	2	CIPRO	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	2	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	2	ADOXA	
AVIDOXY DK 100 mg cmb kit	4		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	2	DECLOMYCIN	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	2	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	SOLODYN	
MONDOXYNE NL 100 mg cap	4		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	2		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	2	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	2	KEPPRA XR	
ROWEEPRA 500 mg tab	4		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	4		
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	2	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>	2	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	4		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	4		
DIASTAT ACUDIAL 20 mg rect gel	4		
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	2		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	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>	2	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>	2		
<i>phenobarbital 20 mg/5ml oral elix</i>	2		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	2	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	2	GABITRIL	
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	2	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	5	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	
<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>	4		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	2	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	LAMICTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	2	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	2	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
DILANTIN 100 mg cap, 30 mg cap	4		
DILANTIN 125 mg/5ml susp	4		
DILANTIN INFATABS 50 mg tab chew	4		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	2	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	2	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	2	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
PHENYTEK 200 mg cap, 300 mg cap	4		
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	2	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>phenytoin sodium extended 100 mg cap</i>	2	DILANTIN	
<i>rufinamide 40 mg/ml susp</i>	2	BANZEL	
TEGRETOL 200 mg tab	4		
TEGRETOL 100 mg/5ml susp	4		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	4		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	2	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	2	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	2	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	2	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	2	RAZADYNE ER	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	2	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	2	NAMENDA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>memantine hcl 2 mg/ml soln</i>	2	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	2	NAMENDA XR	
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>	4		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	2	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	2	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>	2	WELLBUTRIN XL	
<i>FORFIVO XL 450 mg tab er 24 hr</i>	4		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	2	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
<i>EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr</i>	4		
<i>MARPLAN 10 mg tab</i>	4		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrirs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrssi/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	2	CELEXA	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 225 mg tab er 24 hr	2		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	2	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	2	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ELAVIL	
amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab	2	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	2	ASENDIN	
chlorthalidone-amitriptyline 10-25 mg tab	1	LIMBITROL	
chlorthalidone-amitriptyline 5-12.5 mg tab	2	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	2	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	NORPRAMIN	
doxepin hcl 10 mg cap	1	SINEQUAN	
doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	2	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	2	TRIAVIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	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>	2	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	2	PHENERGAN	
PROMETHEGAN 50 mg rect supp	4		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	6		QL(2 / 30)
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	2	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	3		
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	2		
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	2	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	ZOFRAN	QL(9 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
palonosetron hcl 0.25 mg/5ml iv soln	5	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	4		
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	4		PA
clotrimazole 10 mg m/t troche	2	MYCELEX	
clotrimazole 1 % ext soln	2	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm	2	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % lot	2	LOTRISONE	
CRESEMBA 186 mg cap	4		PA
DERMAZENE 1-1 % crm	4		
econazole nitrate 1 % crm	2	SPECTAZOLE	
ERTACZO 2 % crm	4		
EXELDERM 1 % crm	4		
EXELDERM 1 % ext soln	4		
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	2	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	2	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	2	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	2	GRIS-PEG	
iodoquinol-hc-aloe polysacch 1-2-1 % gel	2	ALCORTIN A	
itraconazole 10 mg/ml soln	1	SPORANOX	PA
itraconazole 100 mg cap	2	SPORANOX	PA
ketoconazole 2 % foam	2	EXTINA	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % crm	2	NIZORAL	
ketoconazole 2 % shampoo	2	NIZORAL	
LOPROX 0.77 % ext kit	4		
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	2	VUSION	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NATACYN 5 % ophth susp	4		
NOXAFIL 40 mg/ml susp	4		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	2	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	2	MYCOLOG	
ORAVIG 50 mg bucc tab	4		
OXISTAT 1 % lot	4		
<i>sulconazole nitrate 1 % crm</i>	2	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	2	TERAZOL	
<i>terconazole 80 mg vag supp</i>	2	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	6	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	6	VFEND	PA
VUSION 0.25-15-81.35 % oint	4		
XOLEGEL 2 % gel	4		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	4		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	4		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	ULORIC	
<i>probenecid 500 mg tab</i>	2	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>	2		
EPIFOAM 1-1 % foam	4		
<i>hydrocortisone (perianal) 2.5 % crm</i>	2	ANUSOL HC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hydrocortisone (perianal) 1 % crm</i>	2	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	2	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	2		
<i>hydrocortisone acetate 30 mg rect supp</i>	2	PROCTOCORT	
PROCTO-MED HC 2.5 % crm	4		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<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	4		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	4		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	3		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		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>	2	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	2	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	2	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	2	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	2	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	2	IMITREX	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>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	2	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	3		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	2	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	2	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln	3		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>pyridostigmine bromide 60 mg tab</i>	2	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	2	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	2		
<i>rifabutin 150 mg cap</i>	2	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	2		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	2		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	2		
PASER 4 gm pckt	4		
PRIFTIN 150 mg tab	4		
<i>pyrazinamide 500 mg tab</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
TRECTOR 250 mg tab	4		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>busulfan 6 mg/ml iv soln</i>	5	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	2		PA
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	5		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	6		PA
LEUKERAN 2 mg tab	6		PA
MATULANE 50 mg cap	6		PA
<i>melphalan 2 mg tab</i>	5	ALKERAN	PA
<i>melphalan hcl 50 mg iv soln</i>	6	ALKERAN	PA
MYLERAN 2 mg tab	6		PA
TEMODAR 100 mg iv soln	6		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	6	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	6	THIOPLEX	PA
ZANOSAR 1 gm iv soln	6		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	6	EULEXIN	PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
NUBEQA 300 mg tab	5		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>	5	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	6		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	6		PA
SOLTAMOX 10 mg/5ml soln	6		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	6	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	5	XELODA	PA
CARAC 0.5 % crm	6		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
<i>fluorouracil 0.5 % crm</i>	5	CARAC	PA
<i>fluorouracil 5 % crm</i>	5	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	5	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
<i>mercaptapurine 50 mg tab</i>	6	PURINETHOL	PA
NIPENT 10 mg iv soln	6		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	5	TRISENOX	PA
BENDEKA 100 mg/4ml iv soln	5		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	6	BLENOXANE	PA
<i>bortezomib 3.5 mg iv soln</i>	5		PA
<i>bortezomib 3.5 mg inj soln</i>	5	VELCADE	PA
<i>carmustine 300 mg iv soln, 50 mg iv soln</i>	5		PA
<i>carmustine 100 mg iv soln</i>	5	BICNU	PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	6		PA
<i>cladribine 10 mg/10ml iv soln</i>	6	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	5	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	6		PA
<i>cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln</i>	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
dacarbazine 100 mg iv soln, 200 mg iv soln	6		PA
dactinomycin 0.5 mg iv soln	6	COSMEGEN	PA
daunorubicin hcl 20 mg/4ml iv soln	6		PA
decitabine 50 mg iv soln	6	DACOGEN	PA
dexrazoxane hcl 250 mg iv soln, 500 mg iv soln	5	ZINECARD	PA
docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc	5	TAXOTERE	PA
doxorubicin hcl 10 mg iv soln, 50 mg iv soln	5		PA
doxorubicin hcl 2 mg/ml iv soln	2	ADRIAMYCIN	PA
doxorubicin hcl liposomal 2 mg/ml iv inj	5	DOXIL	PA
floxuridine 0.5 gm inj soln	6	FUDR	PA
fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln	6		PA
fulvestrant 250 mg/5ml im soln pfs	5	FASLODEX	PA
gemcitabine hcl 2 gm iv soln	5		PA
gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln	5		PA
gemcitabine hcl 1 gm iv soln, 200 mg iv soln	5	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	6		PA
idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln	6	IDAMYCIN PFS	PA
IFEX 3 gm iv soln	6		PA
ifosfamide 1 gm iv soln, 3 gm iv soln	5	IFEX	PA
ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln	5	IFEX	PA
irinotecan hcl 500 mg/25ml iv soln	5		PA
irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln	5	CAMPTOSAR	PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	6		PA
JEVTANA 60 mg/1.5ml iv soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KADCYLA 100 mg iv soln, 160 mg iv soln	6		PA
KANJINTI 150 mg iv soln, 420 mg iv soln	6		PA
mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln	6	MUTAMYCIN	PA
nelarabine 5 mg/ml iv soln	5	ARRANON	PA
oxaliplatin 100 mg iv soln, 50 mg iv soln	5	ELOXATIN	PA
oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln	5	ELOXATIN	PA
paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc	6	TAXOL	PA
pemetrexed disodium 100 mg iv soln, 500 mg iv soln	5	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	5		PA
PHOTOFIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
romidepsin 10 mg iv soln	5	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	6		PA
TICE BCG 50 mg i-vesic susp	4		PA
TOTECT 500 mg iv soln	6		PA
TREANDA 100 mg iv soln, 25 mg iv soln	5		PA
VELCADE 3.5 mg inj soln	6		PA
vinblastine sulfate 1 mg/ml iv soln	5		PA
VINCASAR PFS 1 mg/ml iv soln	5		PA
vincristine sulfate 1 mg/ml iv soln	6	VINCASAR	PA
vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln	6	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	6		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln	6	PARAPLATIN	PA
fludarabine phosphate 50 mg/2ml iv soln	5		PA
fludarabine phosphate 50 mg iv soln	5	FLUDARA	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>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	6		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	5	FUSILEV	PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	5		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	5	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
ZOLINZA 100 mg cap	6		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	6	ARIMIDEX	
<i>exemestane 25 mg tab</i>	5	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
<i>etoposide 50 mg cap</i>	5		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	5	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	6		PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	6		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	6		PA
<i>topotecan hcl 4 mg iv soln</i>	6	HYCANTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	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>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	6		PA
IRESSA 250 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA
NEXAVAR 200 mg tab	6		PA
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
<i>sorafenib tosylate 200 mg tab</i>	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	5	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
VOTRIENT 200 mg tab	6		PA
XALKORI 200 mg cap, 250 mg cap	6		PA
ZELBORAF 240 mg tab	6		PA
ZYDELIG 100 mg tab, 150 mg tab	6		PA
ZYKADIA 150 mg tab	6		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	6		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
GAZYVA 1000 mg/40ml iv soln	6		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	6		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	6		PA
TARGRETIN 1 % gel	6		PA
<i>tretinoin 10 mg cap</i>	6	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	2	ALBENZA	
<i>ivermectin 3 mg tab</i>	2	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	4		
ALINIA 100 mg/5ml susp	4		QL(60 / 3)
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	4		
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	2		
<i>nitazoxanide 500 mg tab</i>	2	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>	2	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % lot	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cvs ivermectin lice treatment 0.5 % lot</i>	2	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	2	SKLICE	PA
<i>malathion 0.5 % lot</i>	2	OVIDE	PA
NATROBA 0.9 % ext susp	4		PA
<i>permethrin 5 % crm</i>	2	ELIMITE	PA
<i>spinosad 0.9 % ext susp</i>	2		PA
<i>sulfurated lime ext soln</i>	1		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	2	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>	2		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	
<i>entacapone 200 mg tab</i>	2	COMTAN	
<i>tolcapone 100 mg tab</i>	5	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	2	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	6		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	6		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	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	2	MIRAPEX ER	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	2	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [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>	5	APOKYN	PA
<i>carbidopa 25 mg tab</i>	2	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	2	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	2	STALEVO	
STALEVO 125 31.25-125-200 mg tab	4		
STALEVO 150 37.5-150-200 mg tab	4		
STALEVO 200 50-200-200 mg tab	4		
STALEVO 50 12.5-50-200 mg tab	4		
STALEVO 75 18.75-75-200 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Monoamine Oxidase 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>	2	AZILECT	
<i>selegiline hcl 5 mg tab</i>	2		
<i>selegiline hcl 5 mg cap</i>	2	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	4		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	
COMPRO 25 mg rect supp	1		
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	2	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	2	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>	2	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	2	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	2	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	2	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	2	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	2	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
<i>FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	4		
<i>FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab</i>	4		
<i>INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs</i>	6		PA
<i>INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs</i>	6		PA
<i>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</i>	6		PA
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	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>	2	ZYPREXA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	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>	2	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	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	6		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>	2	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	2	RISPERDAL	
SAPHRIS 10 mg tab subl, 5 mg tab subl	3		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	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	4		
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>	2	CLOZARIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	2	FAZACLO	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	2	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	2	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>	2	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	2	VALCYTE	
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>ALFERON N 5000000 unit/ml inj soln</i>	6		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
<i>INTRON A 10000000 unit inj soln</i>	6		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]			
<i>MAVYRET 100-40 mg tab</i>	5		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	5	EPCLUSA	PA
<i>ZEPATIER 50-100 mg tab</i>	6		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>	5	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	5	REBETOL	PA
Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	ZOVIRAX	
<i>acyclovir 5 % crm, 5 % oint</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	2	ZOVIRAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DENAVIR 1 % crm	4		
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	5	FAMVIR	
penciclovir 1 % crm	2	DENAVIR	
trifluridine 1 % ophth soln	2	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	2	VALTREX	
XERESE 5-1 % crm	4		
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	5		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	5		PA
ISENTRESS HD 600 mg tab	5		PA
STRIBILD 150-150-200-300 mg tab	6		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
COMPLERA 200-25-300 mg tab	6		PA
EDURANT 25 mg tab	5		PA
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	5	SUSTIVA	PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	5	ATRIPLA	PA
etravirine 100 mg tab, 200 mg tab	5	INTELENCE	PA
INTELENCE 100 mg tab, 25 mg tab	5		PA
nevirapine 50 mg/5ml susp	5	VIRAMUNE	PA
nevirapine 200 mg tab	6	VIRAMUNE	PA
nevirapine er 100 mg tab er 24 hr	5	VIRAMUNE XR	PA
nevirapine er 400 mg tab er 24 hr	6	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	5	ZIAGEN	PA
abacavir sulfate 20 mg/ml soln	5	ZIAGEN	PA
abacavir sulfate-lamivudine 600-300 mg tab	5	EPZICOM	
DOVATO 50-300 mg tab	5		PA
emtricitabine 200 mg cap	5	EMTRIVA	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>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	5	TRUVADA	PA
EMTRIVA 10 mg/ml soln	6		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	5	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	5	EPIVIR	PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	5	COMBIVIR	PA
RETROVIR 10 mg/ml iv soln	6		PA
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	5	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	5	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		PA
VIREAD 40 mg/gm oral pwdr	5		PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	6	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	6	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	6		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	5	SELZENTRY	PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	5		PA
SELZENTRY 20 mg/ml soln	5		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	6		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	5	REYATAZ	PA
<i>darunavir 600 mg tab, 800 mg tab</i>	5	PREZISTA	PA
<i>fosamprenavir calcium 700 mg tab</i>	2	LEXIVA	PA
KALETRA 100-25 mg tab	5		PA
LEXIVA 50 mg/ml susp	5		PA
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	5	KALETRA	PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	5	KALETRA	PA
NORVIR 100 mg pkt	5		PA
NORVIR 80 mg/ml soln	5		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	6		PA
PREZISTA 100 mg/ml susp	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ritonavir 100 mg tab	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 45 mg cap, 75 mg cap	2	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwr br act	4		QL(20 / 180)
rimantadine hcl 100 mg tab	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	4		QL(30 / 5), AL
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]			
LAGEVRIO 200 mg cap	4		QL(40 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	BUSPAR	
droperidol 2.5 mg/ml inj soln	1		
hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln	2	VISTARIL	
meprobamate 200 mg tab, 400 mg tab	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1	NIRAVAM	
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	
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	2	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	2	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	2		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	4		
DORAL 15 mg tab	4		
<i>estazolam 1 mg tab, 2 mg tab</i>	2	PROSOM	
<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>	2	SERAX	
<i>quazepam 15 mg tab</i>	2	DORAL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	2	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>	2		
<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>	2	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]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	2	PRECOSE	
ADLYXIN 20 mcg/0.2ml sc soln pen-inj	4		ST
ADLYXIN STARTER PACK 10 & 20 mcg/0.2ml sc pen-inj kit	4		ST
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	4	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	4	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	4	OSENI	ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	3		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	3		ST
CYCLOSET 0.8 mg tab	4		
FARXIGA 10 mg tab, 5 mg tab	3		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>	2	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	2	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<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	3		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	3		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		ST
JARDIANCE 10 mg tab, 25 mg tab	3		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	4		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>nateglinide 120 mg tab, 60 mg tab</i>	2	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	4		ST
OSENI 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	4		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		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	3		ST
TRADJENTA 5 mg tab	3		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	3		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	3		ST
VICTOZA 18 mg/3ml sc soln pen-inj	3		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	3		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj kit</i>	4	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	4		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ASSURE ID SAFETY PEN NEEDLES 30G X 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>	2		
<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>	2		
<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		
<i>aum pen needle 32G X 4 MM misc</i>	2		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	2		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	2		
<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	4		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		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 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		
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	2		
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		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>careone unifine pentips 31G X 8 MM misc</i>	2		
<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	2		
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		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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		
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	2		
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		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
<i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>dropsafe safety pen needles 31G X 5 MM misc</i>	2		
<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</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 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>easy comfort insulin syringe 31G X 5/16" 0.3 ml misc</i>	2		
<i>easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>easy comfort pen needles 31G X 8 MM misc</i>	2		
<i>easy glide pen needles 33G X 4 MM misc</i>	1		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 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	2		
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,	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]
32G X 5 MM misc, 32G X 6 MM misc			
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	2		
<i>eqi insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM misc, 31G X 4 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G 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]
<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>	2		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	2		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	2		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	2		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	2		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	2		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<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</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" 0.5 ml misc, 31G X 5/16" 1 ml misc			
healthwise micron pen needles 32G X 4 MM misc	1		
healthwise mini pen needles 31G X 6 MM misc	1		
healthwise pen needles 29G X 12MM misc	1		
healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc	1		
healthwise unifine pentips 32G X 4 MM misc	1		
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	1		
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	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
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	2		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
HUMALOG 100 unit/ml inj soln	3		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		QL(20 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	3		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(6 / 30)
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>insulin glargine 100 unit/ml sc soln</i>	1	LANTUS	QL(20 / 30)
<i>insulin glargine solostar 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin syringe 28G X 1/2" 0.5 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" 1 ml misc</i>	1		
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>insulin syringe/needle 27G X 1/2" 0.5 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 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</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>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>			
<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>	2		
<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>	2		
<i>INSUPEN SENSITIVE 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>INSUPEN ULTRAFIN 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kmart valu insulin syringe 30g U-100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>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		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>groger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	2		
LANTUS 100 unit/ml sc soln	3		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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>	2		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	2		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml	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, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc			
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
NOVOFINE 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	3		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	3		QL(20 / 30)
NOVOLIN R RELION 100 unit/ml inj soln	3		QL(20 / 30)

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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>	2		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>px extra short pen needles 31G X 6 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		
<i>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>px shortlength pen needles 31G X 8 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	2		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G 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" 0.5 ml misc, 30G X 5/16" 1 ml misc			
ra pen needles 31G X 5 MM misc, 31G X 8 MM misc	1		
raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc	1		
raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
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	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		
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
safety pen needles 30G X 5 MM misc, 30G X 8 MM misc	1		
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	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	2		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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>	2		
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
<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	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 6 MM misc, 32G X 8 MM misc			
<i>today's health mini pen needles 31G X 6 MM misc</i>	1		
<i>today's health pen needles 29G X 12MM misc</i>	1		
<i>today's health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	3		QL(15 / 30)
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(15 / 30)
<i>true comfort insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>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</i>	1		
<i>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	2		
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	2		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN 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	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPAK 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	2		
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
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	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]
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	2		
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	2		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	1		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
ULTRA-THIN II INS SYR SHORT 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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
UNIFINE PEN NEEDLES 32G X 4 MM misc	2		
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	2		
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	2		
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
<i>valumark pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VERIFINE INSULIN PEN NEEDLE 29G X 12MM 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]
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
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	2		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
VIDA MIA UNIFINE PENTIPS 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
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]			
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	2	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	3		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml</i>	6	LOVENOX	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>inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>			
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	6	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln 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	6		PA
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	3		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Anticoagulants - Blood Thinners anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
FRAGMIN 10000 unit/4ml sc soln	6		PA
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>	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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			
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	6		PA
MOZOBIL 24 mg/1.2ml sc soln	6		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	5		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	4		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	5		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	2	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>	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	2	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	2	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	2	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	2	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	2	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	2	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	2	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	2		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	2	ATACAND	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	2	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	2	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	2	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	2	VASOTEC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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>	2	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	2	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>	2	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	2	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	2	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	2	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	
MULTAQ 400 mg tab	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	4		
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	2	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	4		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
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>	2	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>	2	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	2	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	4		
<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>	2	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	2	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>	2	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>	2	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	2	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	4		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	CARDIZEM CD	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	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>	2	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	CARDENE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>nifedipine 10 mg cap, 20 mg cap</i>	2	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	2	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	2	SULAR	
<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>	3		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	2	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardíacos Misceláneos]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	2	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	2	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	2	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-</i>	2	CADUET	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab			
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	2	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	2	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	2	LOTENSIN HCT	
BIDIL 20-37.5 mg tab	4		
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	2	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	2	ATACAND HCT	
captopril-hydrochlorothiazide 50-15 mg tab	1	CAPOZIDE	
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab	2	CAPOZIDE	
DIGITEK 250 mcg tab	3		
digoxin 125 mcg tab, 250 mcg tab	2	LANOXIN	
digoxin 0.05 mg/ml soln	2	LANOXIN	
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	2	MONOPRIL-HCT	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
isosorb dinitrate-hydralazine 20-37.5 mg tab	2	BIDIL	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	2	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	2	DEMSER	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	2	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	2	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 300-12.5 mg tab, 300-25 mg tab	3		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	2	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	2	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	2	EDECRIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSPIRA	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	2	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	2	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	HYGROTON	
<i>DIURIL 250 mg/5ml susp</i>	4		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	2	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	2	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	2	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
<i>FIBRICOR 105 mg tab, 35 mg tab</i>	4		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LIPOFEN 150 mg cap, 50 mg cap	3		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	4		
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	2	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	4		
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	2	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	2	QUESTRAN	
cholestyramine 4 gm/dose oral pwr	2	QUESTRAN	
cholestyramine light 4 gm pckt	2	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwr	2	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	2	WELCHOL	
colestipol hcl 1 gm tab, 5 gm pckt	2	COLESTID	
colestipol hcl 5 gm oral gr	2	COLESTID	
ezetimibe 10 mg tab	2	ZETIA	
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	2	VYTORIN	
niacin (antihyperlipidemic) 500 mg tab	2	NIACOR	
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	2	NIASPAN	
NIACOR 500 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
PREVALITE 4 gm/dose oral pwdr	4		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	
NITRO-BID 2 % td oint	4		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	4		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	2	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	2	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	2	NITROSTAT	
NITROMIST 400 mcg/spray tl aer soln	4		
NITRO-TIME 9 mg cap er	4		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<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</i>	2	ADDERALL XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr			
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	2	ADDERALL	
dextroamphetamine sulfate 10 mg tab, 5 mg tab	2	DEXTROSTAT	
dextroamphetamine sulfate 5 mg/5ml soln	2	PROCENTRA	
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	2	DEXEDRINE	
lisdexamfetamine dimesylate 40 mg cap	2		
methamphetamine hcl 5 mg tab	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	3		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	STRATTERA	
clonidine hcl er 0.1 mg tab er 12 hr	2	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	FOCALIN	
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	2	FOCALIN XR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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>	2	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>	2	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	2	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>	2		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	2	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	2	RITALIN LA	
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	4		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	4		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
GRALISE 300 mg tab, 600 mg tab	4		
HORIZANT 300 mg tab er, 600 mg tab er	4		
NUDEXTA 20-10 mg cap	4		
<i>riluzole 50 mg tab</i>	6	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap, 300 mg cap</i>	2	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	2	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	4		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	4		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	5	TECFIDERA	PA
<i>ingolimod hcl 0.5 mg cap</i>	5	GILENYA	PA
GILENYA 0.25 mg cap	5		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	5	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA
MAYZENT 0.25 mg tab, 2 mg tab	5		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	5		PA
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]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AQUORAL m/t soln	4		
BOCASAL m/t pckt	4		
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	4		
KEPIVANCE 6.25 mg iv soln	6		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	4		
NUMOISYN m/t liq	4		
ORALONE 0.1 % m/t paste	4		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
SALIVAMAX m/t pckt	4		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACANYA 1.2-2.5 % gel	4		ST
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	PA
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	2	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	4		
AVAR CLEANSER 10-5 % ext liq	4		
AVAR-E EMOLLIENT 10-5 % crm	4		
AVAR-E GREEN 10-5 % crm	4		
AVITA 0.025 % crm, 0.025 % gel	4		PA
AZELEX 20 % crm	4		
<i>benzoyl peroxide 8 % gel</i>	2	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	2	BENZAMYCIN	
BIONECT 0.2 % gel	4		
<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>	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>bp wash 7 % ext liq</i>	2		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	2	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	2	TACLONEX	
<i>CALCITRENE 0.005 % oint</i>	4		
<i>calcitriol 3 mcg/gm oint</i>	2	VECTICAL	
<i>CLINDACIN ETZ 1 % ext kit</i>	4		
<i>CLINDACIN PAC 1 % ext kit</i>	4		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	2	ZIANA	
<i>CORTANE-B 10-10-1 mg/ml lot</i>	4		
<i>dapsone 5 % gel, 7.5 % gel</i>	2	ACZONE	
<i>doxycycline 40 mg cap dr</i>	2	ORACEA	
<i>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</i>	5		PA
<i>EPIDUO 0.1-2.5 % gel</i>	3		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	2	ANALPRAM HC	
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	2	ANALPRAM HC	
<i>imiquimod 5 % crm</i>	2	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	2	ZYCLARA	PA
<i>iodosorb 0.9 % gel</i>	4		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	2	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	2	ANAMANTLE HC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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-hydrocortisone ace 2-2 % rect kit</i>	2	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	2	RECTAGEL HC	
<i>methoxsalen rapid 10 mg cap</i>	6	OXSORALEN-ULTRA	PA
<i>metronidazole 0.75 % crm</i>	2	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	2	METROGEL	
<i>metronidazole 0.75 % lot</i>	2	METROLOTION	
NEUAC 1.2-5 % gel	4		
NORITATE 1 % crm	4		
ONEXTON 1.2-3.75 % gel	3		
OVACE PLUS 10 % crm	4		
PANOXYL 2.5 % ext liq	2		
<i>pimecrolimus 1 % crm</i>	2	ELIDEL	
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	
PROCORT 1.85-1.15 % crm	4		
PROCTOFOAM HC 1-1 % foam	4		
PROMISEB crm	4		
PRUDOXIN 5 % crm	4		
REGRANEX 0.01 % gel	4		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	4		PA
ROSDAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	4		
ROSDAN 0.75 % crm, 0.75 % gel	4		
SANTYL 250 unit/gm oint	4		
SCALACORT DK 2 & 2-2 % ext kit	4		
<i>selenium sulfide 2.25 % shampoo</i>	2		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
<i>sodium sulfacetamide 10 % shampoo</i>	1		
SORILUX 0.005 % foam	4		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
<i>sulfacetamide sodium 10 % ext liq</i>	2		
<i>sulfacetamide sodium (cleans) 10 % gel</i>	2		
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sulfacetamide sodium-sulfur 10-5 % crm</i>	2	PLEXION	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	2	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	2	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	2	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	2	ROSULA CLEANSER	
SYNALAR TS 0.01 % ext kit	4		
TACLONEX 0.005-0.064 % ext susp	4		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	PA
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	5		PA
<i>tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel</i>	2	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
VECTICAL 3 mcg/gm oint	4		
VELTIN 1.2-0.025 % gel	4		ST
VEREGEN 15 % oint	4		
<i>zaclir cleansing 8 % lot</i>	1		
ZIANA 1.2-0.025 % gel	4		ST
ZITHRANOL 1 % shampoo	4		
ZONALON 5 % crm	4		
ZYCLARA 3.75 % crm	4		
ZYCLARA PUMP 2.5 % crm	4		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GENVISC 850 25 mg/2.5ml i-artic soln pfs	6		PA
SUPARTZ FX 25 mg/2.5ml i-artic soln pfs	6		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>	2	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, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		
CYSTAGON 150 mg cap, 50 mg cap	4		
<i>miglustat 100 mg cap</i>	5	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	4		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	4		ST
<i>sodium phenylbutyrate 500 mg tab</i>	5	BUPHENYL	PA
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	4		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	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]
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	4		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	2	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>	2	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	2		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	2	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	2	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subf</i>	2	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	2	LEVBIID	
<i>hyoscyamine sulfate sl 0.125 mg tab subf</i>	2	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	2		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	2	PAMINE	
NULEV 0.125 mg tab disint	4		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subf</i>	2	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	2	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	2		QL(336 / 365)
CHENODAL 250 mg tab	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	2	LOMOTIL	
ENTEREG 12 mg cap	4		
<i>metoclopramide hcl 5 mg tab disint</i>	2	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	4		ST
MOTOFEN 1-0.025 mg tab	4		
MOVANTIK 12.5 mg tab, 25 mg tab	3		ST
RELISTOR 150 mg tab	4		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	4		ST
SYMPROIC 0.2 mg tab	3		ST
TRULANCE 3 mg tab	4		ST
<i>ursodiol 300 mg cap</i>	2	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	2	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	2	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	2	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		ST
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	2	AMITIZA	ST
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	2	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	4		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	2	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	3		ST
<i>dexlansoprazole 30 mg cap dr</i>	2		ST
<i>dexlansoprazole 60 mg cap dr</i>	2	DEXILANT	ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	2	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	4		
FIRST-OMEPRAZOLE 2 mg/ml susp	4		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	2	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	2	PREVACID SOLUTAB	
NEXIUM 2.5 mg pckt, 5 mg pckt	4		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	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	2	ZEGERID	QL(90 / 365)
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	
pantoprazole sodium 40 mg pckt	2	PROTONIX	ST
PRILOSEC 10 mg pckt, 2.5 mg pckt	4		ST
rabeprazole sodium 20 mg tab dr	2	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]			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	2	ENABLEX	
flavoxate hcl 100 mg tab	2		
GELNIQUE 10 % td gel	4		
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	4		
solifenacin succinate 10 mg tab, 5 mg tab	2	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	2	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	2	DETROL LA	
trospium chloride 20 mg tab	2	SANCTURA	
trospium chloride er 60 mg cap er 24 hr	2	SANCTURA XR	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	4		
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
dutasteride 0.5 mg cap	2	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	2	JALYN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	2	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
ELMIRON 100 mg cap	4		
ENCARE 100 mg vag supp	4		
HYOPHEN 81.6 mg tab	4		
LITHOSTAT 250 mg tab	4		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	4		
PHENAZO 200 mg tab	4		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
PHOSPHASAL 81.6 mg tab	4		
RIMSO-50 50 % i-vesic soln	4		
<i>tiopronin 100 mg tab</i>	2	THIOLA	
TODAY SPONGE 1000 mg vag misc	4		
<i>trientine hcl 250 mg cap</i>	5	SYPRINE	PA
URELLE 81 mg tab	4		
URIMAR-T 120 mg tab	4		
<i>urin ds 81.6 mg tab</i>	2		
<i>uro-458 81 mg tab</i>	2		
<i>uro-mp 118 mg cap</i>	2		
USTELL 120 mg cap	4		
UTIRA-C 81.6 mg tab	4		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	4		
VILAMIT MB 118 mg cap	4		
VILEVEV MB 81 mg tab	4		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	2	ELIPHOS	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	2	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	4		
<i>sevelamer carbonate 800 mg tab</i>	2	REVELA	
<i>sevelamer hcl 800 mg tab</i>	2	RENAGEL	
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	4		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	ACLOVATE	
<i>amcinonide 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	4		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	2	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	2	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	2	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	2	LUXIQ	
CAPEX 0.01 % shampoo	4		
<i>clobetasol prop emollient base 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	2	CLOBEX	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 0.05 % foam</i>	2	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	2	OLUX-E	
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % shampoo	4		
CLODERM 0.1 % crm	4		
CORDRAN 4 mcg/sqcm tape	4		
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	4		
<i>desonide 0.05 % gel</i>	2	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	2	DESOWEN	
<i>desonide 0.05 % lot</i>	2	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	2	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>	2		
<i>dexamethasone 0.5 mg/5ml soln</i>	2		
<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>	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	4		
<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>	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]
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
diflorasone diacetate 0.05 % crm, 0.05 % oint	2	PSORCON	
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	2	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	2	SYNALAR	
fluocinolone acetonide body 0.01 % ext oil	2	DERMA-SMOOTHIE/FS	
fluocinolone acetonide scalp 0.01 % ext oil	2	DERMA-SMOOTHIE/FS	
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	2	LIDEX	
fluocinonide 0.05 % ext soln	2	LIDEX	
fluocinonide 0.1 % crm	2	VANOS	
fluocinonide emulsified base 0.05 % crm	2	LIDEX-E	
flurandrenolide 0.05 % crm	2	CORDRAN	
flurandrenolide 0.05 % lot	2	CORDRAN	
fluticasone propionate 0.05 % crm	1	CUTIVATE	
fluticasone propionate 0.005 % oint	2	CUTIVATE	
fluticasone propionate 0.05 % lot	2	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	2	ULTRAVATE	
HALOG 0.1 % oint	4		
HALOG 0.1 % ext soln	4		
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	
hydrocortisone 2.5 % crm, 2.5 % oint	1	HYTONE	
hydrocortisone 2.5 % lot	2	HYTONE	
hydrocortisone butyr lipo base 0.1 % crm	2	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	2	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	2	LOCOID	
hydrocortisone valerate 0.2 % crm, 0.2 % oint	2	WESTCORT	
KENALOG 10 mg/ml inj susp	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MEDROL 2 mg tab	4		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	2	SOLU-MEDROL	
MILLIPRED 5 mg tab	4		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
PANDEL 0.1 % crm	4		
<i>prednicarbate 0.1 % oint</i>	2	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	2	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	2	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	2	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>	2		
<i>prednisone 5 mg/5ml soln</i>	2		
PREDNISON INTENSOL 5 mg/ml oral conc	4		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	4		
SOLU-MEDROL 2 gm inj soln	4		
TEXACORT 2.5 % ext soln	4		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	2	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	2	TRIANEX	
TRIANEX 0.05 % oint	4		
VERDESO 0.05 % foam	4		
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	5		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>	2	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2	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]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	5	OXANDRIN	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]
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
danazol 100 mg cap, 200 mg cap, 50 mg cap	2	DANOCRINE	
testosterone 40.5 MG/2.5GM (1.62%) td gel	1	ANDROGEL	PA
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	2	ANDROGEL	PA
testosterone 30 mg/act td soln	2	AXIRON	PA
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	2	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	3		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		PA
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	4		
alyacen 1/35 1-35 mg-mcg tab	2		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	4		
AMETHIA 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
AMETHYST 90-20 mcg tab	4		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	4		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
AUBRA 0.1-20 mg-mcg tab	4		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
CHATEAL 0.15-30 mg-mcg tab	4		QL(28 / 28)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	4		
COMBIPATCH 0.05-0.14 mg/day tdkw patch, 0.05-0.25 mg/day tdkw patch	4		
COVARYX 1.25-2.5 mg tab	4		
COVARYX HS 0.625-1.25 mg tab	4		
CYRED 0.15-30 mg-mcg tab	4		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	4		
DELYLA 0.1-20 mg-mcg tab	4		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	4		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2	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	4		
DIVIGEL 1 mg/gm td gel	4		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	2	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	2	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	2	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	4		
ELINEST 0.3-30 mg-mcg tab	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
est estrogens-methyltest 1.25-2.5 mg tab	2	ESTRATEST	
est estrogens-methyltest ds 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest hs 0.625-1.25 mg tab	2		
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	2	CLIMARA	
estradiol 0.1 mg/gm vag crm	1	ESTRACE	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	
estradiol 10 mcg vag tab	2	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	2	VIVELLE-DOT	
estradiol valerate 40 mg/ml im oil	1	DELESTROGEN	
estradiol valerate 20 mg/ml im oil	2	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	
ESTRING 2 mg vag ring	4		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab	2	DEMULEN	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	4		
FALMINA 0.1-20 mg-mcg tab	4		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	4		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
FEMYNOR 0.25-35 mg-mcg tab	4		QL(28 / 28)
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	4		
INTROVALE 0.15-0.03 mg tab	4		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	4		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	4		QL(91 / 91)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JULEBER 0.15-30 mg-mcg tab	4		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
levonorgest-eth est & eth est 42-21-21-7 days tab	2	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	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	2	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	2	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	2	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	4		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	4		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	4		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	4		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	4		QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	4		
MENOSTAR 14 mcg/24hr tdkw patch	4		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	4		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	3		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	4		QL(28 / 28)
NIKKI 3-0.02 mg tab	4		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	2	MINASTRIN 24 FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	2	FEMHRT	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	2	FEMCON FE	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	2	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	4		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
PHILITH 0.4-35 mg-mcg tab	4		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
PIRMELLA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
PIRMELLA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	4		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	3		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	3		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		
QUARTETTE 42-21-21-7 days tab	4		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	4		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	4		QL(91 / 91)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	4		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	4		QL(28 / 28)
TARINA FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI FEMYNOR 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	4		QL(28 / 28)
VESTURA 3-0.02 mg tab	4		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	4		QL(28 / 28)
viorele 0.15-0.02/0.01 mg (21/5) tab	1	MIRCETTE	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	4		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	4		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	4		QL(28 / 28)
XULANE 150-35 mcg/24hr tdkw patch	4		QL(3 / 28)
YUVAFEM 10 mcg vag tab	3		
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	4		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	4		
AFTERPILL 1.5 mg tab	4		
CAMILA 0.35 mg tab	4		QL(28 / 28)
CRINONE 4 % vag gel	4		PA
CURAE 1.5 mg tab	4		
DEBLITANE 0.35 mg tab	4		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	4		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	4		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	4		
ECONTRA ONE-STEP 1.5 mg tab	4		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	4		PA
HER STYLE 1.5 mg tab	4		
JENCYCLA 0.35 mg tab	4		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
LYZA 0.35 mg tab	4		QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	2	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>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	5		PA
MY CHOICE 1.5 mg tab	4		
MY WAY 1.5 mg tab	4		
NEW DAY 1.5 mg tab	4		
NEXPLANON 68 mg sc implant	4		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	
NORLYROC 0.35 mg tab	4		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	4		
OPTION 2 1.5 mg tab	4		
PLAN B ONE-STEP 1.5 mg tab	4		
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
REACT 1.5 mg tab	4		
SHAROBEL 0.35 mg tab	4		QL(28 / 28)
TAKE ACTION 1.5 mg tab	4		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>raloxifene hcl 60 mg tab</i>	2	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab,	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab			
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	2	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	2	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	4		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	4		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
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	4		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln,	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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			
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	6		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants []			
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	2	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
cabergoline 0.5 mg tab	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	5		PA
leuprolide acetate 1 mg/0.2ml inj kit	6	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	5		PA
ORILISSA 150 mg tab, 200 mg tab	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		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>	2		
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	5		PA
AZASAN 100 mg tab, 75 mg tab	4		PA
<i>azathioprine 50 mg tab</i>	2	IMURAN	PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	5	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	5	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	5	NEORAL	PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	5	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	6		PA
GENGRAF 100 mg/ml soln	6		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	5		PA
HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	5		PA
<i>methotrexate sodium 2.5 mg tab</i>	2		
<i>methotrexate sodium 1 gm inj soln</i>	6		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	6	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	6	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	5	MYFORTIC	PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
SANDIMMUNE 100 mg/ml soln	4		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	5	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	6	PROGRAF	PA
<i>temsirolimus 25 mg/ml iv soln</i>	5	TORISEL	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	6		
XELJANZ 10 mg tab, 5 mg tab	5		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 2000000 unit/0.5ml sc soln	6		PA
ARCALYST 220 mg sc soln	6		PA
ILARIS 150 mg/ml sc soln	4		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	
RIDAURA 3 mg cap	4		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 800 mg tab dr</i>	2	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>mesalamine er 500 mg cap er</i>	2	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>	2	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	4		
SFROWASA 4 gm/60ml rect enema	4		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	PA
CORTIFOAM 10 % foam	4		
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
BINOSTO 70 mg tab eff	4		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	2	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	2	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	2	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	4		
<i>ibandronate sodium 150 mg tab</i>	2	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	5	BONIVA	PA
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	6		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	6		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	2	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>	2	ATELVIA	ST
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	6		PA
XGEVA 120 mg/1.7ml sc soln	6		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	5	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	5	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
ACTICARNITINE SF 1 gm/10ml soln	2		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	4		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE THIN dev	4		QL(12 / 30)
DUREX REALFEEL dev	4		QL(12 / 30)
FANTASY LUBRICATED misc	4		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
FC2 FEMALE CONDOM misc	4		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	4		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	2		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	4		QL(12 / 30)
K-Y ME & YOU EXTRA LUBRICATED dev	4		QL(12 / 30)
K-Y ME & YOU INTENSE dev	4		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	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	2		
levocarnitine l-tartrate 330 mg tab	2		
maxx misc	1		QL(12 / 30)
maxx plus misc	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	4		
OMNIFLEX DIAPHRAGM vag diaph	4		
PARAGARD INTRAUTERINE COPPER iud	5		PA
REALITY LATEX CONDOMS misc	4		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	4		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	4		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	4		QL(12 / 30)
TRUSTEX LUBRICATED misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	4		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	4		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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	4		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	4		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	4		
ALTACAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	4		
<i>atropine sulfate 1 % ophth oint</i>	2		
<i>atropine sulfate 1 % ophth soln</i>	2	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	2	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	2	POLYSPORIN	
<i>cyclopentolate hcl 2 % ophth soln</i>	1	CYCLOGYL	
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln</i>	2	CYCLOGYL	
<i>cyclosporine 0.05 % ophth emul</i>	2	RESTASIS	
HOMATROPAIRE 5 % ophth soln	4		
MIOCHOL-E 20 mg i-ocul soln	4		PA
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	2	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	2		
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>	2	ALCAINE	
RESTASIS 0.05 % ophth emul	4		
<i>tetracaine hcl 0.5 % ophth soln</i>	2		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	2	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 2 % ophth soln	4		
<i>azelastine hcl 0.05 % ophth soln</i>	2	OPTIVAR	
<i>bepotastine besilate 1.5 % ophth soln</i>	2	BEPREVE	
<i>cromolyn sodium 4 % ophth soln</i>	2	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	4		
<i>epinastine hcl 0.05 % ophth soln</i>	2	ELESTAT	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	2	PATADAY	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	4		
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
BESIVANCE 0.6 % ophth susp	4		
CILOXAN 0.3 % ophth oint	4		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	2	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	2	ZYMAXID	
GENTAK 0.3 % ophth oint	4		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	2	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	2	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>apraclonidine hcl 0.5 % ophth soln</i>	2	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	2	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	2	COMBIGAN	
<i>brinzolamide 1 % ophth susp</i>	2	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	2	MAXIDEX	
<i>difluprednate 0.05 % ophth emul</i>	2	DUREZOL	
<i>dorzolamide hcl 2 % ophth soln</i>	2	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	2	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	2	COSOPT	
IOPIDINE 1 % ophth soln	4		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	2	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	4		PA
OZURDEX 0.7 mg Intravitreal Implant	6		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	2	ISOPTO CARPINE	
RETISERT 0.59 mg Intravitreal Implant	4		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	2	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	2	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	2	ISTALOL	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ALOMIDE 0.1 % ophth soln	4		
ALREX 0.2 % ophth susp	4		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	4		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
FLAREX 0.1 % ophth susp	4		
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	4		
FML FORTE 0.25 % ophth susp	4		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	2	ACULAR	
LOTEMAX 0.5 % ophth oint	4		
LOTEMAX SM 0.38 % ophth gel	4		
<i>loteprednol etabonate 0.5 % ophth gel</i>	2	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	2	LOTEMAX	
MAXIDEX 0.1 % ophth susp	4		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
NEVANAC 0.1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
PRED-G 0.3-1 % ophth susp	4		
PRED-G S.O.P. 0.3-0.6 % ophth oint	4		
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		
PROLENSA 0.07 % ophth soln	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>	2	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	4		PA
ZYLET 0.5-0.3 % ophth susp	4		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	2	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		
<i>travoprost (bak free) 0.004 % ophth soln</i>	2	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>	2	VOSOL	
CIPRO HC 0.2-1 % otic susp	4		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	2	CIPRODEX	
<i>fluocinolone acetonide 0.01 % otic oil</i>	2	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	2	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	4		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	2	CETRAXAL	
<i>ofloxacin 0.3 % otic soln</i>	2	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	2	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	2	ASTEPRO	QL(30 / 30)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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	2	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	2	CLARINEX	
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	2	ATARAX	
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	
hydroxyzine pamoate 100 mg cap	2	VISTARIL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	2	XYZAL	
olopatadine hcl 0.6 % nasal soln	2	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	4		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr	4		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	4		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	4		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	4		QL(25 / 25)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	2	PULMICORT	QL(60 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>cvs budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>eq budesonide nasal 32 mcg/act nasal susp</i>	2	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	3		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	3		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	3		QL(12 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	2	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	3		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
<i>ra budesonide 32 mcg/act nasal susp</i>	2	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	4		
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	2	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	2	ACCOLATE	
zileuton er 600 mg tab er 12 hr	2	ZYFLO CR	
ZYFLO 600 mg tab	4		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(4 / 25)
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(250 / 25)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	2	ATROVENT	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	2	DUONEB	QL(360 / 30)
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
tiotropium bromide monohydrate 18 mcg inh cap	1		QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	4		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln	2	ACCUNEB	QL(300 / 25)
albuterol sulfate 1.25 mg/3ml inh neb soln	2	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	2	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>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate 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>	2	BROVANA	QL(60 / 30)
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	2	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	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>	2	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	4	XOPENEX HFA	QL(30 / 30), ST
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	3		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	4		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	4		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	4		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	4		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	6		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt	6		PA
KITABIS PAK 300 mg/5ml inh neb soln	6		PA
PULMOZYME 2.5 mg/2.5ml inh soln	6		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	6	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>	2	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	4		
ELIXOPHYLLIN 80 mg/15ml oral elix	4		
<i>roflumilast 500 mcg tab</i>	2	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	4		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	2		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	2	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	5	LETAIRIS	PA
OPSUMIT 10 mg tab	5		PA
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	5	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	5	ADCIRCA	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	6		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>	5		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	5	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>	2	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	4		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	2	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		QL(10.7 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	3		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	3		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)
<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 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
GILPHEX TR 10-388 mg tab	4		
<i>hydrocod poli-chlorophe poli er 10-8 mg/5ml susp er</i>	2	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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	4		
NEBUSAL 6 % inh neb soln	4		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	2		
<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>	2		
PULMOSAL 7 % inh neb soln	4		
<i>ribavirin 6 gm inh soln</i>	5	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>	2	HYPERSAL	
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	3		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	3		QL(13.8 / 30)
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)
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	4		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	2	PHENERGAN VC	
TUSNEL 60-30-400 mg tab	4		
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
<i>carisoprodol 350 mg tab</i>	1	SOMA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>carisoprodol 250 mg tab</i>	2	SOMA	
<i>chlorzoxazone 750 mg tab</i>	2	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	2	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	4		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
LORZONE 375 mg tab	4		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	2	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	6		PA
<i>orphenadrine citrate 30 mg/ml inj soln</i>	2	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
XEOMIN 100 unit im soln, 200 unit im soln, 50 unit im soln	6		PA
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
EDLUAR 10 mg tab subl, 5 mg tab subl	4		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	2	DALMANE	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	2	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl</i>	2	INTERMEZZO	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	4		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	NUVIGIL	
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PROVIGIL	
<i>ramelteon 8 mg tab</i>	2	ROZEREM	
XYREM 500 mg/ml soln	6		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	4		AL
ATABEX EC 29-1 mg tab dr	4		
<i>bite-a-mins/iron 15 mg tab chew</i>	1		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	4		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	4		
CEROVITE JR 18 mg tab chew	1		AL
<i>childrens animal shapes 18 mg tab chew</i>	1		AL
<i>childrens multivitamin/iron 15 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	4		
CITRANATAL DHA 27-1 & 250 mg oral misc	4		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	4		
CONCEPT DHA 53.5-38-1 mg cap	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CONCEPT OB 130-92.4-1 mg cap	4		
cvs chewable childrens vitamin 18 mg tab chew	1		AL
cvs childrens complete 18 mg tab chew	1		AL
cvs folic acid 800 mcg tab	1		QL(30 / 30), AL
cytra k crystals 3300-1002 mg pckt	1		
DUET DHA 400 25-1 & 400 mg oral misc	4		
DUET DHA BALANCED 25-1 & 267 mg oral misc	4		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	4		
ELITE-OB 50-1.25 mg tab	4		
eq complete multivitamin child 18 mg tab chew	1		AL
eq child multivit/minerals 18 mg tab chew	1		AL
FA-8 0.8 mg cap	1		QL(30 / 30), AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	4		AL
ferrous sulfate 75 (15 Fe) mg/ml soln	1	FER-IN-SOL	AL
fe-vite iron 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	AL
FLINTSTONES COMPLETE 10 mg tab chew, 18 mg tab chew	1		AL
FLINTSTONES PLUS EXTRA IRON 18 mg tab chew	1		AL
FLINTSTONES W/IRON 18 mg tab chew	1		AL
fluoritab 0.275 (0.125 F) mg/drop soln	1		AL
folate 400 mcg tab	1		QL(30 / 30), AL
folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab	1		QL(30 / 30), AL
FOLIVANE-OB 85-1 mg cap	4		
fruity chews/iron tab chew	1		AL
GALZIN 25 mg cap, 50 mg cap	4		
gnp childrens chewables/iron 15 mg tab chew	1		AL
gnp folic acid 400 mcg tab	1		QL(30 / 30), AL
hm folic acid 400 mcg tab	1		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	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]
INATAL GT tab	4		
iron (ferrous sulfate) 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	AL
iron infant & toddler 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	AL
iron infant/toddler 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	AL
iron supplement 75 (15 Fe) mg/ml soln	4	FER-IN-SOL	AL
iron supplement childrens 75 (15 Fe) mg/ml soln	1	FER-IN-SOL	AL
IRON UP 15 mg/0.5ml liq	4		AL
KLOR-CON 20 meq pckt	3		
KLOR-CON M10 10 meq tab er	3		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON/EF 25 meq tab eff	3		
kp folic acid 800 mcg tab	1		QL(30 / 30), AL
kp niacin 500 mg tab	2		
K-PHOS NO 2 305-700 mg tab	4		
K-PRIME 25 meq tab eff	4		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
MAGNEBIND 400 80-115 mg tab	4		
multi-vitamin/fluoride/iron 0.25-10 mg/ml soln	1		AL
multivitamins plus iron child 18 mg tab chew	1		AL
na ferric gluc cplx in sucrose 12.5 mg/ml iv soln	2	FERRLECIT	PA
NATACHEW 28-1 mg tab chew	4		
NATALVIT tab	4		
NEEVO DHA 27-1.13 mg cap	4		
NESTABS 32-1 mg tab	4		
NESTABS DHA 32-1 mg oral misc	4		
niacin 500 mg tab	2		
NIVA-PLUS 27-1 mg tab	4		
NOVAFERRUM 125 mg/5ml liq	4		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	4		AL
OB COMPLETE 50-1.25 mg tab	4		
OB COMPLETE ONE 50-1-476 mg cap	4		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OB COMPLETE PETITE 35-5-1-200 mg cap	4		
OB COMPLETE PREMIER 30-20-1 mg tab	4		
OB COMPLETE/DHA 30-10-1-200 mg cap	4		
OBSTETRIX DHA 29-1 & 350 mg oral misc	4		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	4		
ORACIT 490-640 mg/5ml soln	4		
<i>pc pediatric iron drops 15 mg/ml soln</i>	4	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	4		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	4		
PHOSPHO-TRIN K500 500 mg tab	2		
<i>plain niacin 500 mg tab</i>	2		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	2		
<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>	2	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 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>	2	KLOR-CON	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>potassium chloride er 10 meq cap er, 8 meq cap er</i>	2	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	2	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	2		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	2		
<i>prenatal plus 27-1 mg tab</i>	1		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	4		
PX CHILDRENS VITAMIN 18 mg tab chew	1		AL
<i>px folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	2		
<i>ra no flush niacin 500 mg tab</i>	2		
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
SELECT-OB 29-1 mg tab chew	4		
SELECT-OB+DHA 29-1 & 250 mg oral misc	4		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	2	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	4		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	4		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	4		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	4		
VINATE II 29-1 mg tab	4		
VINATE ONE 60-1 mg tab	4		
<i>virt-nate dha 28-1-200 mg cap</i>	2		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	4		
VIVA DHA 28-1-200 mg cap	4		
<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	4		
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	4		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	5	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	5	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	5	JADENU SPRINKLE	PA
<i>deferasirox granules 360 mg pckt</i>	5	JADENU SPRINKLE	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>deferiprone 500 mg tab</i>	5	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
<i>sodium polystyrene sulfonate oral pwdr</i>	2	KAYEXALATE	
SPS 15 gm/60ml susp	4		

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

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

A	
abacavir sulfate	50
abacavir sulfate-lamivudine.....	50
ABATRON.....	140
abiraterone acetate	37
ABOUTTIME PEN NEEDLE	56
ABRAXANE	38
acamprosate calcium	16
ACANYA	97
acarbose	54
acebutolol hcl	86
acetaminophen-codeine.....	13
acetazolamide	128
acetazolamide er.....	128
acetic acid.....	131
acetylcysteine	136
acitretin	97
ACTICARNITINE SF.....	125
ACTIMMUNE	123
ACUVAIL.....	129
acyclovir	49
adapalene	97
adapalene-benzoyl peroxide	97
ADEMPAS	136
ADLYXIN.....	54
ADLYXIN STARTER PACK	54
ADRENALIN	137
adult aspirin regimen.....	7
ADVAIR HFA	137
ADVOCATE INSULIN PEN NEEDLES	56
ADVOCATE INSULIN SYRINGE	56
AFTERA.....	118
AFTERPILL.....	118
aimsco lubricated	125
AIRDUO RESPIClick 113/14.....	137
AIRDUO RESPIClick 232/14.....	137
AIRDUO RESPIClick 55/14.....	137
AJOVY	35
AKTEN	127
ALA SCALP	107
ala-cort.....	107

albendazole	43
albuterol sulfate	134, 135
albuterol sulfate hfa	135
alclometasone dipropionate	107
alendronate sodium.....	124
ALFERON N.....	49
alfuzosin hcl er	105
ALIMTA	38
ALINIA.....	43
aliskiren fumarate	88
allopurinol.....	34
almotriptan malate.....	35
ALOCRIAL.....	128
alogliptin benzoate	54
alogliptin-metformin hcl	54
alogliptin-pioglitazone.....	54
ALOMIDE	130
ALORA	112
alose tron hcl.....	103
ALPHAGAN P	128
alprazolam.....	52
alprazolam er	52
ALPRAZOLAM INTENSOL	52
alprazolam xr.....	53
ALREX	130
ALTACAINE	127
ALTAFRIN.....	127
ALTOPREV	92
ALVESCO	132
alvimopan.....	102
alyacen 1/35.....	112
alyacen 7/7/7	112
AMABELZ	112
amantadine hcl.....	44
ambrisentan	136
amcinonide.....	107
AMETHIA	112
AMETHYST.....	112
amiloride hcl	91
amiloride-hydrochlorothiazide	88
aminocaproic acid	83
amiodarone hcl.....	85
amitriptyline hcl	31
AMJEVITA.....	122
amlodipine besy-benazepril hcl	88

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

<i>amlodipine besylate</i>	87	<i>aspirin 81</i>	7
<i>amlodipine besylate-valsartan</i>	88	<i>aspirin adult low dose</i>	7
<i>amlodipine-atorvastatin</i>	88	<i>aspirin adult low strength</i>	7
<i>amlodipine-olmesartan</i>	89	<i>aspirin childrens</i>	7
<i>amlodipine-valsartan-hctz</i>	89	<i>aspirin ec low dose</i>	7
<i>amoxapine</i>	31	<i>aspirin ec low strength</i>	7
<i>amoxicill-clarithro-lansopraz</i>	102	<i>aspirin low dose</i>	7
<i>amoxicillin</i>	21, 22	<i>aspirin regimen</i>	7
<i>amoxicillin-pot clavulanate</i>	22	<i>aspirin-dipyridamole er</i>	83
<i>amoxicillin-pot clavulanate er</i>	22	ASSURE ID INSULIN SAFETY SYR.....	56
<i>amphetamine-dextroamphet er</i>	93	ASSURE ID SAFETY PEN NEEDLES	57
<i>amphetamine-dextroamphetamine</i>	94	ATABEX EC	140
<i>ampicillin</i>	22	<i>atazanavir sulfate</i>	51
ANACAINE.....	15	<i>atenolol</i>	86
<i>anagrelide hcl</i>	82	<i>atenolol-chlorthalidone</i>	89
ANALPRAM-HC.....	97	<i>atomoxetine hcl</i>	94
<i>anastrozole</i>	41	<i>atorvastatin calcium</i>	92
ANGELIQ	112	<i>atovaquone</i>	43
<i>anucort-hc</i>	34	<i>atovaquone-proguanil hcl</i>	43
ANZEMET	32	ATROPEN	102
APEXICON E	107	<i>atropine sulfate</i>	127
APLENZIN	29	ATROVENT HFA.....	134
<i>apomorphine hcl</i>	45	AUBRA.....	112
<i>apraclonidine hcl</i>	129	AUGMENTIN.....	22
<i>aprepitant</i>	32	<i>aum insulin safety pen needle</i>	57
APTIVUS.....	51	<i>aum mini insulin pen needle</i>	57
AQUORAL	97	<i>aum pen needle</i>	57
ARANELLE	112	AUM READYGARD DUO PEN NEEDLE	57
ARANESP (ALBUMIN FREE)	82	AUM SAFETY PEN NEEDLE.....	57
ARCALYST	123	<i>aurora pen needles</i>	57
<i>arformoterol tartrate</i>	135	<i>aurora unifine pentips</i>	57
<i>aripiprazole</i>	47	AVAR CLEANSER	97
<i>armodafinil</i>	140	AVAR-E EMOLLIENT.....	97
ARMOUR THYROID.....	119	AVAR-E GREEN	97
ARNUITY ELLIPTA.....	132	<i>avidoxy</i>	24
ARRANON	38	AVIDOXY DK	24
<i>arsenic trioxide</i>	38	AVITA.....	97
ARZERRA.....	42	AVONEX PEN	96
ASCOMP-CODEINE.....	13	AVONEX PREFILLED.....	96
<i>asenapine maleate</i>	47	AZASAN.....	122
ASMANEX (120 METERED DOSES)	132	AZASITE	128
ASMANEX (14 METERED DOSES)	132	<i>azathioprine</i>	122
ASMANEX (30 METERED DOSES)	132	<i>azelastine hcl</i>	128, 131
ASMANEX (60 METERED DOSES)	133	<i>azelastine-fluticasone</i>	132
ASMANEX HFA	133	AZELEX	97
<i>aspirin</i>	7	<i>azithromycin</i>	22

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

AZURETTE 112

B

BAC 7

bacitracin..... 19, 128

bacitracin-polymyxin b 127

bacitra-neomycin-polymyxin-hc..... 130

baclofen 49

BALZIVA 112

BAQSIMI ONE PACK 56

BAQSIMI TWO PACK 56

BASAGLAR KWIKPEN 57

BAYER ADVANCED ASPIRIN REG ST 7

BAYER ASPIRIN 8

BAYER ASPIRIN EC LOW DOSE 8

BAYER LOW DOSE 8

BD AUTOSHIELD DUO 57

BD INSULIN SYR ULTRAFINE II..... 57

BD INSULIN SYRINGE..... 57

BD INSULIN SYRINGE HALF-UNIT 58

BD INSULIN SYRINGE MICROFINE..... 58

BD INSULIN SYRINGE U/F 58

BD INSULIN SYRINGE U/F 1/2UNIT..... 58

BD INSULIN SYRINGE ULTRAFINE..... 58

BD PEN NEEDLE MICRO U/F..... 58

BD PEN NEEDLE MINI U/F..... 58

BD PEN NEEDLE NANO 2ND GEN 58

BD PEN NEEDLE NANO U/F 58

BD PEN NEEDLE ORIGINAL U/F 58

BD PEN NEEDLE SHORT U/F 58

BD SAFETYGLIDE INSULIN SYRINGE 58

BD VEO INSULIN SYR U/F 1/2UNIT..... 58

BD VEO INSULIN SYRINGE U/F 59

BECONASE AQ 133

benazepril hcl..... 84

benazepril-hydrochlorothiazide 89

BENDEKA..... 38

benzonatate 137

benzoyl peroxide 97

benzoyl peroxide-erythromycin 97

benztropine mesylate 44

bepotastine besilate 128

BESIVANCE 128

BETADINE OPHTHALMIC PREP 19

betamethasone dipropionate..... 107

betamethasone dipropionate aug..... 107

betamethasone sod phos & acet..... 107

betamethasone valerate..... 107

betaxolol hcl 86, 129

bethanechol chloride 106

BETIMOL 129

BETOPTIC-S..... 129

BEVESPI AEROSPHERE 137

bexarotene 43

bicalutamide 37

BICILLIN C-R 22

BICILLIN C-R 900/300 22

BICILLIN L-A..... 22

BIDIL 89

BIKTARVY 50

bimatoprost 131

BINOSTO 124

BIONECT 97

bisoprolol fumarate..... 86

bisoprolol-hydrochlorothiazide..... 89

bite-a-mins/iron 140

bleomycin sulfate 38

BLEPHAMIDE S.O.P..... 130

BLISOVI FE 1.5/30..... 113

BLISOVI FE 1/20..... 113

BOCASAL 97

bortezomib 38

BOSULIF..... 41

bp 10-1 97

bp cleansing wash..... 97

bp wash..... 97, 98

bpo foaming cloths 98

BPROTECTED PEDIA IRON 140

BPROTECTED PEDIA POLY-VITE/FE..... 140

BREO ELLIPTA..... 137

BREYNA 137

briellyn..... 113

BRILINTA 83

brimonidine tartrate 129

brimonidine tartrate-timolol..... 129

brinzolamide 129

bromfenac sodium (once-daily) 130

bromocriptine mesylate 44

budesonide..... 124, 133

budesonide-formoterol fumarate 137

bumetanide 90

BUPAP 7

buprenorphine 12

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

<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>	52
<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
BYETTA 10 MCG PEN	54
BYETTA 5 MCG PEN	54
BYSTOLIC	86

C

<i>cabergoline</i>	121
CALCIFOL	140
<i>calcipotriene</i>	98
<i>calcipotriene-betameth diprop</i>	98
<i>calcitonin (salmon)</i>	124
CALCITRENE	98
<i>calcitriol</i>	98, 124
<i>calcium acetate (phos binder)</i>	106, 107
CAMILA	118
CAMRESE	113
CAMRESE LO	113
<i>candesartan cilexetil</i>	84
<i>candesartan cilexetil-hctz</i>	89
<i>capecitabine</i>	38
CAPEX	107
CAPRELSA	41
<i>captopril</i>	84
<i>captopril-hydrochlorothiazide</i>	89
CARAC	38
<i>carbamazepine</i>	27
<i>carbamazepine er</i>	27
CARBATROL	27
<i>carbidopa</i>	45
<i>carbidopa-levodopa</i>	45
<i>carbidopa-levodopa er</i>	45
<i>carbidopa-levodopa-entacapone</i>	45
<i>carbinoxamine maleate</i>	132
<i>carboplatin</i>	40

CARDIZEM LA	87
CARDURA XL	105
CAREFINE PEN NEEDLES	59
<i>careone insulin syringe</i>	59
<i>careone unifine pentips</i>	59
<i>careone unifine pentips plus</i>	59
CARETOUCH INSULIN SYRINGE	59
CARETOUCH PEN NEEDLES	59
<i>carglumic acid</i>	101
<i>carisoprodol</i>	138, 139
<i>carmustine</i>	38
<i>carteolol hcl</i>	129
<i>carvedilol</i>	86
<i>carvedilol phosphate er</i>	86
CAYA	125
CAYSTON	135
<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
CEROVITE JR	140
<i>cetirizine hcl</i>	132
CETRAXAL	131
<i>cevimeline hcl</i>	97
CHATEAL	113
CHEMET	145
CHENODAL	102
<i>childrens animal shapes</i>	140
<i>childrens aspirin</i>	8
<i>childrens multivitamin/iron</i>	140
<i>chlordiazepoxide hcl</i>	53
<i>chlordiazepoxide-amitriptyline</i>	31
<i>chlordiazepoxide-clidinium</i>	102
<i>chloroquine phosphate</i>	43
<i>chlorpromazine hcl</i>	46
<i>chlorthalidone</i>	91

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

<i>chlorzoxazone</i>	139	CLODERM	108
<i>cholestyramine</i>	92	<i>clofarabine</i>	38
<i>cholestyramine light</i>	92	<i>clomipramine hcl</i>	31
CICLODAN	33	<i>clonazepam</i>	25
<i>cilostazol</i>	83	<i>clonidine</i>	84
CILOXAN	128	<i>clonidine hcl</i>	84
<i>cimetidine</i>	103	<i>clonidine hcl er</i>	94
<i>cimetidine hcl</i>	103	<i>clopidogrel bisulfate</i>	83
<i>cinacalcet hcl</i>	121	<i>clorazepate dipotassium</i>	53
CIPRO	23	<i>clotrimazole</i>	33
CIPRO HC	131	<i>clotrimazole-betamethasone</i>	33
<i>ciprofloxacin</i>	23	<i>clozapine</i>	48, 49
<i>ciprofloxacin hcl</i>	23, 128, 131	<i>c-nate dha</i>	140
<i>ciprofloxacin-dexamethasone</i>	131	COARTEM	43
<i>cisplatin</i>	38	<i>codeine sulfate</i>	13
<i>citalopram hydrobromide</i>	29, 30	<i>colchicine</i>	34
CITRANATAL 90 DHA	140	<i>colchicine-probenecid</i>	34
CITRANATAL ASSURE	140	<i>colesevelam hcl</i>	92
CITRANATAL B-CALM	140	<i>colestipol hcl</i>	92
CITRANATAL DHA	140	COMBIGAN.....	129
<i>cladribine</i>	38	COMBIPATCH	113
CLARINEX-D 12 HOUR.....	138	COMBIVENT RESPIMAT.....	134
<i>clarithromycin</i>	23	COMFORT ASSIST INSULIN SYRINGE	60
<i>clarithromycin er</i>	23	COMFORT EZ INSULIN SYRINGE	60
<i>clemastine fumarate</i>	132	COMFORT EZ MICRO PEN NEEDLES.....	60
CLEOCIN	20	COMFORT EZ PEN NEEDLES	60
CLEVER CHOICE COMFORT EZ	59	COMFORT EZ PRO PEN NEEDLES.....	60
<i>clickfine pen needles</i>	60	COMFORT EZ SHORT PEN NEEDLES.....	60
CLICKFINE PEN NEEDLES	60	COMFORT TOUCH INSULIN PEN NEED	60, 61
CLIMARA PRO	113	COMPLERA	50
CLINDACIN ETZ.....	20, 98	<i>complete natal dha</i>	140
CLINDACIN PAC	98	<i>completenate</i>	140
CLINDACIN-P	20	COMPRO	46
CLINDAGEL.....	20	CO-NATAL FA	140
<i>clindamycin hcl</i>	20	CONCEPT DHA	140
<i>clindamycin palmitate hcl</i>	20	CONCEPT OB	141
<i>clindamycin phos-benzoyl perox</i>	98	<i>condoms</i>	125
<i>clindamycin phosphate</i>	20	<i>constulose</i>	103
<i>clindamycin-tretinoin</i>	98	CONZIP	12
<i>clobazam</i>	25	CORDRAN	108
<i>clobetasol prop emollient base</i>	107	CORTANE-B	98
<i>clobetasol propionate</i>	107, 108	CORTIFOAM.....	124
<i>clobetasol propionate e</i>	108	<i>cortisone acetate</i>	108
<i>clobetasol propionate emulsion</i>	108	CORTROPHIN	111
<i>clocortolone pivalate</i>	108	COVARYX.....	113
CLODAN	108		

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

COVARYX HS	113
CREON.....	101
CRESEMBA.....	33
CRINONE	118
<i>cromolyn sodium</i>	103, 128, 136
CROTAN.....	43
CURAE	118
<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>	133
<i>cvs chewable childrens vitamin</i>	141
<i>cvs childrens complete</i>	141
<i>cvs folic acid</i>	141
<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>	139
CYCLOMYDRIL	128
<i>cyclopentolate hcl</i>	127
<i>cyclophosphamide</i>	37
<i>cycloserine</i>	36
CYCLOSET.....	54
<i>cyclosporine</i>	122, 127
<i>cyclosporine modified</i>	122
<i>cyproheptadine hcl</i>	132
CYRAMZA	41
CYRED	113
CYSTAGON.....	101
<i>cytarabine</i>	38
<i>cytarabine (pf)</i>	38
<i>cytra k crystals</i>	141

D

<i>dabigatran etexilate mesylate</i>	81
<i>dacarbazine</i>	39
<i>dactinomycin</i>	39
<i>dalfampridine er</i>	96
DALIRESP	136
<i>danazol</i>	112
<i>dantrolene sodium</i>	49
<i>dapsone</i>	36, 98
<i>darifenacin hydrobromide er</i>	105

<i>darunavir</i>	51
DASETTA 1/35.....	113
DASETTA 7/7/7.....	113
<i>daunorubicin hcl</i>	39
DAYSEE.....	113
DAYTRANA.....	94
DEBLITANE	118
<i>decitabine</i>	39
<i>deferasirox</i>	145
<i>deferasirox granules</i>	145
<i>deferiprone</i>	146
DELESTROGEN	113
DELYLA	113
<i>demeclocycline hcl</i>	24
DEMEROL	13
DENAVIR	50
DEPAKOTE.....	25
DEPAKOTE ER.....	25
DEPAKOTE SPRINKLES.....	25
DEPO-ESTRADIOL.....	113
DEPO-MEDROL	108
DEPO-PROVERA	118
DEPO-SUBQ PROVERA 104	118
DERMAZENE.....	33
<i>desipramine hcl</i>	31
<i>desloratadine</i>	132
<i>desmopressin ace spray refig</i>	111
<i>desmopressin acetate</i>	111
<i>desmopressin acetate spray</i>	111
<i>desogestrel-ethinyl estradiol</i>	113
<i>desonide</i>	108
<i>desoximetasone</i>	108
<i>desvenlafaxine succinate er</i>	30
<i>dexamethasone</i>	108
DEXAMETHASONE INTENSOL.....	108
<i>dexamethasone sod phosphate pf</i>	108
<i>dexamethasone sodium phosphate</i> ...	108, 109, 129
DEXILANT.....	104
<i>dexlansoprazole</i>	104
<i>dexmethylphenidate hcl</i>	94
<i>dexmethylphenidate hcl er</i>	94
<i>dexrazoxane hcl</i>	39
<i>dextroamphetamine sulfate</i>	94
<i>dextroamphetamine sulfate er</i>	94
DIASTAT ACUDIAL.....	25

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

DIATHRIVE PEN NEEDLE	61
diazepam	25, 53
DIAZEPAM INTENSOL	53
diazoxide	56
diclofenac epolamine	8
diclofenac potassium	8
diclofenac sodium	8, 130
diclofenac sodium er	8
diclofenac-misoprostol	8
dicloxacillin sodium	22
dicyclomine hcl	102
diflorasone diacetate	109
diflunisal	8
difluprednate	129
DIGITEK	89
digoxin	89
dihydroergotamine mesylate	35
DILANTIN	27
DILANTIN INFATABS	27
diltiazem hcl	87
diltiazem hcl er	87
diltiazem hcl er beads	87
diltiazem hcl er coated beads	87
dilt-xr	87
dimenhydrinate	32
dimethyl fumarate	96
diphenhydramine hcl	132
diphenoxylate-atropine	103
dipyridamole	83
disopyramide phosphate	85
disulfiram	16
DIURIL	91
divalproex sodium	25
divalproex sodium er	26
DIVIGEL	113
docetaxel	39
dofetilide	85
donepezil hcl	28
DORAL	53
dorzolamide hcl	129
dorzolamide hcl-timolol mal	129
dorzolamide hcl-timolol mal pf	129
DOVATO	50
doxazosin mesylate	105
doxepin hcl	31
doxercalciferol	124

doxorubicin hcl	39
doxorubicin hcl liposomal	39
doxycycline	98
doxycycline hyclate	24
doxycycline monohydrate	24
doxylamine-pyridoxine	32
dronabinol	32
droperidol	52
DROPLET INSULIN SYRINGE	61
DROPLET PEN NEEDLES	61
dropsafe safety pen needles	61
drospiren-eth estrad-levomefol	113
drospirenone-ethinyl estradiol	113
DROXIA	38
drug mart unifine pentips	61
drug mart unifine pentips plus	61
DUET DHA 400	141
DUET DHA BALANCED	141
duloxetine hcl	30
DUPIXENT	98
DUREX EXTRA SENSITIVE THIN	125
DUREX REALFEEL	125
dutasteride	105
dutasteride-tamsulosin hcl	105
DYSPORT	139

E

E.E.S. 400	23
easy comfort insulin syringe	61, 62
easy comfort pen needles	62
easy glide pen needles	62
EASY TOUCH FLIPLOCK INSULIN SY	62
EASY TOUCH INSULIN SAFETY SYR	62
EASY TOUCH INSULIN SYRINGE	62
EASY TOUCH PEN NEEDLES	62
EASY TOUCH SAFETY PEN NEEDLES	63
EASY TOUCH SHEATHLOCK SYRINGE	63
econazole nitrate	33
ECONTRA EZ	118
ECONTRA ONE-STEP	118
ECOTRIN	8
ECOTRIN ARTHRTIS PAIN	8
ECOTRIN LOW STRENGTH	8
EDLUAR	139
ed-spaz	102
EDURANT	50
efavirenz	50

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

<i>efavirenz-emtricitab-tenofo df</i>	50	<i>eq aspirin low dose</i>	9
EFFER-K.....	141	<i>eq child multivit/minerals</i>	141
ELESTRIN	113	<i>eq insulin syringe</i>	63
<i>eletriptan hydrobromide</i>	35	<i>eq nicotine polacrilex</i>	17
ELIGARD	121	EQUETRO	27
ELINEST	113	ERBITUX.....	42
ELIQUIS.....	81	<i>ergoloid mesylates</i>	28
ELIQUIS DVT/PE STARTER PACK	81	ERGOMAR.....	35
ELITE-OB.....	141	<i>ergotamine-caffeine</i>	35
ELIXOPHYLLIN	136	ERIVEDGE.....	41
ELLA	118	ERLEADA	37
ELMIRON.....	106	<i>erlotinib hcl</i>	41
EMBRACE PEN NEEDLES	63	ERTACZO	33
EMCYT	38	<i>ery</i>	23
EMEND	32	ERY-TAB.....	23
EMGALITY.....	35	ERYTHROCIN STEARATE.....	23
EMGALITY (300 MG DOSE).....	35	<i>erythromycin</i>	23, 128
EMSAM.....	29	<i>erythromycin base</i>	23
<i>emtricitabine</i>	50	<i>erythromycin ethylsuccinate</i>	23
<i>emtricitabine-tenofovir df</i>	51	<i>escitalopram oxalate</i>	30
EMTRIVA.....	51	<i>esomeprazole magnesium</i>	104
<i>enalapril maleate</i>	84	<i>est estrogens-methyltest</i>	114
<i>enalapril-hydrochlorothiazide</i>	89	<i>est estrogens-methyltest ds</i>	114
ENCARE	106	<i>est estrogens-methyltest hs</i>	114
<i>endocet</i>	13	<i>estazolam</i>	53
ENDOCET	13	<i>estradiol</i>	114
<i>enovarx-cyclobenzaprine hcl</i>	139	<i>estradiol valerate</i>	114
<i>enoxaparin sodium</i>	81	<i>estradiol-norethindrone acet</i>	114
<i>entacapone</i>	44	ESTRING	114
<i>entecavir</i>	49	ESTROGEL.....	114
ENTEREG.....	103	<i>eszopiclone</i>	139
<i>enulose</i>	103	<i>ethacrynic acid</i>	90
EPIDUO	98	<i>ethambutol hcl</i>	36
EPIFOAM.....	34	<i>ethosuximide</i>	25
<i>epinastine hcl</i>	128	<i>ethyl chloride</i>	15
<i>eplerenone</i>	91	<i>ethynodiol diac-eth estradiol</i>	114
EPOGEN.....	83	<i>etodolac</i>	9
<i>eq aspirin</i>	8	<i>etodolac er</i>	9
<i>eq aspirin adult low dose</i>	8	<i>etonogestrel-ethinyl estradiol</i>	114
<i>eq aspirin low dose</i>	9	ETOPOPHOS	41
<i>eq budesonide nasal</i>	133	<i>etoposide</i>	41
<i>eq complete multivitamin child</i>	141	<i>etravirine</i>	50
<i>eq nicotine</i>	16	EVAMIST	114
<i>eq nicotine polacrilex</i>	16	<i>everolimus</i>	42, 122
<i>eq nicotine step 3</i>	17	EXEL COMFORT POINT INSULIN SYR.....	63
<i>eq aspirin ec</i>	9	EXEL COMFORT POINT PEN NEEDLE	63

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

EXELDERM	33
exemestane	41
ezetimibe.....	92
ezetimibe-simvastatin	92
F	
FA-8	141
FALMINA	114
famciclovir	50
famotidine	103
FANAPT	47
FANAPT TITRATION PACK	47
FANTASY LUBRICATED.....	125
FANTASY LUBRICATED/SPERMICIDE	125
FARXIGA	54
FAYOSIM.....	114
FC2 FEMALE CONDOM.....	125
febuxostat	34
felbamate	26
felodipine er	87
FEM PH	20
FEMCAP	125
FEMRING	114
FEMYNOR	114
fenofibrate	91
fenofibrate micronized.....	91
fenofibric acid.....	91
fenoprofen calcium.....	9
fentanyl	12
fentanyl citrate.....	13
FENTORA.....	13
FER-IN-SOL.....	141
FERRIPROX	146
ferrous sulfate	141
fe-vite iron	141
FIBRICOR.....	91
FIFTY50 PEN NEEDLES.....	63
FIFTY50 SUPERIOR COMFORT SYR.....	63
finasteride	106
fingolimod hcl	96
FIRST-LANSOPRAZOLE.....	104
FIRST-MOUTHWASH BLM	97
FIRST-OMEPRAZOLE	104
FIRST-PROGESTERONE VGS.....	118
FIRVANQ	20
FLAREX.....	130
flavoxate hcl	105

flecainide acetate	85
FLINTSTONES COMPLETE.....	141
FLINTSTONES PLUS EXTRA IRON	141
FLINTSTONES W/IRON	141
FLOVENT DISKUS	133
FLOVENT HFA	133
floxuridine	39
fluconazole	33
flucytosine	33
fludarabine phosphate	40
fludrocortisone acetate	109
flunisolide	133
fluocinolone acetonide.....	109, 131
fluocinolone acetonide body	109
fluocinolone acetonide scalp	109
fluocinonide	109
fluocinonide emulsified base	109
fluoritab	141
fluorometholone	130
fluorouracil.....	38, 39
fluoxetine hcl	30
fluoxetine hcl (pmdd)	30
fluphenazine decanoate	46
fluphenazine hcl	46
flurandrenolide	109
flurazepam hcl.....	139
flurbiprofen	9
flurbiprofen sodium.....	130
flutamide.....	37
fluticasone propionate	109, 133
fluticasone-salmeterol	137
fluvastatin sodium.....	92
fluvoxamine maleate	30
fluvoxamine maleate er	30
FML	130
FML FORTE.....	130
folate	141
folic acid	141
FOLIVANE-OB	141
fondaparinux sodium	82
FORFIVO XL.....	29
formoterol fumarate	135
FOSAMAX PLUS D.....	124
fosamprenavir calcium	51
fosfomycin tromethamine	20
fosinopril sodium	85

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

<i>fosinopril sodium-hctz</i>	89
<i>fosphenytoin sodium</i>	27
FRAGMIN	82
<i>freds pharmacy unifine pentip+</i>	64
<i>freds pharmacy unifine pentips</i>	64
<i>frovatriptan succinate</i>	35
<i>fruity chews/iron</i>	141
<i>ft aspirin</i>	9
<i>ft aspirin low dose</i>	9
<i>ft enteric coated aspirin</i>	9
<i>fulvestrant</i>	39
<i>furosemide</i>	91
FUZEON	51
FYAVOLV	114

G

<i>gabapentin</i>	26
<i>galantamine hydrobromide</i>	28
<i>galantamine hydrobromide er</i>	28
GALZIN	141
<i>gatifloxacin</i>	128
GAZYVA	42
GEBAUERS PAIN EASE	15
GEBAUERS SPRAY AND STRETCH	15
GELNIQUE	105
<i>gemcitabine hcl</i>	39
<i>gemfibrozil</i>	91
<i>generlac</i>	104
GENGRAF	122
GENTAK	128
<i>gentamicin sulfate</i>	19, 128
<i>genuine aspirin</i>	9
GENVISC 850	101
GILENYA	96
GILPHEX TR	137
<i>glatiramer acetate</i>	96
GLEOSTINE	37
<i>g-levocarnitine s/f</i>	125
<i>glimepiride</i>	54
<i>glipizide</i>	54
<i>glipizide er</i>	54
<i>glipizide xl</i>	54
<i>glipizide-metformin hcl</i>	54
<i>global ease inject pen needles</i>	64
<i>global easy glide insulin syr</i>	64
<i>global easy glide pen needles</i>	64
<i>global inject ease insulin syr</i>	64

<i>global insulin syringes</i>	64
<i>glucagon emergency</i>	56
GLUCOPRO INSULIN SYRINGE	64
<i>glyburide</i>	54
<i>glyburide micronized</i>	54
<i>glyburide-metformin</i>	54
<i>glycopyrrolate</i>	102
GLYXAMBI	54
<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>	133
<i>gnp childrens chewables/iron</i>	141
<i>gnp clickfine pen needles</i>	64
<i>gnp folic acid</i>	141
<i>gnp insulin syringe</i>	65
<i>gnp insulin syringes</i>	65
<i>gnp insulin syringes 28gx1/2</i>	65
<i>gnp insulin syringes 29gx1/2</i>	65
<i>gnp insulin syringes 30gx5/16</i>	65
<i>gnp insulin syringes 31gx5/16</i>	65
<i>gnp nicotine</i>	17
<i>gnp nicotine mini</i>	17
<i>gnp nicotine polacrilex</i>	17
<i>gnp ulticare pen needles</i>	65
GNP ULTIGUARD SAFEPAK NEEDLE	65
<i>gnp ultra com insulin syringe</i>	65
<i>goodsense aspirin</i>	9
<i>goodsense aspirin adults</i>	9
<i>goodsense aspirin low dose</i>	9
<i>goodsense clickfine pen needle</i>	65
<i>goodsense nicotine</i>	17
GOODSENSE PEN NEEDLE PENFINE	65
GRALISE	95
<i>granisetron hcl</i>	32
<i>griseofulvin microsize</i>	33
<i>griseofulvin ultramicrosize</i>	33
<i>guanfacine hcl</i>	84
<i>guanfacine hcl er</i>	95

H

HABITROL	17
HADLIMA	122
HADLIMA PUSH TOUCH	122
HALAVEN	39
<i>halobetasol propionate</i>	109
HALOG	109

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

<i>haloperidol</i>	46
<i>haloperidol decanoate</i>	46
<i>haloperidol lactate</i>	46
<i>healthwise insulin syr/needle</i>	65
<i>healthwise micron pen needles</i>	66
<i>healthwise mini pen needles</i>	66
<i>healthwise pen needles</i>	66
<i>healthwise short pen needles</i>	66
<i>healthwise unifine pentips</i>	66
<i>healthy accents unifine pentip</i>	66
<i>h-e-b aspirin</i>	9
<i>h-e-b incontrol pen needles</i>	66
H-E-B INCONTROL UNIFINE PENTIP	66
HER STYLE	118
<i>hm adult aspirin</i>	9
<i>hm aspirin</i>	9
<i>hm aspirin ec</i>	9
<i>hm aspirin ec low dose</i>	9
<i>hm folic acid</i>	141
<i>hm nicotine</i>	17
<i>hm nicotine polacrilex</i>	17
HM ULTICARE INSULIN SYRINGE	66
HM ULTICARE MINI PEN NEEDLES	66
HM ULTICARE SHORT PEN NEEDLES	66
HOMATROPAIRE	127
HORIZANT	95
HUMALOG	66
HUMALOG JUNIOR KWIKPEN	66
HUMALOG KWIKPEN	66
HUMALOG MIX 50/50	66
HUMALOG MIX 50/50 KWIKPEN	67
HUMALOG MIX 75/25	67
HUMALOG MIX 75/25 KWIKPEN	67
HUMULIN 70/30	67
HUMULIN 70/30 KWIKPEN	67
HUMULIN N	67
HUMULIN N KWIKPEN	67
HUMULIN R	67
HUMULIN R U-500 (CONCENTRATED)	67
HUMULIN R U-500 KWIKPEN	67
HYCANTIN	41
<i>hydralazine hcl</i>	93
<i>hydrochlorothiazide</i>	91
<i>hydrocod poli-chlorphe poli er</i>	137
<i>hydrocodone bit-homatrop mbr</i>	137, 138
<i>hydrocodone-acetaminophen</i>	14

<i>hydrocodone-ibuprofen</i>	14
<i>hydrocortisone</i>	109, 124
<i>hydrocortisone (perianal)</i>	34, 35
<i>hydrocortisone ace-pramoxine</i>	35, 98
<i>hydrocortisone acetate</i>	35
<i>hydrocortisone butyr lipo base</i>	109
<i>hydrocortisone butyrate</i>	109
<i>hydrocortisone valerate</i>	109
<i>hydrocortisone-acetic acid</i>	131
<i>hydrocort-pramoxine (perianal)</i>	98
<i>hydromet</i>	138
<i>hydromorphone hcl</i>	14
<i>hydromorphone hcl er</i>	14
<i>hydroxychloroquine sulfate</i>	43
<i>hydroxyurea</i>	38
<i>hydroxyzine hcl</i>	52, 132
<i>hydroxyzine pamoate</i>	132
HYOPHEN	106
<i>hyoscyamine sulfate</i>	102
<i>hyoscyamine sulfate er</i>	102
<i>hyoscyamine sulfate sl</i>	102
<i>hyosyne</i>	102
HYPERSAL	138

I

<i>ibandronate sodium</i>	124
IBRANCE	42
IBU	9
<i>ibuprofen</i>	9
<i>ibuprofen-famotidine</i>	9
ICAR	141
<i>idarubicin hcl</i>	39
IFEX	39
<i>ifosfamide</i>	39
ILARIS	123
<i>imatinib mesylate</i>	42
<i>imipramine hcl</i>	31
<i>imipramine pamoate</i>	31
<i>imiquimod</i>	98
<i>imiquimod pump</i>	98
INATAL GT	142
INCONTROL ULTICARE PEN NEEDLES	67
<i>indapamide</i>	91
INDERAL XL	86
INDOCIN	10
<i>indomethacin</i>	10
<i>indomethacin er</i>	10

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

INLYTA	42
INNOPRAN XL.....	86
<i>insulin glargine</i>	67
<i>insulin glargine solostar</i>	67
<i>insulin syringe</i>	67
<i>insulin syringe/needle</i>	67
<i>insulin syringe-needle u-100</i>	67, 68
<i>insupen pen needles</i>	68
INSUPEN SENSITIVE	68
INSUPEN ULTRAFIN	68
INTELENCE.....	50
INTRON A.....	49
INTROVALE.....	114
INVEGA HAFYERA	47
INVEGA SUSTENNA.....	47
INVEGA TRINZA	47
<i>iodoquinol-hc-aloe polysacch</i>	33
<i>iodosorb</i>	98
IOPIDINE	129
<i>ipratropium bromide</i>	134
<i>ipratropium-albuterol</i>	134
<i>irbesartan</i>	84
<i>irbesartan-hydrochlorothiazide</i>	89
IRESSA.....	42
<i>irinotecan hcl</i>	39
<i>iron (ferrous sulfate)</i>	142
<i>iron infant & toddler</i>	142
<i>iron infant/toddler</i>	142
<i>iron supplement</i>	142
<i>iron supplement childrens</i>	142
IRON UP	142
ISENTRESS.....	50
ISENTRESS HD	50
ISIBLOOM.....	114
<i>isoniazid</i>	36
<i>isosorb dinitrate-hydralazine</i>	89
<i>isosorbide dinitrate</i>	93
<i>isosorbide mononitrate</i>	93
<i>isosorbide mononitrate er</i>	93
<i>isradipine</i>	87
<i>itraconazole</i>	33
<i>ivermectin</i>	43, 44
IXEMPRA KIT	39
J	
JAKAFI.....	42
JANTOVEN.....	82

JANUMET	54
JANUMET XR	54
JANUVIA	55
JARDIANCE.....	55
JENCYCLA	118
JENTADUETO	55
JENTADUETO XR	55
JEVTANA	39
JOLESSA	114
JULEBER	115
JUNEL 1/20.....	115
JUNEL FE 1.5/30	115
JUNEL FE 1/20	115

K

KADCYLA	40
KAITLIB FE	115
KALETRA.....	51
KALYDECO.....	135
KAMELEON LUBRICATED.....	125
KANJINTI	40
KARIVA.....	115
KAZANO	55
KENALOG	109
KEPIVANCE.....	97
KESIMPTA.....	96
<i>ketoconazole</i>	33
<i>ketoprofen er</i>	10
<i>ketorolac tromethamine</i>	10, 130
KEYTRUDA.....	42
<i>kimono</i>	125
KIMONO COLORS.....	125
<i>kimono micro thin</i>	125
<i>kimono micro thin plus</i>	125
<i>kimono plus</i>	125
<i>kimono ps</i>	125
<i>kimono ps plus</i>	125
<i>kimono sensation</i>	125
<i>kimono sensation plus</i>	125
KIMONO SPECIAL.....	125
<i>kinray insulin syringe</i>	68
KITABIS PAK	135
KLOR-CON	142
KLOR-CON M10	142
KLOR-CON M15	142
KLOR-CON/EF.....	142
<i>kls aspirin low dose</i>	10

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

KLS QUIT2.....	17
KLS QUIT4.....	17
<i>kmart valu insulin syringe 29g</i>	68
<i>kmart valu insulin syringe 30g</i>	68
KORLYM.....	56
<i>kp aspirin</i>	10
<i>kp folic acid</i>	142
<i>kp niacin</i>	142
K-PHOS NO 2.....	142
K-PRIME.....	142
KRISTALOSE.....	104
<i>kroger insulin syringe</i>	68
<i>kroger pen needles</i>	68, 69
KURVELO.....	115
K-Y ME & YOU EXTRA LUBRICATED.....	125
K-Y ME & YOU INTENSE.....	125
KYNMOBI.....	44
KYNMOBI TITRATION KIT.....	44
L	
<i>labetalol hcl</i>	86
<i>lacosamide</i>	27
<i>lactulose</i>	104
<i>lactulose encephalopathy</i>	104
LAGEVRIO.....	52
LAMICTAL XR.....	26
<i>lamivudine</i>	49, 51
<i>lamivudine-zidovudine</i>	51
<i>lamotrigine</i>	26
<i>lamotrigine er</i>	26
LAND BEFORE TIME MULTIVITAMIN.....	142
<i>lansoprazole</i>	104
<i>lanthanum carbonate</i>	107
LANTUS.....	69
LANTUS SOLOSTAR.....	69
<i>lapatinib ditosylate</i>	42
LARIN 1.5/30.....	115
LARIN 1/20.....	115
LARIN 24 FE.....	115
LARIN FE 1.5/30.....	115
LARIN FE 1/20.....	115
<i>latanoprost</i>	131
LAZANDA.....	14
<i>leader insulin syringe</i>	69
LEADER UNIFINE PENTIPS.....	69
LEADER UNIFINE PENTIPS PLUS.....	69
LEENA.....	115

<i>leflunomide</i>	123
<i>lenalidomide</i>	37
<i>letrozole</i>	41
<i>leucovorin calcium</i>	41
LEUKERAN.....	37
<i>leuprolide acetate</i>	121
<i>levabuterol hcl</i>	135
<i>levabuterol tartrate</i>	135
<i>levetiracetam</i>	25
<i>levetiracetam er</i>	25
<i>levobunolol hcl</i>	129
<i>levocarnitine</i>	125
<i>levocarnitine (dietary)</i>	126
<i>levocarnitine l-tartrate</i>	126
<i>levocetirizine dihydrochloride</i>	132
<i>levofloxacin</i>	23, 128
<i>levoleucovorin calcium</i>	41
LEVONEST.....	115
<i>levonorgest-eth est & eth est</i>	115
<i>levonorgest-eth estrad 91-day</i>	115
<i>levonorgestrel</i>	119
<i>levonorgestrel-ethinyl estrad</i>	115
<i>levonorg-eth estrad triphasic</i>	115
LEVORA 0.15/30 (28).....	115
<i>levorphanol tartrate</i>	12
LEVO-T.....	120
<i>levothyroxine sodium</i>	120
LEVOXYL.....	120
LEXIVA.....	51
<i>lidocaine</i>	15
<i>lidocaine hcl</i>	15, 97
<i>lidocaine hcl urethral/mucosal</i>	15
<i>lidocaine viscous hcl</i>	97
<i>lidocaine-hydrocort (perianal)</i>	98
<i>lidocaine-hydrocortisone ace</i>	98, 99
<i>lidocaine-prilocaine</i>	15
<i>lidopin</i>	15
<i>linezolid</i>	20
LINZESS.....	103
<i>liothyronine sodium</i>	120
LIPOFEN.....	92
<i>lisdexamfetamine dimesylate</i>	94
<i>lisinopril</i>	85
<i>lisinopril-hydrochlorothiazide</i>	89
LITETOUCH INSULIN SYRINGE.....	69
LITETOUCH PEN NEEDLES.....	69

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

<i>lithium</i>	53
<i>lithium carbonate</i>	53
<i>lithium carbonate er</i>	53
LITHOSTAT	106
LIVALO	92
LO LOESTRIN FE.....	115
LOESTRIN 1.5/30 (21).....	115
LOESTRIN 1/20 (21).....	116
LOESTRIN FE 1/20	116
<i>longs insulin syringe</i>	69
<i>lopinavir-ritonavir</i>	51
LOPROX.....	33
<i>lorazepam</i>	53
LORTAB.....	14
LORZONE.....	139
<i>losartan potassium</i>	84
<i>losartan potassium-hctz</i>	90
LOSEASONIQUE	116
LOTEMAX.....	130
LOTEMAX SM	130
<i>loteprednol etabonate</i>	130
<i>lovastatin</i>	92
LOW-OGESTREL	116
<i>loxapine succinate</i>	46
<i>lubiprostone</i>	103
LUMIGAN.....	131
LUPRON DEPOT (1-MONTH)	121
LUPRON DEPOT (3-MONTH)	121
LUPRON DEPOT (4-MONTH)	121
LUPRON DEPOT (6-MONTH)	121
LUPRON DEPOT-PED (1-MONTH)	121
LUPRON DEPOT-PED (3-MONTH)	121
<i>lurasidone hcl</i>	47
LUTERA.....	116
LYSODREN	121
LYZA.....	119

M

<i>mafenide acetate</i>	20
MAGELLAN INSULIN SAFETY SYR	69
MAGNEBIND 400	142
<i>malathion</i>	44
MARATHON MEDICAL PENTIPS	70
<i>maraviroc</i>	51
<i>marlissa</i>	116
MARPLAN.....	29
MATULANE	37

MAVYRET	49
MAXICOMFORT II PEN NEEDLE.....	70
MAXI-COMFORT INSULIN SYRINGE	70
MAXI-COMFORT SAFETY PEN NEEDLE....	70
MAXICOMFORT SYR 27G X 1/2.....	70
MAXIDEX	130
<i>maxx</i>	126
<i>maxx plus</i>	126
MAYZENT	96
MAYZENT STARTER PACK.....	96
<i>meclizine hcl</i>	32
<i>meclofenamate sodium</i>	10
<i>medic insulin syringe</i>	70
<i>medicine shoppe pen needles</i>	70
MEDI-FIRST ASPIRIN	10
MEDIQUE ASPIRIN	10
MEDROL.....	110
<i>medroxyprogesterone acetate</i>	119
<i>mefenamic acid</i>	10
<i>mefloquine hcl</i>	43
<i>megestrol acetate</i>	119
<i>meijer aspirin ec</i>	10
<i>meijer pen needles</i>	70
<i>meloxicam</i>	10
<i>melfalan</i>	37
<i>melfalan hcl</i>	37
<i>memantine hcl</i>	28, 29
<i>memantine hcl er</i>	29
MENEST	116
MENOSTAR.....	116
<i>meperidine hcl</i>	14
<i>meprobamate</i>	52
<i>mercaptopurine</i>	38
<i>mesalamine</i>	123
<i>mesalamine er</i>	123
<i>mesalamine-cleanser</i>	124
<i>mesna</i>	43
MESNEX	43
<i>metformin hcl</i>	55
<i>metformin hcl er</i>	55
<i>methamphetamine hcl</i>	94
<i>methazolamide</i>	129
<i>methenamine hippurate</i>	20
<i>methenamine mandelate</i>	20
<i>methimazole</i>	122
<i>methocarbamol</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>methotrexate sodium</i>	122
<i>methotrexate sodium (pf)</i>	122
<i>methoxsalen rapid</i>	99
<i>methscopolamine bromide</i>	102
<i>methyl dopa</i>	84
<i>methylphenidate hcl</i>	95
<i>methylphenidate hcl er</i>	95
<i>methylphenidate hcl er (cd)</i>	95
<i>methylphenidate hcl er (la)</i>	95
<i>methylphenidate hcl er (osm)</i>	95
<i>methylprednisolone</i>	110
<i>methylprednisolone acetate</i>	110
<i>methylprednisolone sodium succ</i>	110
<i>metoclopramide hcl</i>	103
<i>metolazone</i>	91
<i>metoprolol succinate er</i>	86
<i>metoprolol tartrate</i>	86
<i>metoprolol-hydrochlorothiazide</i>	90
<i>metronidazole</i>	20, 99
<i>metyrosine</i>	90
<i>mexiletine hcl</i>	85
MIBELAS 24 FE.....	116
<i>miconazole-zinc oxide-petrolat</i>	33
MICRODOT PEN NEEDLE.....	70
MICROGESTIN 1.5/30.....	116
MICROGESTIN 1/20.....	116
MICROGESTIN FE 1.5/30	116
MICROGESTIN FE 1/20	116
<i>midodrine hcl</i>	84
MIGERGOT	35
<i>miglustat</i>	101
MILLIPRED	110
<i>minocycline hcl</i>	24
<i>minocycline hcl er</i>	24
<i>minoxidil</i>	93
MIOCHOL-E.....	127
MIOSTAT	129
MIRCETTE.....	116
MIRENA (52 MG).....	119
<i>mirtazapine</i>	29
<i>misoprostol</i>	104
<i>mitomycin</i>	40
MITOSOL.....	126
<i>mitoxantrone hcl</i>	41
<i>mm aspirin</i>	10
<i>mm insulin syringe/needle</i>	70

MM PEN NEEDLES	70
<i>modafinil</i>	140
<i>moexipril hcl</i>	85
<i>mometasone furoate</i>	110, 133
MONDOXYNE NL	24
MONOJECT INSULIN SYRINGE.....	70
MONOJECT ULTRA COMFORT SYRINGE ..	71
MONO-LINYAH	116
<i>montelukast sodium</i>	134
<i>morphine sulfate</i>	14
<i>morphine sulfate er</i>	12
<i>morphine sulfate er beads</i>	12
MOTEGRITY	103
MOTOFEN	103
MOVANTIK	103
<i>moxifloxacin hcl</i>	23, 128
MOZOBIL	83
<i>ms insulin syringe</i>	71
MULTAQ	85
<i>multi-vitamin/fluoride/iron</i>	142
<i>multivitamins plus iron child</i>	142
<i>mupirocin</i>	20
<i>mupirocin calcium</i>	20
MY CHOICE.....	119
MY WAY.....	119
<i>mycophenolate mofetil</i>	123
<i>mycophenolate sodium</i>	123
MYLERAN.....	37
MYOBLOC	139

N

<i>na ferric gluc cplx in sucrose</i>	142
<i>nabumetone</i>	10
<i>nadolol</i>	86
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>	35
NATACHEW.....	142
NATACYN	34
NATALVIT	142
NATAZIA	116

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

<i>nateglinide</i>	55	<i>nifedipine er osmotic release</i>	88
NATROBA.....	44	NIKKI.....	116
<i>nebivolol hcl</i>	86	<i>nilutamide</i>	37
NEBUSAL	138	<i>nimodipine</i>	88
NECON 0.5/35 (28).....	116	NIPENT	38
NEEVO DHA.....	142	<i>nisoldipine er</i>	88
<i>nefazodone hcl</i>	30	<i>nitazoxanide</i>	43
<i>nelarabine</i>	40	NITRO-BID	93
<i>neomycin sulfate</i>	19	NITRO-DUR	93
<i>neomycin-bacitracin zn-polymyx</i>	127	<i>nitrofurantoin</i>	20
<i>neomycin-polymyxin-dexameth</i>	130	<i>nitrofurantoin macrocrystal</i>	20
<i>neomycin-polymyxin-gramicidin</i>	127	<i>nitrofurantoin monohyd macro</i>	20
<i>neomycin-polymyxin-hc</i>	130, 131	<i>nitroglycerin</i>	93
NESINA.....	55	NITROMIST	93
NESTABS	142	NITRO-TIME	93
NESTABS DHA.....	142	NIVA-PLUS	142
NEUAC	99	NIVESTYM.....	83
NEUPRO.....	44	<i>nizatidine</i>	103
NEUTRASAL	97	<i>norethin ace-eth estrad-fe</i>	116
NEVANAC.....	130	<i>norethindrone</i>	119
<i>nevirapine</i>	50	<i>norethindrone acetate</i>	119
<i>nevirapine er</i>	50	<i>norethindrone acet-ethinyl est</i>	116
NEW DAY	119	<i>norethindrone-eth estradiol</i>	116
NEXAVAR.....	42	<i>norethin-eth estradiol-fe</i>	116, 117
NEXIUM.....	104	<i>norgestimate-eth estradiol</i>	117
NEXPLANON.....	119	<i>norgestim-eth estrad triphasic</i>	117
<i>niacin</i>	142	NORITATE	99
<i>niacin (antihyperlipidemic)</i>	92	NORLYROC.....	119
<i>niacin er (antihyperlipidemic)</i>	92	NORPACE CR	85
NIACOR.....	92	NORTREL 7/7/7	117
<i>nicardipine hcl</i>	87	<i>nortriptyline hcl</i>	31
NICODERM CQ	17, 18	NORVIR	51
NICORETTE	18	NOVAFERRUM.....	142
NICORETTE MINI.....	18	NOVAFERRUM PEDIATRIC DROPS	142
NICORETTE STARTER KIT	18	NOVOFINE AUTOCOVER PEN NEEDLE	71
<i>nicotine</i>	18	NOVOFINE PEN NEEDLE	71
<i>nicotine mini</i>	18	NOVOFINE PLUS PEN NEEDLE	71
<i>nicotine polacrilex</i>	18	NOVOLIN 70/30	71
<i>nicotine polacrilex mini</i>	18	NOVOLIN 70/30 FLEXPEN.....	71
<i>nicotine step 1</i>	18	NOVOLIN 70/30 FLEXPEN RELION.....	71
<i>nicotine step 2</i>	18	NOVOLIN 70/30 RELION.....	71
<i>nicotine step 3</i>	18	NOVOLIN N	71
NICOTROL	18	NOVOLIN N FLEXPEN	71
NICOTROL NS	18	NOVOLIN N FLEXPEN RELION	71
<i>nifedipine</i>	88	NOVOLIN N RELION	71
<i>nifedipine er</i>	88	NOVOLIN R	71

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

NOVOLIN R RELION.....	71
NOXAFIL.....	34
NP THYROID.....	120
NPLATE.....	83
NUBEQA.....	37
NUEDEXTA.....	95
NULEV.....	102
NUMOISYN.....	97
NUVARING.....	117
<i>nystatin</i>	34
<i>nystatin-triamcinolone</i>	34

O

OB COMPLETE.....	142
OB COMPLETE ONE.....	142
OB COMPLETE PETITE.....	143
OB COMPLETE PREMIER.....	143
OB COMPLETE/DHA.....	143
OBSTETRIX DHA.....	143
OBSTETRIX EC (WITH DOCUSATE).....	143
<i>ofloxacin</i>	23, 128, 131
<i>olanzapine</i>	47, 48
<i>olanzapine-fluoxetine hcl</i>	30
<i>olmesartan medoxomil</i>	84
<i>olmesartan medoxomil-hctz</i>	90
<i>olmesartan-amlodipine-hctz</i>	90
<i>olopatadine hcl</i>	128, 132
<i>omega-3-acid ethyl esters</i>	93
<i>omeprazole</i>	104
OMEPRAZOLE+SYRSPEND SF ALKA.....	104
<i>omeprazole-sodium bicarbonate</i>	105
OMNARIS.....	133
OMNIFLEX DIAPHRAGM.....	126
ONCASPAR.....	41
<i>ondansetron</i>	32
<i>ondansetron hcl</i>	32
ONEXTON.....	99
OPCICON ONE-STEP.....	119
OPSUMIT.....	136
OPTION 2.....	119
OPTIONS GYNOL II CONTRACEPTIVE....	106
ORACIT.....	143
ORALONE.....	97
ORAVIG.....	34
ORENCIA.....	123
ORENCIA CLICKJECT.....	123
ORILISSA.....	121

<i>orphenadrine citrate</i>	139
<i>orphenadrine citrate er</i>	139
<i>oscimin</i>	102
<i>oseltamivir phosphate</i>	52
OSENI.....	55
OVACE PLUS.....	99
<i>oxaliplatin</i>	40
<i>oxandrolone</i>	111
<i>oxaprozin</i>	10
OXAYDO.....	14
<i>oxazepam</i>	53
<i>oxcarbazepine</i>	27
OXISTAT.....	34
<i>oxybutynin chloride</i>	105
<i>oxybutynin chloride er</i>	105
<i>oxycodone hcl</i>	14
<i>oxycodone hcl er</i>	12
<i>oxycodone-acetaminophen</i>	14
OXYCONTIN.....	12
<i>oxymorphone hcl</i>	15
<i>oxymorphone hcl er</i>	12
OXYTROL.....	105
OZURDEX.....	129

P

PACERONE.....	85
<i>paclitaxel</i>	40
<i>paliperidone er</i>	48
<i>palonosetron hcl</i>	33
<i>pamidronate disodium</i>	124
PANCREAZE.....	101
PANDEL.....	110
PANOXYL.....	99
PANRETIN.....	43
<i>pantoprazole sodium</i>	105
PARAGARD INTRAUTERINE COPPER....	126
<i>paricalcitol</i>	124
<i>paroxetine hcl</i>	30
<i>paroxetine hcl er</i>	30
PASER.....	36
PAXLOVID (300/100).....	52
<i>pc pediatric iron drops</i>	143
<i>pc pediatric poly-vita/fe drop</i>	143
<i>pc unifine pentips</i>	72
<i>peg 3350-kcl-na bicarb-nacl</i>	104
<i>peg-3350/electrolytes</i>	104
<i>pemetrexed disodium</i>	40

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

<i>pen needles</i>	72	PIRMELLA 7/7/7	117
<i>pen needles 5/16</i>	72	<i>piroxicam</i>	10
<i>penciclovir</i>	50	<i>plain niacin</i>	143
<i>penicillin g potassium</i>	22	PLAN B ONE-STEP	119
<i>penicillin g procaine</i>	22	PLEGRIDY	96
<i>penicillin g sodium</i>	22	PLEGRIDY STARTER PACK	96
<i>penicillin v potassium</i>	22	<i>pnv-dha</i>	143
PENTASA	124	<i>pnv-dha+docusate</i>	143
<i>pentazocine-naloxone hcl</i>	15	<i>pnv-omega</i>	143
PENTIPS	72	<i>pnv-select</i>	143
<i>pentoxifylline er</i>	90	<i>podofilox</i>	99
<i>perindopril erbumine</i>	85	POLYCIN	127
PERJETA	40	<i>polymyxin b-trimethoprim</i>	128
<i>permethrin</i>	44	<i>poly-vita/iron</i>	143
<i>perphenazine</i>	46	<i>potassium chloride</i>	143
<i>perphenazine-amitriptyline</i>	31	<i>potassium chloride crys er</i>	143
PERTZYE	101	<i>potassium chloride er</i>	143, 144
PEXEVA	30	<i>potassium citrate er</i>	144
PHENAZO	106	<i>potassium citrate-citric acid</i>	144
<i>phenazopyridine hcl</i>	106	PRADAXA	82
<i>phenelzine sulfate</i>	29	<i>pramipexole dihydrochloride</i>	45
<i>phenobarbital</i>	26	<i>pramipexole dihydrochloride er</i>	45
<i>phenoxybenzamine hcl</i>	84	PRAMOX	15
<i>phentolamine mesylate</i>	84	<i>prasugrel hcl</i>	83
<i>phenylephrine hcl</i>	127	<i>pravastatin sodium</i>	92
PHENYTEK	27	<i>praziquantel</i>	43
<i>phenytoin</i>	27	<i>prazosin hcl</i>	84
<i>phenytoin sodium</i>	27	PRECISION SURE-DOSE SYRINGE	72
<i>phenytoin sodium extended</i>	27, 28	PRED MILD	130
PHILITH	117	PRED-G	130
PHOSLYRA	107	PRED-G S.O.P	130
PHOSPHA 250 NEUTRAL	143	<i>prednicarbate</i>	110
PHOSPHASAL	106	<i>prednisolone</i>	110
PHOSPHOLINE IODIDE	129	<i>prednisolone acetate</i>	130
PHOSPHO-TRIN 250 NEUTRAL	143	<i>prednisolone sodium phosphate</i>	110, 130
PHOSPHO-TRIN K500	143	<i>prednisone</i>	110
PHOTOFRIN	40	PREDNISONE INTENSOL	110
<i>pilocarpine hcl</i>	97, 129	<i>preferred plus insulin syringe</i>	72
<i>pimecrolimus</i>	99	<i>preferred plus unifine pentips</i>	72
<i>pimozide</i>	46	PREFEST	117
PIMTREA	117	<i>pregabalin</i>	96
<i>pindolol</i>	86	<i>pregabalin er</i>	96
<i>pip pen needles 31g x 5mm</i>	72	PREMARIN	117
<i>pip pen needles 32g x 4mm</i>	72	<i>premium lidocaine</i>	15
<i>pirfenidone</i>	136	PREMPHASE	117
PIRMELLA 1/35	117	PREMPRO	117

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

<i>prenaisance</i>	144
<i>prenaisance plus</i>	144
PRENATABS RX	144
<i>prenatal</i>	144
<i>prenatal 19</i>	144
<i>prenatal plus</i>	144
<i>prenatal vitamin plus low iron</i>	144
PRENATAL-U	144
PREVALITE	93
PREVENT DROPSAFE PEN NEEDLES	72
PREVENT SAFETY PEN NEEDLES	73
PREZISTA	51
PRIFTIN	36
PRILOSEC.....	105
<i>primaquine phosphate</i>	43
<i>primidone</i>	26
PRO COMFORT INSULIN SYRINGE	73
<i>pro comfort pen needles</i>	73
PROAIR RESPICLICK.....	135
<i>probenecid</i>	34
<i>prochlorperazine</i>	46
<i>prochlorperazine edisylate</i>	46
<i>prochlorperazine maleate</i>	46
PROCORT	99
PROCTOFOAM HC	99
PROCTO-MED HC	35
PRODIGY INSULIN SYRINGE	73
<i>progesterone</i>	119
PROLENSA	130
PROLEUKIN	40
PROLIA.....	124
<i>promethazine hcl</i>	32
<i>promethazine vc/codeine</i>	138
<i>promethazine-codeine</i>	138
<i>promethazine-dm</i>	138
<i>promethazine-phenyleph-codeine</i>	138
<i>promethazine-phenylephrine</i>	138
PROMETHEGAN.....	32
PROMISEB	99
<i>propafenone hcl</i>	85
<i>propafenone hcl er</i>	85
<i>proparacaine hcl</i>	128
<i>propranolol hcl</i>	87
<i>propranolol hcl er</i>	87
<i>propylthiouracil</i>	122
<i>protriptyline hcl</i>	32

PROVENTIL HFA.....	135
PRUDOXIN	99
PULMICORT FLEXHALER	133
PULMOSAL.....	138
PULMOZYME	135
<i>pure comfort pen needle</i>	73
<i>pure comfort safety pen needle</i>	73
<i>px aspirin</i>	10
PX CHILDRENS VITAMIN	144
<i>px enteric aspirin</i>	11
<i>px extra short pen needles</i>	73
<i>px folic acid</i>	144
<i>px insulin syringe</i>	73
<i>px mini pen needles</i>	73
<i>px pen needle</i>	73
<i>px shortlength pen needles</i>	73
<i>px stop smoking aid</i>	19
<i>pyrazinamide</i>	36
<i>pyridostigmine bromide</i>	36
<i>pyridostigmine bromide er</i>	36
<i>pyrimethamine</i>	43

Q

<i>qc aspirin</i>	11
<i>qc aspirin low dose</i>	11
<i>qc childrens aspirin</i>	11
<i>qc childrens complete</i>	144
<i>qc childrens vitamins/iron</i>	144
<i>qc enteric aspirin</i>	11
<i>qc folic acid</i>	144
<i>qc nicotine transdermal system</i>	19
<i>qc pen needles</i>	73
<i>qc unifine pentips</i>	73
QNASL	133
QNASL CHILDRENS	133
QUARTETTE	117
<i>quazepam</i>	53
<i>quetiapine fumarate</i>	48
<i>quetiapine fumarate er</i>	48
QUILLICHEW ER.....	95
QUILLIVANT XR	95
<i>quinapril hcl</i>	85
<i>quinapril-hydrochlorothiazide</i>	90
<i>quinidine gluconate er</i>	85
<i>quinidine sulfate</i>	86
<i>quinine sulfate</i>	43
QUTENZA	7

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

QUTENZA (2 PATCH) 7

R

ra aspirin 11
ra aspirin adult low dose 11
ra aspirin adult low strength 11
ra aspirin childrens 11
ra aspirin ec 11
ra aspirin ec adult low st 11
ra budesonide 133
ra folic acid 144
ra insulin syringe 73
ra mini nicotine 19
ra niacin 144
ra nicotine 19
ra nicotine gum 19
ra nicotine polacrilex 19
ra no flush niacin 144
ra pain relief aspirin 11
ra pen needles 74
ra vitamins complete childrens 144
rabeprazole sodium 105
raloxifene hcl 119
ramelteon 140
ramipril 85
ranolazine er 90
rasagiline mesylate 46
raya sure pen needle 74
RAYOS 110
REACT 119
reality insulin syringe 74
REALITY LATEX CONDOMS 126
REALITY LATEX/ULTRA TEXTURED 126
REALITY LATEX/ULTRA THIN 126
RECLIPSEN 117
REGRANEX 99
RELENZA DISKHALER 52
RELION INSULIN SYRINGE 74
RELION MINI PEN NEEDLES 74
RELION PEN NEEDLES 74
RELION SHORT PEN NEEDLES 74
RELISTOR 103
repaglinide 55
RESTASIS 128
RETACRIT 83
RETIN-A MICRO PUMP 99
RETISERT 129

RETROVIR 51
REVLIMID 37
REZVOGLAR KWIKPEN 74
ribavirin 49, 138
RIDAURA 123
rifabutin 36
rifampin 37
riluzole 95
rimantadine hcl 52
RIMSO-50 106
risedronate sodium 124, 125
RISPERDAL CONSTA 48
risperidone 48
ritonavir 52
rivastigmine 28
rivastigmine tartrate 28
RIVELSA 117
rizatriptan benzoate 35
roflumilast 136
romidepsin 40
ropinirole hcl 45
ropinirole hcl er 45
ROSDAN 99
rosuvastatin calcium 92
ROWEEPRA 25
ROZLYTREK 42
rufinamide 28
RYBELSUS 55

S

safety pen needles 74
SALIVAMAX 97
salsalate 11
SANCUSO 33
SANDIMMUNE 123
SANTYL 99
SAPHRIS 48
SAVELLA 96
SAVELLA TITRATION PACK 96
sb aspirin 11
sb aspirin ec 11
sb childrens aspirin 11
sb insulin syringe 74
sb low dose asa ec 11
SCALACORT DK 99
scopolamine 32
SEASONIQUE 117

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

SECURESAFE INSULIN SYRINGE	74	<i>sotalol hcl</i>	86
SECURESAFE SAFETY PEN NEEDLES.....	74	<i>sotalol hcl (af)</i>	86
SELECT-OB.....	144	<i>spinosad</i>	44
SELECT-OB+DHA	144	SPIRIVA HANDIHALER	134
<i>selegiline hcl</i>	46	SPIRIVA RESPIMAT	134
<i>selenium sulfide</i>	99	<i>spironolactone</i>	91
SELZENTRY	51	<i>spironolactone-hctz</i>	90
<i>se-natal 19</i>	144	SPRINTEC 28	117
SEREVENT DISKUS	135	SPRIX	11
<i>sertraline hcl</i>	30	SPRYCEL	42
SETLAKIN.....	117	SPS	146
<i>sevelamer carbonate</i>	107	SSD	21
<i>sevelamer hcl</i>	107	<i>sss 10-5</i>	99
SFROWASA	124	ST JOSEPH ASPIRIN	11
SHAROBEL	119	ST JOSEPH LOW DOSE	11
SHOPKO UNIFINE PENTIPS	75	STALEVO 125.....	45
SHOPKO UNIFINE PENTIPS PLUS.....	75	STALEVO 150.....	45
<i>sildenafil citrate</i>	136	STALEVO 200.....	45
<i>silodosin</i>	106	STALEVO 50.....	45
<i>silver sulfadiazine</i>	21	STALEVO 75.....	45
<i>simvastatin</i>	92	<i>stavudine</i>	51
<i>sirolimus</i>	123	STIVARGA	42
<i>sm animal shapes complete</i>	144	STRIBILD	50
<i>sm aspirin</i>	11	STRIVERDI RESPIMAT	135
<i>sm aspirin adult low strength</i>	11	SUBSYS.....	15
<i>sm aspirin ec</i>	11	<i>sucalfate</i>	104
<i>sm aspirin ec low strength</i>	11	<i>sulconazole nitrate</i>	34
<i>sm aspirin low dose</i>	11	<i>sulfacetamide sodium</i>	23, 99
<i>sm childrens aspirin</i>	11	<i>sulfacetamide sodium (acne)</i>	23
<i>sm folic acid</i>	144	<i>sulfacetamide sodium (cleans)</i>	99
<i>sm nicotine</i>	19	<i>sulfacetamide sodium-sulfur</i>	99, 100
<i>sm nicotine polacrilex</i>	19	<i>sulfacetamide-prednisolone</i>	131
<i>sod citrate-citric acid</i>	145	<i>sulfacetamide-sulfur in urea</i>	100
<i>sodium chloride</i>	138	<i>sulfadiazine</i>	23
<i>sodium fluoride</i>	145	<i>sulfamethoxazole-trimethoprim</i>	24
<i>sodium phenylbutyrate</i>	101	SULFAMYLON	21
<i>sodium polystyrene sulfonate</i>	146	<i>sulfasalazine</i>	124
<i>sodium sulfacetamide</i>	99	SULFATRIM PEDIATRIC.....	24
<i>sofosbuvir-velpatasvir</i>	49	<i>sulfurated lime</i>	44
<i>solifenacin succinate</i>	105	<i>sulindac</i>	11
SOLTAMOX	38	<i>sumatriptan</i>	35
SOLU-CORTEF	111	<i>sumatriptan succinate</i>	35, 36
SOLU-MEDROL.....	111	<i>sumatriptan succinate refill</i>	36
<i>sorafenib tosylate</i>	42	<i>sumatriptan-naproxen sodium</i>	36
SORILUX	99	<i>sunitinib malate</i>	42
SORINE	86	SUPARTZ FX.....	101

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

SUPREP BOWEL PREP KIT	104
<i>sure comfort insulin syringe</i>	75
<i>sure comfort pen needles</i>	75
SYMBICORT	138
SYMPROIC	103
SYNALAR TS	100
SYNERA	15
SYNJARDY	55
SYNJARDY XR	55
SYNTHROID	120

T

TABLOID	40
TACLONEX	100
<i>tacrolimus</i>	100, 123
<i>tadalafil (pah)</i>	136
TAKE ACTION	119
TALTZ	100
<i>tamoxifen citrate</i>	38
<i>tamsulosin hcl</i>	106
TARGRETIN	43
TARINA FE 1/20	117
TARON-C DHA	145
TASIGNA	42
<i>tazarotene</i>	100
TAZORAC	100
TAZTIA XT	88
<i>techlite insulin syringe</i>	75
TECHLITE PEN NEEDLES	75
TEGRETOL	28
TEGRETOL-XR	28
TEKTURNA HCT	90
<i>telmisartan</i>	84
<i>telmisartan-amlodipine</i>	90
<i>telmisartan-hctz</i>	90
<i>temazepam</i>	139
TEMODAR	37
<i>temozolomide</i>	37
<i>temsirolimus</i>	123
TENCON	7
<i>tenofovir disoproxil fumarate</i>	51
<i>terazosin hcl</i>	106
<i>terbinafine hcl</i>	34
<i>terbutaline sulfate</i>	135
<i>terconazole</i>	34
<i>testosterone</i>	112
<i>testosterone cypionate</i>	112

<i>testosterone enanthate</i>	112
<i>tetrabenazine</i>	95
<i>tetracaine hcl</i>	128
<i>tetracycline hcl</i>	24
TEXACORT	111
THALOMID	37
THEO-24	136
<i>theophylline</i>	136
<i>theophylline er</i>	136
<i>thioridazine hcl</i>	47
<i>thiotepa</i>	37
<i>thiothixene</i>	47
THRIVE	19
<i>thrivite rx</i>	145
<i>thyroid</i>	120
<i>tiagabine hcl</i>	26
TICE BCG	40
TILIA FE	117
<i>timolol maleate</i>	87, 129
<i>timolol maleate (once-daily)</i>	129
<i>tinidazole</i>	43
<i>tiopronin</i>	106
<i>tiotropium bromide monohydrate</i>	134
TIROSINT	120
TIROSINT-SOL	120
<i>tizanidine hcl</i>	49
<i>tobramycin</i>	128, 135
<i>tobramycin-dexamethasone</i>	131
TOBREX	128
TODAY SPONGE	106
<i>today's health mini pen needles</i>	76
<i>today's health pen needles</i>	76
<i>today's health short pen needle</i>	76
<i>tolcapone</i>	44
<i>tolmetin sodium</i>	12
<i>tolterodine tartrate</i>	105
<i>tolterodine tartrate er</i>	105
<i>topcare clickfine pen needles</i>	76
<i>topcare ultra comfort ins syr</i>	76
<i>topiramate</i>	27
TOPOSAR	41
<i>topotecan hcl</i>	41
<i>torseamide</i>	91
TOSYMRA	36
TOTECT	40
TOUJEO MAX SOLOSTAR	76

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

TOUJEO SOLOSTAR	76
TRADJENTA.....	55
<i>tramadol hcl</i>	15
<i>tramadol hcl er</i>	13
<i>tramadol hcl er (biphasic)</i>	13
<i>tramadol-acetaminophen</i>	15
<i>trandolapril</i>	85
<i>trandolapril-verapamil hcl er</i>	90
<i>tranylcypromine sulfate</i>	29
<i>travoprost (bak free)</i>	131
TRAZIMERA	42
<i>trazodone hcl</i>	30
TREANDA.....	40
TRECATOR	37
TRESIBA.....	76
TRESIBA FLEXTOUCH	76
<i>tretinoin</i>	43, 100
<i>tretinoin microsphere</i>	100
<i>tretinoin microsphere pump</i>	100
TREXALL	123
TRI FEMYNOR	117
<i>triamcinolone acetonide</i>	97, 111
<i>triamcinolone in absorbase</i>	111
<i>triamterene</i>	91
<i>triamterene-hctz</i>	90
TRIANEX	111
<i>triazolam</i>	53
TRICARE	145
<i>tricitrates</i>	145
<i>trientine hcl</i>	106
TRIESENCE	131
TRI-ESTARYLLA	117
<i>trifluoperazine hcl</i>	47
<i>trifluridine</i>	50
<i>trihexyphenidyl hcl</i>	44
TRIJARDY XR	55
TRI-LEGEST FE	117
TRI-LINYAH	118
TRI-LO-MARZIA	118
TRI-LO-SPRINTEC	118
<i>trimethobenzamide hcl</i>	32
<i>trimethoprim</i>	21
<i>trimipramine maleate</i>	32
<i>trinatal rx 1</i>	145
TRINATE.....	145
<i>tropicamide</i>	128

<i>trospium chloride</i>	105
<i>trospium chloride er</i>	105
<i>true comfort insulin syringe</i>	76
<i>true comfort pen needles</i>	76
<i>true comfort pro insulin syr</i>	76
<i>true comfort pro pen needles</i>	77
TRUEPLUS 5-BEVEL PEN NEEDLES	77
TRUEPLUS INSULIN SYRINGE	77
TRUEPLUS PEN NEEDLES	77
TRULANCE	103
TRULICITY	55
TRUSTEX COLOR CONDOMS + LUBE.....	126
TRUSTEX LUB/RIBBED/STUDDERED	126
TRUSTEX LUB/SPERMICIDE EX ST	126
TRUSTEX LUB/SPERMICIDE XL.....	126
TRUSTEX LUBRICATED	126
TRUSTEX LUBRICATED EX LARGE	126
TRUSTEX LUBRICATED EXTRA ST	126
TRUSTEX LUBRICATED/SPERMICIDE.....	126
TRUSTEX NATURAL CONDOMS + LUBE	126
TRUSTEX NON-LUBRICATED.....	126
TRUSTEX RIA LUB/SPERMICIDE	126
TRUSTEX RIA LUBRICATED	126
TRUSTEX RIA NON-LUBRICATED.....	126
TRUSTEX-NONNOXYNOL-9/RIB/STUD.....	126
TRUXIMA	42
TUDORZA PRESSAIR.....	134
TUSNEL	138
TYMLOS	125

U

UDENYCA.....	83
ULTICARE INSULIN SAFETY SYR	77
ULTICARE INSULIN SYR 1/2 UNIT	77
ULTICARE INSULIN SYRINGE	77
ULTICARE MICRO PEN NEEDLES.....	78
ULTICARE MINI PEN NEEDLES.....	78
ULTICARE PEN NEEDLES	78
ULTICARE SHORT PEN NEEDLES	78
ULTIGUARD SAFEPAK PEN NEEDLE	78
ULTIGUARD SAFEPAK SYR/NEEDLE	78
ULTILET PEN NEEDLE	78
ULTRA CHOICE MULTIVITAMIN KIDS	145
<i>ultra comfort insulin syringe</i>	78
ULTRA FLO INSULIN PEN NEEDLES	78
ULTRA FLO INSULIN SYR 1/2 UNIT	79
ULTRA FLO INSULIN SYRINGE	79

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

ULTRA THIN PEN NEEDLES.....	79
<i>ultracare insulin syringe</i>	79
<i>ultracare pen needles</i>	79
ULTRA-THIN II INS SYR SHORT	79
ULTRA-THIN II INSULIN SYRINGE	79
ULTRA-THIN II MINI PEN NEEDLE	79
ULTRA-THIN II PEN NEEDLE SHORT	79
ULTRA-THIN II PEN NEEDLES.....	80
UNIFINE PEN NEEDLES.....	80
UNIFINE PENTIPS	80
UNIFINE PENTIPS PLUS	80
UNIFINE SAFECONTROL PEN NEEDLE ...	80
UNIFINE ULTRA PEN NEEDLE	80
URELLE	106
URIMAR-T	106
<i>urin ds</i>	106
<i>uro-458</i>	106
<i>uro-mp</i>	106
<i>ursodiol</i>	103
USTELL	106
UTIRA-C	106

V

<i>valacyclovir hcl</i>	50
<i>valganciclovir hcl</i>	49
<i>valproic acid</i>	26
<i>valsartan</i>	84
<i>valsartan-hydrochlorothiazide</i>	90
<i>value health insulin syringe</i>	80
<i>valumark pen needles</i>	80
<i>vancomycin hcl</i>	21
VANISHPOINT INSULIN SYRINGE	80
<i>varenicline tartrate</i>	19
<i>varenicline tartrate (starter)</i>	19
VCF VAGINAL CONTRACEPTIVE	106
VECTIBIX.....	43
VECTICAL	100
VELCADE	40
VELIVET	118
VELTIN	100
<i>venlafaxine hcl</i>	31
<i>venlafaxine hcl er</i>	31
VENTAVIS	136
VENTOLIN HFA.....	135
<i>verapamil hcl</i>	88
<i>verapamil hcl er</i>	88
VERDESO	111

VEREGEN.....	100
VERIFINE INSULIN PEN NEEDLE	80, 81
VERIFINE INSULIN SYRINGE	81
VERIFINE PLUS PEN NEEDLE.....	81
VERZENIO	41
VESTURA	118
VICTOZA.....	55
VIDA MIA UNIFINE PENTIPS	81
VIENVA	118
<i>vigabatrin</i>	26
VILAMIT MB.....	106
<i>vilazodone hcl</i>	31
VILEVEV MB.....	106
VIMPAT	28
VINATE DHA RF	145
VINATE II	145
VINATE ONE	145
<i>vinblastine sulfate</i>	40
VINCASAR PFS	40
<i>vincristine sulfate</i>	40
<i>vinorelbine tartrate</i>	40
VIOKACE	101
<i>viorele</i>	118
VIRACEPT	52
VIREAD.....	51
<i>virt-nate dha</i>	145
<i>virt-pn dha</i>	145
VITAFOL-OB.....	145
VITAFOL-OB+DHA	145
VITAFOL-ONE	145
VITAMEDMD ONE RX/QUATREFOLIC.....	145
VIVA DHA	145
VIVITROL.....	16
VOGELXO.....	112
VOGELXO PUMP	112
<i>voriconazole</i>	34
VOTRIENT	42
<i>vp insulin syringe</i>	81
VUSION	34
VYFEMLA	118
VYVANSE	94

W

<i>warfarin sodium</i>	82
<i>wee care</i>	145
<i>wegmans unifine pentips plus</i>	81
WERA	118

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 60.....	126
WIDE-SEAL DIAPHRAGM 65.....	127
WIDE-SEAL DIAPHRAGM 70.....	127
WIDE-SEAL DIAPHRAGM 75.....	127
WIDE-SEAL DIAPHRAGM 80.....	127
WIDE-SEAL DIAPHRAGM 85.....	127
WIDE-SEAL DIAPHRAGM 90.....	127
WIDE-SEAL DIAPHRAGM 95.....	127
WIXELA INHUB	138
WYMZYA FE.....	118

X

XALKORI	42
XARELTO	82
XARELTO STARTER PACK.....	82
XELJANZ	123
XELJANZ XR	123
XEOMIN.....	139
XERESE	50
XGEVA	125
XIFAXAN.....	21
XIGDUO XR.....	56
XIMINO	24
XOFLUZA (80 MG DOSE)	52
XOLEGEL	34
XOLEGEL DUO/HEAD & SHOULDERS.....	34
XOLEGEL DUO/XOLEX	34
XOPENEX HFA	135
XULANE.....	118
XYREM	140

Y

<i>yl folic acid</i>	145
YUVAFEM.....	118

Z

<i>zaclir cleansing</i>	100
<i>zafirlukast</i>	134
<i>zaleplon</i>	139

ZANOSAR	37
ZARXIO.....	83
ZATEAN-PN DHA	145
ZEBUTAL	7
ZELAPAR	46
ZELBORAF	42
ZENPEP.....	101
ZEPATIER.....	49
ZETONNA	134
ZEVALIN Y-90.....	40
<i>zevrx insulin syringe</i>	81
<i>zevrx pen needles</i>	81
ZIANA.....	100
<i>zidovudine</i>	51
<i>zileuton er</i>	134
<i>ziprasidone hcl</i>	48
<i>ziprasidone mesylate</i>	48
ZIPSOR.....	12
ZIRABEV	37
ZITHRANOL.....	100
ZITHROMAX	23
ZOLADEX	122
<i>zoledronic acid</i>	125
ZOLINZA	41
<i>zolmitriptan</i>	36
<i>zolpidem tartrate</i>	139
<i>zolpidem tartrate er</i>	140
ZOLPIMIST	140
ZOMIG	36
ZONALON	100
<i>zonisamide</i>	25
ZYCLARA.....	100
ZYCLARA PUMP	100
ZYDELIG	42
ZYFLO.....	134
ZYKADIA.....	42
ZYLET	131
ZYPREXA RELPREVV	48

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

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