



Lista de Medicamentos de 2024

(Actualizado en Febrero 2024)

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 suministro y pre-autorizaciones.

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente

Segundo Nivel: Medicamentos de Marca.

Tercer Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos

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

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

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]	6
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	14
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]	14
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	18
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	24
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	27
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	28
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	31
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	32
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	34
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	34
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	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]	36

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

ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - 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 [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	45
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	48
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]	82
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	84
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	94
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	98
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	98
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	102
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	104

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

GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	105
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	108
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	110
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	114
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	115
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	122
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	124
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	124
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	124
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	125
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]	125

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

INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]	128
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	128
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]	129
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	131
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	135
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]	136
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	143
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	144
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	145

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BAYER ASPIRIN 325 mg tab, 325 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN EC LOW DOSE 81 mg tab dr	1		QL(30 / 30), AL
BAYER LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
CAMBIA 50 mg pckt	2		
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	ST
childrens aspirin 81 mg tab chew	1		QL(30 / 30), AL
cvs aspirin 325 mg tab	1		QL(30 / 30), AL
cvs aspirin adult low dose 81 mg tab chew	1		QL(30 / 30), AL
cvs aspirin adult low strength 81 mg tab dr	1		QL(30 / 30), AL
cvs aspirin ec 81 mg tab dr	1		QL(30 / 30), AL
cvs aspirin low dose 81 mg tab dr	1		QL(30 / 30), AL
cvs aspirin low strength 81 mg tab dr	1		QL(30 / 30), AL
cvs genuine aspirin 325 mg tab	1		QL(30 / 30), AL
diclofenac epolamine 1.3 % patch	1	FLECTOR	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac potassium 25 mg cap	1	ZIPSOR	
diclofenac sodium 1.5 % ext soln	1	PENNSAID	
diclofenac sodium 3 % gel	1	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	
diclofenac sodium 1 % gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
diflunisal 500 mg tab	1	DOLOBID	
ECOTRIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN ARTHRTIS PAIN 325 mg tab dr	1		QL(30 / 30), AL
ECOTRIN LOW STRENGTH 81 mg tab dr	1		QL(30 / 30), AL
eq aspirin 325 mg tab	1		QL(30 / 30), AL
eq aspirin adult low dose 81 mg tab dr	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>eq aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>eq aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ft aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>gnp aspirin 325 mg tab, 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>goodsense aspirin 325 mg tab, 325 mg tab dr, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin adults 325 mg tab</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm adult aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>hm aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
IBU 600 mg tab	1		
IBU 800 mg tab	2		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
INDOCIN 50 mg rect supp	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]
INDOCIN 25 mg/5ml susp	2		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
MEDI-FIRST ASPIRIN 325 mg tab	1		QL(30 / 30), AL
MEDIQUE ASPIRIN 325 mg tab	1		QL(30 / 30), AL
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap	2		
NAPRELAN 750 mg tab er 24 hr	2		
<i>napro 15 % crm</i>	1		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>px aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>px enteric aspirin 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
<i>sb aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>sm aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
SPRIX 15.75 mg/spray nasal soln	2		
ST JOSEPH ASPIRIN 81 mg tab dr	1		QL(30 / 30), AL
ST JOSEPH LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
ZIPSOR 25 mg cap	2		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	2		PA
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA
<i>levorphanol tartrate 2 mg tab</i>	1		PA
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1	AVINZA	PA
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	2		PA
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	PA
OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr	2		PA

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
600 mcg bucc tab, 800 mcg bucc tab			
hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln	1	HYCET	
hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	1	NORCO	
hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	1	VICODIN	
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	1	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg tab	1	VICOPROFEN	
hydromorphone hcl 2 mg tab, 8 mg tab	1	DILAUDID	
hydromorphone hcl 4 mg tab	1	DILAUDID	
hydromorphone hcl 1 mg/ml liq	1	DILAUDID	
hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr	1		PA
LORTAB 10-300 mg/15ml oral elix	2		
meperidine hcl 50 mg tab	1	DEMEROL	
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln	1	DEMEROL	
morphine sulfate 15 mg tab, 30 mg tab	1		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	2		
OXAYDO 5 mg tab, 7.5 mg tab	2		
oxycodone hcl 5 mg cap	1	OXYIR	
oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ROXICODONE	
oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln	1	ROXICODONE	
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	
oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	1	PERCOCET	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	1	ROXICET	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
<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]			
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	2		
GEBAUERS SPRAY AND STRETCH ext aer	2		
GLYDO 2 % External Prefilled Syringe	2		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
<i>premium lidocaine 5 % oint</i>	1		
SYNERA 70-70 mg patch	2		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
VIVITROL 380 mg im susp	3		PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>ft nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ft nicotine mini 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>	1	NICODERM CQ	PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
HABITROL 21 mg/24hr td patch 24hr	2		PA, QL(84 / 365)
<i>hm nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>hm nicotine 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>hm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>hm nicotine polacrilex 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg	2		PA, QL(2772 / 365)
KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg	2		PA, QL(2772 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 7 mg/24hr td patch 24hr	2		PA, QL(28 / 365)
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2		PA, QL(84 / 365)
NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	2		PA, QL(2772 / 365)
NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum	2		PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	1		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex mini 2 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	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]
NICOTROL 10 mg inhaler	2		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	2		PA, QL(160 / 365)
<i>px stop smoking aid 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>px stop smoking aid 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>sm nicotine 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
THRIVE 2 mg m/t gum	2		PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	PA, QL(106 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			

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

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

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

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

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

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

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

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

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>			
MONDOXYNE NL 100 mg cap	2		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	2		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
ROWEEPRRA 500 mg tab	2		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	2		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	1	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	2		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	2		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	2		
DIASTAT ACUDIAL 20 mg rect gel	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix</i>	1		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	3	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	2		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	1	LAMICTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1	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>	1	LAMICTAL	
<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>	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
BANZEL 200 mg tab, 400 mg tab	2		
BANZEL 40 mg/ml susp	2		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	2		
DILANTIN 100 mg cap, 30 mg cap	2		
DILANTIN 125 mg/5ml susp	2		
DILANTIN INFATABS 50 mg tab chew	2		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	2		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	1	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	1	VIMPAT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
PHENYTEK 200 mg cap, 300 mg cap	2		
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	1	DILANTIN	
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	
TEGRETOL 200 mg tab	2		
TEGRETOL 100 mg/5ml susp	2		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	2		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>	2		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	1	FORFIVO XL	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>FORFIVO XL 450 mg tab er 24 hr</i>	2		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	2		
MARPLAN 10 mg tab	2		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrts (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrsts/Irsnts (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp</i>	1	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	2		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	3		QL(2 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	1	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	2		
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	1		
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	1	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	QL(9 / 30)
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	3	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	2		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
CICLODAN 8 % ext soln	2		PA
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	PA
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	1	PENLAC	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
CRESEMBA 186 mg cap	2		PA
DERMAZENE 1-1 % crm	2		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
ERTACZO 2 % crm	2		
EXELDERM 1 % crm	2		
EXELDERM 1 % ext soln	2		
EXODERM 25-1 % lot	2		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	3	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	3	VFEND	PA
VUSION 0.25-15-81.35 % oint	2		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	2		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	2		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % foam	2		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	2		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	2		
PROCTO-MED HC 2.5 % crm	2		
PROCTOSOL HC 2.5 % crm	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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 subling	2		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rectal supp	2		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	2		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA
Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	QL(2 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	2		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln	2		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	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>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	1		
PRIFTIN 150 mg tab	2		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
TRECTOR 250 mg tab	2		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>busulfan 6 mg/ml iv soln</i>	3	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	1		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	3		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	3		PA
LEUKERAN 2 mg tab	3		PA
MATULANE 50 mg cap	3		PA
<i>melfalan 2 mg tab</i>	3	ALKERAN	PA
<i>melfalan hcl 50 mg iv soln</i>	3	ALKERAN	PA
MYLERAN 2 mg tab	3		PA
TEMODAR 100 mg iv soln	3		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	3	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	3	THIOPLEX	PA
ZANOSAR 1 gm iv soln	3		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	3		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	3	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	3	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	3		PA
<i>nilutamide 150 mg tab</i>	3	NILANDRON	PA
NUBEQA 300 mg tab	3		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap</i>	3	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	3		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	3		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	3		PA
SOLTAMOX 10 mg/5ml soln	3		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	3	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	3	XELODA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CARAC 0.5 % crm	3		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	2		
fluorouracil 0.5 % crm	3	CARAC	PA
fluorouracil 5 % crm	3	EFUDEX	PA
fluorouracil 2 % ext soln, 5 % ext soln	3	EFUDEX	PA
hydroxyurea 500 mg cap	3	HYDREA	PA
mercaptopurine 50 mg tab	3	PURINETHOL	PA
NIPENT 10 mg iv soln	3		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	3		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	3		PA
ARRANON 5 mg/ml iv soln	3		PA
arsenic trioxide 12 mg/6ml iv soln	3	TRISENOX	PA
bendamustine hcl 100 mg iv soln, 25 mg iv soln	3	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	3		PA
bleomycin sulfate 15 unit inj soln, 30 unit inj soln	3	BLENOXANE	PA
bortezomib 3.5 mg iv soln	3		PA
bortezomib 3.5 mg inj soln	3	VELCADE	PA
carmustine 300 mg iv soln, 50 mg iv soln	3		PA
carmustine 100 mg iv soln	3	BICNU	PA
cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln	3		PA
cladribine 10 mg/10ml iv soln	3	LEUSTATIN	PA
clofarabine 1 mg/ml iv soln	3	CLOLAR	PA
cytarabine 20 mg/ml inj soln	3		PA
cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln	3		PA
dacarbazine 100 mg iv soln, 200 mg iv soln	3		PA
dactinomycin 0.5 mg iv soln	3	COSMEGEN	PA
daunorubicin hcl 20 mg/4ml iv soln	3		PA
decitabine 50 mg iv soln	3	DACOGEN	PA
dexrazoxane hcl 250 mg iv soln, 500 mg iv soln	3	ZINECARD	PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc</i>	3	TAXOTERE	PA
<i>doxorubicin hcl 10 mg iv soln, 50 mg iv soln</i>	3		PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	1	ADRIAMYCIN	PA
<i>doxorubicin hcl liposomal 2 mg/ml iv inj</i>	3	DOXIL	PA
<i>floxuridine 0.5 gm inj soln</i>	3	FUDR	PA
<i>fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln</i>	3		PA
<i>fulvestrant 250 mg/5ml im soln pfs</i>	3	FASLODEX	PA
<i>gemcitabine hcl 2 gm iv soln</i>	3		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	3		PA
<i>gemcitabine hcl 1 gm iv soln, 200 mg iv soln</i>	3	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	3		PA
<i>idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	3	IDAMYCIN PFS	PA
IFEX 3 gm iv soln	3		PA
<i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>	3	IFEX	PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	3	IFEX	PA
<i>irinotecan hcl 500 mg/25ml iv soln</i>	3		PA
<i>irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	3	CAMPTOSAR	PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	3		PA
JEVTANA 60 mg/1.5ml iv soln	3		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	3		PA
KANJINTI 150 mg iv soln, 420 mg iv soln	3		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	3	MUTAMYCIN	PA
<i>nelarabine 5 mg/ml iv soln</i>	3	ARRANON	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	3	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	3	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	3	TAXOL	PA
<i>paclitaxel protein-bound part 100 mg iv susp</i>	3	ABRAXANE	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	3	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	3		PA
PHOTOFRIN 75 mg iv soln	3		PA
PROLEUKIN 22000000 unit iv soln	3		PA
<i>romidepsin 10 mg iv soln</i>	3	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	3		PA
TICE BCG 50 mg i-vesic susp	2		PA
TREANDA 100 mg iv soln, 25 mg iv soln	3		PA
VELCADE 3.5 mg inj soln	3		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	3		PA
VINCASAR PFS 1 mg/ml iv soln	3		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	3	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	3	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	3		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	3	PARAPLATIN	PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	3		PA
<i>fludarabine phosphate 50 mg iv soln</i>	3	FLUDARA	PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	3		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	3	FUSILEV	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	3		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	3	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	3		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		PA
ZOLINZA 100 mg cap	3		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	3	ARIMIDEX	
<i>exemestane 25 mg tab</i>	3	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	3	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	3		PA
<i>etoposide 50 mg cap</i>	3		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	3	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	3		PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	3		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	3		PA
<i>topotecan hcl 4 mg iv soln</i>	3	HYCANTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	3		PA
CAPRELSA 100 mg tab, 300 mg tab	3		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	3		PA
ERIVEDGE 150 mg cap	3		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	3	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	3	AFINITOR	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	3		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	3	GLEEVEC	PA

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	3	MESNEX	PA
MESNEX 400 mg tab	3		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	2		
ALINIA 100 mg/5ml susp	2		QL(60 / 3)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	2		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	1	DARAPRIM	
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % lot	2		PA
<i>cvs ivermectin lice treatment 0.5 % lot</i>	1	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	1	SKLICE	PA
<i>malathion 0.5 % lot</i>	1	OVIDE	PA
NATROBA 0.9 % ext susp	2		PA
<i>permethrin 5 % crm</i>	1	ELIMITE	PA
SKLICE 0.5 % lot	1		PA
<i>spinosad 0.9 % ext susp</i>	1		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<i>tolcapone 100 mg tab</i>	3	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
KYNMOBI 10 mg sublingual film, 15 mg sublingual film, 20 mg sublingual film, 25 mg sublingual film, 30 mg sublingual film	3		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	3		PA
NEUPRO 1 mg/24hr transdermal patch 24hr, 2 mg/24hr transdermal patch 24hr, 3 mg/24hr transdermal patch 24hr, 4 mg/24hr transdermal patch 24hr, 6 mg/24hr transdermal patch 24hr, 8 mg/24hr transdermal patch 24hr	2		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	3	APOKYN	PA
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
STALEVO 125 31.25-125-200 mg tab	2		
STALEVO 150 37.5-150-200 mg tab	2		
STALEVO 200 50-200-200 mg tab	2		
STALEVO 50 12.5-50-200 mg tab	2		
STALEVO 75 18.75-75-200 mg tab	2		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
ZELAPAR 1.25 mg tab disint	2		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
COMPRO 25 mg rect supp	1		
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	2		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	2		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	3		PA
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	3		PA
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	3		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2		
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	LATUDA	
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	3		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
SAPHRIS 10 mg tab subl, 5 mg tab subl	2		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	2		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	3		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	3		PA
ISENTRESS HD 600 mg tab	3		PA
STRIBILD 150-150-200-300 mg tab	3		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
COMPLERA 200-25-300 mg tab	3		PA
EDURANT 25 mg tab	3		PA
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	3	SUSTIVA	PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	3	ATRIPLA	PA
etravirine 100 mg tab, 200 mg tab	3	INTELENCE	PA
INTELENCE 100 mg tab, 25 mg tab	3		PA
nevirapine 50 mg/5ml susp	3	VIRAMUNE	PA
nevirapine 200 mg tab	3	VIRAMUNE	PA
nevirapine er 100 mg tab er 24 hr	3	VIRAMUNE XR	PA
nevirapine er 400 mg tab er 24 hr	3	VIRAMUNE XR	PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	3	ZIAGEN	PA
abacavir sulfate 20 mg/ml soln	3	ZIAGEN	PA
abacavir sulfate-lamivudine 600-300 mg tab	3	EPZICOM	
DOVATO 50-300 mg tab	3		PA
emtricitabine 200 mg cap	3	EMTRIVA	PA
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	3	TRUVADA	PA
EMTRIVA 10 mg/ml soln	3		PA
lamivudine 150 mg tab, 300 mg tab	3	EPIVIR	PA
lamivudine 10 mg/ml soln	3	EPIVIR	PA
lamivudine-zidovudine 150-300 mg tab	3	COMBIVIR	PA
RETROVIR 10 mg/ml iv soln	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	3	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	3		PA
VIREAD 40 mg/gm oral pwdr	3		PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	3	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	3	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	3		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	3	SELZENTRY	PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	3		PA
SELZENTRY 20 mg/ml soln	3		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	3		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	3	REYATAZ	PA
<i>darunavir 600 mg tab, 800 mg tab</i>	3	PREZISTA	PA
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	PA
KALETRA 100-25 mg tab	3		PA
LEXIVA 50 mg/ml susp	3		PA
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	3	KALETRA	PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	3	KALETRA	PA
NORVIR 100 mg pckt	3		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	3		PA
PREZISTA 100 mg/ml susp	3		PA
<i>ritonavir 100 mg tab</i>	3	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	3		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	2		QL(20 / 180)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	2		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	2		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>bupirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	2		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DIAZEPAM INTENSOL 5 mg/ml oral conc	2		
DORAL 15 mg tab	2		
estazolam 1 mg tab, 2 mg tab	1	PROSOM	
lorazepam 4 mg/ml inj soln	1		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	1	ATIVAN	
lorazepam 2 mg/ml inj soln	1	ATIVAN	
lorazepam 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	1	SERAX	
quazepam 15 mg tab	1	DORAL	
triazolam 0.125 mg tab, 0.25 mg tab	1	HALCION	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
lithium 8 meq/5ml soln	1		
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	1	ESKALITH CR	
lithium carbonate er 300 mg tab er	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]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	1	PRECOSE	
alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab	2	NESINA	ST
alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab	2	KAZANO	ST
alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	2	OSENI	ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		ST
CYCLOSET 0.8 mg tab	2		
FARXIGA 10 mg tab, 5 mg tab	2		ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	2		ST
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	2		ST
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	2		ST
ONGLYZA 2.5 mg tab, 5 mg tab	2		ST
OSENI 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	2		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 2 mg/3ml sc soln pen-inj	2		ST
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		ST
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		ST
QTERN 10-5 mg tab, 5-5 mg tab	2		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		ST
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1		ST
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		ST
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	2		ST
STEGLATRO 15 mg tab, 5 mg tab	2		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	2		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	2		ST
VICTOZA 18 mg/3ml sc soln pen-inj	2		ST
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
<i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
ABOUTTIME PEN NEEDLE 30G X 8 MM misc, 31G X 5 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]
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 DUO PRO PEN NEEDLES 31G X 5 MM misc	1		
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
ASSURE ID PRO PEN NEEDLES 30G X 5 MM misc	1		
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	1		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	1		
<i>aum pen needle 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	1		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	1		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>aurora unifine pentips 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(15 / 30), ST
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	1		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD PEN NEEDLE MICRO U/F 32G X 6 MM misc	1		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>misc, 32G X 4 MM misc, 33G X 4 MM misc</i>			
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
CARETOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 33G X 4 MM misc	1		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ml misc	1		
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
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	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 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			
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	1		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 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	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>freds pharmacy unifine pentip+ 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>freds pharmacy unifine pentips 32G X 4 MM misc</i>	1		
<i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>global ease inject pen needles 32G X 4 MM misc</i>	1		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X	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, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	1		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	1		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	1		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
GNP ULTIGUARD 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	1		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	1		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		QL(15 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(6 / 30)
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>insulin lispro 100 unit/ml inj soln</i>	1	HUMALOG	QL(20 / 30)
<i>insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj</i>	1	HUMALOG MIX 75/25 KWIKPEN	QL(20 / 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		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
<i>insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
INSUPEN SENSITIVE 32G X 6 MM misc, 32G X 8 MM misc	1		
INSUPEN ULTRAFIN 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	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</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>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>			
<i>kroger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		
<i>kroger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	1		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	1		
<i>medicine shoppe pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	1		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	1		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM misc	1		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	2		QL(20 / 30)
NOVOLIN R RELION 100 unit/ml inj soln	2		QL(20 / 30)
<i>pc unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>pen needles 5/16" 31G X 8 MM misc</i>	1		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	1		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	1		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
<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,</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>31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>			
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>	1		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>pure comfort pen needle 32G X 4 MM misc</i>	1		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>px extra short pen needles 31G X 6 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
RELION MINI PEN NEEDLES 31G X 6 MM misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
<i>safety pen needles 30G X 5 MM misc, 30G X 8 MM misc</i>	1		
<i>sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc</i>	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
TECHLITE PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>today's health mini pen needles 31G X 6 MM misc</i>	1		
<i>today's health pen needles 29G X 12MM misc</i>	1		
<i>today's health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	2		QL(15 / 30)
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		QL(15 / 30)
<i>true comfort insulin syringe 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" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1		
<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>	1		
<i>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</i>	1		
<i>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</i>	1		
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		

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

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

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

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

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
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>	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	3	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	3	ARIXTRA	PA
FRAGMIN 10000 unit/4ml sc soln, 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	3		PA
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	2		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln	3		PA
<i>azacitidine 100 mg inj susp</i>	3	VIDAZA	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA
MOZOBIL 24 mg/1.2ml sc soln	3		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	3		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	2		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	3		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	3		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	1		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	CORDARONE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	2		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	2		
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	2		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	2		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	2		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	2		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	1	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	2		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
BIDIL 20-37.5 mg tab	2		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	1	CAPOZIDE	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
DIGITEK 250 mcg tab	2		
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	BIDIL	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSEER	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	2		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSpra	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	2		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	2		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	2		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	2		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	2		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
PREVALITE 4 gm/dose oral pwr	2		
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	1	IMDUR	
NITRO-BID 2 % td oint	2		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	2		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	1	NITROSTAT	
NITRO-TIME 9 mg cap er	2		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1	PROCENTRA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	
<i>lisdexamfetamine dimesylate 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap</i>	1		
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	2		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	3		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	3		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	3		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	3	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	3	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	3	TECFIDERA STARTER PACK	PA
<i>fingolimod hcl 0.5 mg cap</i>	3	GILENYA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	3		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	3	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	3		PA
MAYZENT 0.25 mg tab, 2 mg tab	3		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	3		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	3		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	3		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	3	AUBAGIO	PA
TYSABRI 300 mg/15ml iv conc	3		PA
ZEPOSIA 0.92 mg cap	3		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	3		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG & 0.46MG 0.92mg(21) cap pack	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	2		
BOCASAL m/t pckt	2		
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	2		
KEPIVANCE 6.25 mg iv soln	3		PA
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
NEUTRASAL m/t pckt	2		
NUMOISYN m/t liq	2		
ORALONE 0.1 % m/t paste	2		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
SALIVAMAX m/t pckt	2		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACANYA 1.2-2.5 % gel	2		ST
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	3	SORIATANE	PA
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	2		
AVAR CLEANSER 10-5 % ext liq	2		
AVAR-E EMOLLIENT 10-5 % crm	2		
AVAR-E GREEN 10-5 % crm	2		
AVITA 0.025 % crm, 0.025 % gel	2		PA
AZELEX 20 % crm	2		
<i>benzoyl peroxide 8 % gel</i>	1	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BIONECT 0.2 % gel	2		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
CALCITRENE 0.005 % oint	2		
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CLINDACIN ETZ 1 % ext kit	2		
CLINDACIN PAC 1 % ext kit	2		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	2		
CORTANE-B 10-10-1 mg/ml lot	2		
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	3		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	3		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	3		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	3		PA
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DUPIXENT 100 mg/0.67ml sc soln pfs, 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	3		PA
EPIDUO 0.1-2.5 % gel	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
hydrocortisone ace-pramoxine 1-1 % crm	1	ANALPRAM HC	
hydrocort-pramoxine (perianal) 2.5-1 % crm	1	ANALPRAM HC	
imiquimod 5 % crm	1	ALDARA	
imiquimod pump 3.75 % crm	1	ZYCLARA	PA
iodosorb 0.9 % gel	2		
LEVULAN KERASTICK 20 % ext soln	2		
lidocaine-hydrocort (perianal) 3-0.5 % crm	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	1	PERANEX HC	
lidocaine-hydrocortisone ace 2.8-0.55 % rect gel	1	RECTAGEL HC	
methoxsalen rapid 10 mg cap	3	OXSORALEN-ULTRA	PA
metronidazole 0.75 % crm	1	METROCREAM	
metronidazole 0.75 % gel, 1 % gel	1	METROGEL	
metronidazole 0.75 % lot	1	METROLOTION	
NEUAC 1.2-5 % gel	2		
NORITATE 1 % crm	2		
ONEXTON 1.2-3.75 % gel	2		
OVACE PLUS 10 % crm	2		
PANOXYL 2.5 % ext liq	1		
pimecrolimus 1 % crm	1	ELIDEL	
podofilox 0.5 % gel	1		
podofilox 0.5 % ext soln	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	2		
PROCTOFOAM HC 1-1 % foam	2		
PROMISEB crm	2		
PRUDOXIN 5 % crm	2		
RECTIV 0.4 % rect oint	2		
REGRANEX 0.01 % gel	2		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	2		PA
ROSADAN 0.75 % (cream) ext kit, 0.75 % (gel) ext kit	2		
ROSADAN 0.75 % crm, 0.75 % gel	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SANTYL 250 unit/gm oint	2		
SCALACORT DK 2 & 2-2 % ext kit	2		
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	3		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	3		PA
<i>sodium sulfacetamide 10 % shampoo</i>	1		
SORILUX 0.005 % foam	2		
<i>sss 10-5 10-5 % foam</i>	1		
<i>sss 10-5 10-5 % crm</i>	1	PLEXION	
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	3		PA
<i>sulfacetamide sodium 10 % ext liq</i>	1		
<i>sulfacetamide sodium (cleans) 10 % gel</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % crm</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	1	SUMAXIN	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	1	ROSULA CLEANSER	
SYNALAR TS 0.01 % ext kit	2		
TACLONEX 0.005-0.064 % ext susp	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	PA
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	3		PA
<i>tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel</i>	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	2		PA
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
VECTICAL 3 mcg/gm oint	2		
VELTIN 1.2-0.025 % gel	2		ST
VEREGEN 15 % oint	2		
<i>zaclir cleansing 8 % lot</i>	1		
ZIANA 1.2-0.025 % gel	2		ST
ZITHRANOL 1 % shampoo	2		
ZONALON 5 % crm	2		
ZYCLARA 3.75 % crm	2		PA
ZYCLARA PUMP 2.5 % crm	2		
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
<i>ferrous sulfate 220 (44 Fe) mg/5ml soln, 300 mg/6.8ml soln</i>	1		AL
<i>iron supplement 220 (44 Fe) mg/5ml soln</i>	1		AL
ONE VITE FERROUS SULFATE 220 (44 Fe) mg/5ml soln	1		AL
Vitamins [Vitaminas]			
ACTIVNUTRIENTS tab chew	1		AL
ALIVE GUMMIES FOR CHILDREN tab chew	1		AL
ALIVE MULTI-VITAMIN CHILDRENS tab chew	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CENTRUM FLAVOR BURST KIDS tab chew	1		AL
CENTRUM KIDS tab chew	1		AL
<i>childrens gummies tab chew</i>	1		AL
<i>cvs gummy dinos tab chew</i>	1		AL
<i>cvs gummy multivitamin kids tab chew</i>	1		AL
<i>eq multivitamin gummies tab chew</i>	1		AL
<i>eq multivitamins gummy child tab chew</i>	1		AL
<i>eq1 gummies childrens tab chew</i>	1		AL
FLINTSTONES +IMMUNITY SUPPORT tab chew	1		AL
FLINTSTONES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES tab chew	1		AL
FLINTSTONES GUMMIES BONE BUILD tab chew	1		AL
FLINTSTONES GUMMIES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES-IMMUNITY tab chew	1		AL
FLINTSTONES SOUR GUMMIES tab chew	1		AL
FLINTSTONES TODDLER tab chew	1		AL
<i>gnp multi childrens tab chew</i>	1		AL
GUMMI BEAR MULTIVITAMIN/MIN tab chew	1		AL
<i>healthy kids gummies tab chew</i>	1		AL
<i>just 4 kidz multivit/probiotic tab chew</i>	1		AL
<i>multivitamin childrens gummies tab chew</i>	1		AL
<i>multivit-min gummies childrens tab chew</i>	1		AL
MVW COMPLETE FORMULATION tab chew	1		AL
MVW COMPLETE FORMULATION D3000 tab chew	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MVW COMPLETE FORMULATION D5000 tab chew	1		AL
ONE-A-DAY JOLLY RANCHER tab chew	1		AL
SMARTY PANTS KIDS COMPLETE tab chew	1		AL
SPONGEBOB SQUAREPANTS GUMMIES tab chew	1		AL
<i>vitachew multiple vitamin tab chew</i>	1		AL
VITALETS CHILDRENS tab chew	1		AL
YUMVSKIDS MULTI ZERO tab chew	1		AL
ZOO FRIENDS MULTI GUMMIES tab chew	1		AL
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	2		
CYSTAGON 150 mg cap, 50 mg cap	2		
<i>miglustat 100 mg cap</i>	3	ZAVESCA	PA
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	2		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	2		ST
<i>sodium phenylbutyrate 500 mg tab</i>	3	BUPHENYL	PA
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	2		ST
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt,	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]
25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt			
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	2		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	2		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		QL(336 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		QL(360 / 365)
CHENODAL 250 mg tab	2		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
ENTEREG 12 mg cap	2		
<i>metoclopramide hcl 5 mg tab disint</i>	1	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	2		ST
MOTOFEN 1-0.025 mg tab	2		
MOVANTIK 12.5 mg tab, 25 mg tab	2		ST
PYLERA 140-125-125 mg cap	2		QL(360 / 365)
RELISTOR 150 mg tab	2		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	2		ST
SYMPROIC 0.2 mg tab	2		ST
TRULANCE 3 mg tab	2		ST
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		ST
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	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]
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
KRISTALOSE 10 gm pckt, 20 gm pckt	2		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	2		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>dexlansoprazole 30 mg cap dr</i>	1		ST
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	2		
FIRST-OMEPRAZOLE 2 mg/ml susp	2		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
NEXIUM 2.5 mg pckt, 5 mg pckt	2		ST

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	2		
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	1	ZEGERID	QL(90 / 365)
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
<i>pantoprazole sodium 40 mg pckt</i>	1	PROTONIX	ST
PRILOSEC 10 mg pckt, 2.5 mg pckt	2		ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	ST
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	2		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	2		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>trosipium chloride 20 mg tab</i>	1	SANCTURA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>trospium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	2		
ENCARE 100 mg vag supp	2		
HYOPHEN 81.6 mg tab	2		
LITHOSTAT 250 mg tab	2		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	2		
PHENAZO 200 mg tab	2		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
PHOSPHASAL 81.6 mg tab	2		
RIMSO-50 50 % i-vesic soln	2		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	2		
<i>trientine hcl 250 mg cap</i>	3	SYPRINE	PA
URELLE 81 mg tab	2		
URIMAR-T 120 mg tab	2		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-458 81 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
USTELL 120 mg cap	2		
UTIRA-C 81.6 mg tab	2		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	2		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	2		
VILAMIT MB 118 mg cap	2		
VILEVEV MB 81 mg tab	2		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
PHOSLYRA 667 mg/5ml soln	2		
<i>sevelamer carbonate 800 mg tab</i>	1	REVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
ALA SCALP 2 % lot	2		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % oint</i>	1	CYCLOCORT	
<i>amcinonide 0.1 % lot</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	2		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
CAPEX 0.01 % shampoo	2		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % shampoo	2		
CLODERM 0.1 % crm	2		
CORDRAN 4 mcg/sqcm tape	2		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	2		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	2		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % oint	2		
HALOG 0.1 % ext soln	2		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	2		
MEDROL 2 mg tab	2		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	2		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
PANDEL 0.1 % crm	2		
<i>prednicarbate 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	2		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	2		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	2		
SOLU-MEDROL 2 gm inj soln	2		
TEXACORT 2.5 % ext soln	2		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	1	TRIANEX	
TRIANEX 0.05 % oint	2		
VERDESO 0.05 % foam	2		
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CORTROPHIN 80 unit/ml inj gel	3		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>testosterone 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	PA
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	2		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	2		PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	2		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab</i>	2		
<i>AMETHIA 0.15-0.03 & 0.01 mg tab</i>	2		QL(91 / 91)
<i>AMETHYST 90-20 mcg tab</i>	2		QL(28 / 28)
<i>ANGELIQ 0.25-0.5 mg tab, 0.5-1 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]
ARANELLE 0.5/1/0.5-35 mg-mcg tab	2		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
BALZIVA 0.4-35 mg-mcg tab	2		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	2		QL(91 / 91)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	2		
COVARYX 1.25-2.5 mg tab	2		
COVARYX HS 0.625-1.25 mg tab	2		
CYRED 0.15-30 mg-mcg tab	2		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	2		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	2		
DELYLA 0.1-20 mg-mcg tab	2		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	2		
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	1	DESOGEN	QL(28 / 28)
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	2		
DIVIGEL 1 mg/gm td gel	2		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	QL(28 / 28)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	2		
ELINEST 0.3-30 mg-mcg tab	2		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	2		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	2		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	1	DEMULEN	QL(28 / 28)
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	2		
FALMINA 0.1-20 mg-mcg tab	2		QL(28 / 28)
FAYOSIM 42-21-21-7 days tab	2		QL(91 / 91)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2		
INTROVALE 0.15-0.03 mg tab	2		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	2		QL(28 / 28)
JOLESSA 0.15-0.03 mg tab	2		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	2		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	2		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	2		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	2		QL(28 / 28)
LARIN FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	2		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	2		QL(28 / 28)
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	QL(91 / 91)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	AMETHYST 28 DAY	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	2		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	2		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	2		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	2		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
LOSEASONIQUE 0.1-0.02 & 0.01 mg tab	2		QL(91 / 91)
LOW-OGESTREL 0.3-30 mg-mcg tab	2		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	2		QL(28 / 28)
<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	2		
MENOSTAR 14 mcg/24hr tdwk patch	2		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	2		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	2		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	2		QL(28 / 28)
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	2		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	2		QL(28 / 28)
NIKKI 3-0.02 mg tab	2		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	LOESTRIN	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]
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	1	FEMHRT	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	1	FEMCON FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	1	GENERESS FE	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	2		QL(1 / 28)
PHILITH 0.4-35 mg-mcg tab	2		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	2		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	2		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
QUARTETTE 42-21-21-7 days tab	2		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	2		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	2		QL(91 / 91)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	2		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	2		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	2		QL(28 / 28)
TILIA FE 1-20/1-30/1-35 mg-mcg tab	2		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	2		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	2		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	2		QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	2		QL(28 / 28)
VESTURA 3-0.02 mg tab	2		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	2		QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	2		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	2		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	2		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	2		QL(3 / 28)
YUVAFEM 10 mcg vag tab	2		
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	2		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	2		
AFTERPILL 1.5 mg tab	2		
CAMILA 0.35 mg tab	2		QL(28 / 28)
CRINONE 4 % vag gel	2		PA
CURAE 1.5 mg tab	2		
DEBLITANE 0.35 mg tab	2		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	2		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	2		QL(1 / 90)
ECONTRA EZ 1.5 mg tab	2		
ECONTRA ONE-STEP 1.5 mg tab	2		
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	2		PA
HER STYLE 1.5 mg tab	2		
JENCYCLA 0.35 mg tab	2		QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
<i>levonorgestrel 1.5 mg tab</i>	2	PLAN B ONE-STEP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LYZA 0.35 mg tab	2		QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	3	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	3	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	3		PA
MY CHOICE 1.5 mg tab	2		
MY WAY 1.5 mg tab	2		
NEW DAY 1.5 mg tab	2		
NEXPLANON 68 mg sc implant	2		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
NORLYROC 0.35 mg tab	2		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	2		
OPTION 2 1.5 mg tab	2		
PLAN B ONE-STEP 1.5 mg tab	2		
<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	2		
SHAROBEL 0.35 mg tab	2		QL(28 / 28)
TAKE ACTION 1.5 mg tab	2		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab,	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	2		
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	1	TIROSINT	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	2		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap	2		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln,	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]
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	3		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants []			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	3		PA
FIRMAGON 80 mg sc soln	3		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	3		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	3	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	3		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	3		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	3		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	3		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	3		PA
ORLISSA 150 mg tab, 200 mg tab	3		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	3		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
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]			
<i>adalimumab-adbm (2 pen) 40 mg/0.8ml Subcutaneous Auto- injector Kit</i>	3		PA
<i>adalimumab-adbm (2 syringe) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit</i>	3		PA
<i>adalimumab-adbm(cd/uc/hs str) 40 mg/0.8ml Subcutaneous Auto- injector Kit</i>	3		PA
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.8ml Subcutaneous Auto- injector Kit</i>	3		PA
AMJEVITA 10 mg/0.2ml sc soln pfs, 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs, 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto- inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	3		PA
AZASAN 100 mg tab, 75 mg tab	2		PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	3		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	3	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	3	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	3	NEORAL	PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	3		PA
ENBREL MINI 50 mg/ml sc soln cart	3		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	3		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	3	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	3		PA
GENGRAF 100 mg/ml soln	3		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	3		PA
HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	3		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit	3		PA
HUMIRA (2 PEN) 40 mg/0.8ml sc pen-inj kit	3		PA
HUMIRA (2 SYRINGE) 40 mg/0.8ml sc pfs kit	3		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	3		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	3		PA
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml sc pen-inj kit	3		PA
HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	3		PA
<i>infliximab 100 mg iv soln</i>	3		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj soln</i>	3		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	3	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	3	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	3	MYFORTIC	PA
ORENCIA 250 mg iv soln	3		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	3		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	3		PA
RENFLEXIS 100 mg iv soln	3		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	3		PA
SANDIMMUNE 100 mg/ml soln	2		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PROGRAF	PA
<i>temsirolimus 25 mg/ml iv soln</i>	3	TORISEL	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	3		
XELJANZ 10 mg tab, 5 mg tab	3		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	3		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ACTIMMUNE 2000000 unit/0.5ml sc soln	3		PA
ARCALYST 220 mg sc soln	3		PA
ILARIS 150 mg/ml sc soln	2		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	3		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	3		PA
RIDAURA 3 mg cap	2		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	2		
SFROWASA 4 gm/60ml rect enema	2		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
CORTIFOAM 10 % foam	2		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
BINOSTO 70 mg tab eff	2		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	2		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	3	BONIVA	PA
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	3		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	3		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	3		PA
XGEVA 120 mg/1.7ml sc soln	3		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	3	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	3	ZOMETA	PA
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
ACTICARNITINE SF 1 gm/10ml soln	1		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	2		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE THIN dev	2		QL(12 / 30)
DUREX REALFEEL dev	2		QL(12 / 30)
FANTASY LUBRICATED misc	2		QL(12 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FANTASY LUBRICATED/SPERMICIDE misc	2		QL(12 / 30)
FC2 FEMALE CONDOM misc	2		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	2		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	1		
KAMELEON LUBRICATED misc	2		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	2		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	2		QL(12 / 30)
K-Y ME & YOU EXTRA LUBRICATED dev	2		QL(12 / 30)
K-Y ME & YOU INTENSE dev	2		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine (dietary) 1 gm/10ml soln</i>	1		
<i>levocarnitine l-tartrate 330 mg tab</i>	1		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	2		
OMNIFLEX DIAPHRAGM vag diaph	2		
PARAGARD INTRAUTERINE COPPER iud	3		PA
REALITY LATEX CONDOMS misc	2		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	2		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	2		QL(12 / 30)
SOHONOS 5 mg cap	2		
TRUSTEX COLOR CONDOMS + LUBE misc	2		QL(12 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRUSTEX LUB/RIBBED/STUDED misc	2		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	2		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	2		QL(12 / 30)
TRUSTEX LUBRICATED misc	2		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	2		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	2		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	2		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	2		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	2		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	2		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	2		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	2		QL(12 / 30)
TRUSTEX-NONOXYNOL- 9/RIB/STUD misc	2		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	2		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	2		
ALTACAINE 0.5 % ophth soln	2		
ALTACAINE 0.5 % ophth soln	2		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	2		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>cyclopentolate hcl 2 % ophth soln</i>	1	CYCLOGYL	
<i>cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln</i>	1	CYCLOGYL	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	
HOMATROPAIRE 5 % ophth soln	2		
MIOCHOL-E 20 mg i-ocul soln	2		PA
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
RESTASIS 0.05 % ophth emul	2		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	1	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIIL 2 % ophth soln	2		
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
<i>bepotastine besilate 1.5 % ophth soln</i>	1	BEPREVE	
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
CYCLOMYDRIL 0.2-1 % ophth soln	2		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	1	PATADAY	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	2		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	2		
CILOXAN 0.3 % ophth oint	2		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	2		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	2		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	2		
BETOPTIC-S 0.25 % ophth susp	2		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	1	COMBIGAN	
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT	
<i>IOPIDINE 1 % ophth soln</i>	2		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
<i>MIOSTAT 0.01 % i-ocul soln</i>	2		PA
<i>OZURDEX 0.7 mg Intravitreal Implant</i>	3		PA
<i>PHOSPHOLINE IODIDE 0.125 % ophth soln</i>	2		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
<i>RETISERT 0.59 mg Intravitreal Implant</i>	2		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>ACUVAIL 0.45 % ophth soln</i>	2		
<i>ALOMIDE 0.1 % ophth soln</i>	2		
<i>ALREX 0.2 % ophth susp</i>	2		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>FLAREX 0.1 % ophth susp</i>	2		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
<i>FML FORTE 0.25 % ophth susp</i>	2		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth oint	2		
LOTEMAX SM 0.38 % ophth gel	2		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	2		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEVANAC 0.1 % ophth susp	2		
PRED MILD 0.12 % ophth susp	2		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	2		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	2		PA
ZYLET 0.5-0.3 % ophth susp	2		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	2		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
<i>CETRAXAL 0.2 % otic soln</i>	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	QL(30 / 30)
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap</i>	1	VISTARIL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	2		QL(12.2 / 30), ST
ARNUIITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		QL(28 / 30)
ARNUIITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	2		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	2		QL(25 / 25)
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>cvs budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>eq budesonide nasal 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	2		QL(10.6 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	2		QL(12 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	2		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwr br act, 90 mcg/act inh aer pwr br act	2		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	2		
QNASL CHILDRENS 40 mcg/act nasal aer soln	2		
<i>ra budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
ZETONNA 37 mcg/act nasal aer soln	2		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	2		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	2		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SPIRIVA HANDIHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
<i>tiotropium bromide monohydrate 18 mcg inh cap</i>	1		QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	2		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	QL(60 / 30)
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	2	XOPENEX HFA	QL(30 / 30), ST
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwr br act	2		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 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]
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	2		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	2		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	3		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt	3		PA
KITABIS PAK 300 mg/5ml inh neb soln	3		PA
PULMOZYME 2.5 mg/2.5ml inh soln	3		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	3	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	2		
ELIXOPHYLLIN 80 mg/15ml oral elix	2		
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	1	DALIRESP	
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	2		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	1	THEO-DUR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	3		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	3	LETAIRIS	PA
OPSUMIT 10 mg tab	3		PA
<i>sildenafil citrate 20 mg tab</i>	3	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	3	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	3	ADCIRCA	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	3		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
<i>pirfenidone 534 mg tab</i>	3		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	3	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	2		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwr br act	2		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwr br act	2		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwr br act	2		QL(1 / 30), ST
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(10.7 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs	3		PA
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
BREYNA 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1		QL(10.3 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.2 / 30)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	2		QL(13 / 30), ST
FASENRA 30 mg/ml sc soln pfs	3		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	3		PA
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln	2		
NEBUSAL 6 % inh neb soln	2		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		
PULMOSAL 7 % inh neb soln	2		
<i>ribavirin 6 gm inh soln</i>	3	VIRAZOLE	
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	1	HYPERSAL	
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		QL(10.2 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	2		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	2		QL(13.8 / 30)
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	3		PA
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1		QL(60 / 30)
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	2		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
TUSNEL 60-30-400 mg tab	2		
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
BOTOX 200 unit inj soln	3		PA
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>carisoprodol 250 mg tab</i>	1	SOMA	
<i>chlorzoxazone 750 mg tab</i>	1	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	2		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
LORZONE 375 mg tab	2		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	1	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	3		PA
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
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	2		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
ZOLPIMIST 5 mg/act soln	2		
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	
<i>ramelteon 8 mg tab</i>	1	ROZEREM	
XYREM 500 mg/ml soln	3		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	2		AL
ATABEX EC 29-1 mg tab dr	2		
<i>bite-a-mins/iron 15 mg tab chew</i>	1		AL
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	2		AL
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	2		
CEROVITE JR 18 mg tab chew	1		AL
<i>childrens animal shapes 18 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	2		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	2		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	2		
CITRANATAL DHA 27-1 & 250 mg oral misc	2		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	2		
CONCEPT DHA 53.5-38-1 mg cap	2		
CONCEPT OB 130-92.4-1 mg cap	2		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pkt</i>	1		
DUET DHA 400 25-1 & 400 mg oral 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]
DUET DHA BALANCED 25-1 & 267 mg oral misc	2		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	2		
ELITE-OB 50-1.25 mg tab	2		
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eq1 child multivit/minerals 18 mg tab chew</i>	1		AL
FA-8 0.8 mg cap	1		QL(30 / 30), AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	2		AL
<i>ferrous sulfate 300 (60 Fe) mg/5ml soln</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	2	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
<i>fluoritab 0.275 (0.125 F) mg/drop soln</i>	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
FOLIVANE-OB 85-1 mg cap	2		
<i>fruity chews/iron tab chew</i>	1		AL
GALZIN 25 mg cap, 50 mg cap	2		
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>hm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	1		AL
INATAL GT tab	2		
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>iron supplement 15 mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron supplement childrens 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
IRON UP 15 mg/0.5ml liq	2		AL
KLOR-CON 20 meq pckt	2		
KLOR-CON M10 10 meq tab er	2		
KLOR-CON M15 15 meq tab er	2		
KLOR-CON/EF 25 meq tab eff	2		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>kp niacin 500 mg tab</i>	1		
K-PHOS NO 2 305-700 mg tab	2		
K-PRIME 25 meq tab eff	2		
LAND BEFORE TIME			
MULTIVITAMIN 15 mg tab chew	1		AL
MAGNEBIND 400 80-115 mg tab	2		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	PA
NATACHEW 28-1 mg tab chew	2		
NATALVIT tab	2		
NEEVO DHA 27-1.13 mg cap	2		
NESTABS 32-1 mg tab	2		
NESTABS DHA 32-1 mg oral misc	2		
<i>niacin 500 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	2		
NOVAFERRUM 125 mg/5ml liq	2		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	2		AL
OB COMPLETE 50-1.25 mg tab	2		
OB COMPLETE ONE 50-1-476 mg cap	2		
OB COMPLETE PETITE 35-5-1-200 mg cap	2		
OB COMPLETE PREMIER 30-20-1 mg tab	2		
OB COMPLETE/DHA 30-10-1-200 mg cap	2		
OBSTETRIX DHA 29-1 & 350 mg oral misc	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	2		
ORACIT 490-640 mg/5ml soln	2		
<i>pc pediatric iron drops 15 mg/ml soln</i>	2	FER-IN-SOL	AL
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	2		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	2		
PHOSPHO-TRIN K500 500 mg tab	1		
<i>plain niacin 500 mg tab</i>	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROKIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>prenaisance 29-1.25-325 mg cap</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prenaisance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	2		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	2		
PX CHILDRENS VITAMIN 18 mg tab chew	1		AL
<i>px folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	1		
<i>ra no flush niacin 500 mg tab</i>	1		
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
SELECT-OB 29-1 mg tab chew	2		
SELECT-OB+DHA 29-1 & 250 mg oral misc	2		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium fluoride 1.1 (0.5 F) mg tab</i>	1		AL
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
TARON-C DHA 35-1 mg cap	2		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	2		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	2		
<i>true folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>true vitamin b3 500 mg tab</i>	1		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	2		
VINATE II 29-1 mg tab	2		
VINATE ONE 60-1 mg tab	2		
<i>virt-nate dha 28-1-200 mg cap</i>	1		
<i>virt-pn dha 27-0.6-0.4-300 mg cap</i>	1		
VITAFOL-OB tab	2		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	2		
VITAFOL-ONE 29-1-200 mg cap	2		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	2		
VIVA DHA 28-1-200 mg cap	2		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ZATEAN-PN DHA 27-0.6-0.4-300 mg cap	2		
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	2		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	3	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	3	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	3	JADENU SPRINKLE	PA
<i>deferasirox granules 360 mg pckt</i>	3	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	3	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	3		PA
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
SPS 15 gm/60ml susp	2		

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

1	
<i>1st tier unifine pentips</i>	56
<i>1st tier unifine pentips plus</i>	56
A	
<i>abacavir sulfate</i>	50
<i>abacavir sulfate-lamivudine</i>	50
ABATRON	145
<i>abiraterone acetate</i>	37
ABOUTTIME PEN NEEDLE	56
ABRAXANE	38
<i>acamprosate calcium</i>	14
ACANYA	98
<i>acarbose</i>	53
<i>acebutolol hcl</i>	86
<i>acetaminophen-codeine</i>	12
<i>acetazolamide</i>	133
<i>acetazolamide er</i>	133
<i>acetic acid</i>	135
<i>acetylcysteine</i>	141
<i>acitretin</i>	98
ACTICARNITINE SF	129
ACTIMMUNE	128
ACTIVNUTRIENTS	102
ACUVAIL	134
<i>acyclovir</i>	49
<i>adalimumab-adbm (2 pen)</i>	125
<i>adalimumab-adbm (2 syringe)</i>	125
<i>adalimumab-adbm(cd/uc/hs str)</i>	125
<i>adalimumab-adbm(ps/uv starter)</i>	125
<i>adapalene</i>	98
<i>adapalene-benzoyl peroxide</i>	98
ADEMPAS	141
ADRENALIN	141
<i>adult aspirin regimen</i>	6
ADVAIR HFA	141
ADVOCATE INSULIN PEN NEEDLES	57
ADVOCATE INSULIN SYRINGE	57
AFTERA	121
AFTERPILL	121
<i>aimsco lubricated</i>	129
AIRDUO RESPICLICK 113/14	141
AIRDUO RESPICLICK 232/14	141
AIRDUO RESPICLICK 55/14	141
AJOVY	35

AKTEN	132
ALA SCALP	110
<i>ala-cort</i>	110
<i>albendazole</i>	43
<i>albuterol sulfate</i>	139
<i>albuterol sulfate hfa</i>	139
<i>alclometasone dipropionate</i>	110
<i>alendronate sodium</i>	129
ALFERON N	49
<i>alfuzosin hcl er</i>	109
ALIMTA	38
ALINIA	43
<i>aliskiren fumarate</i>	89
ALIVE GUMMIES FOR CHILDREN	102
ALIVE MULTI-VITAMIN CHILDRENS	102
<i>allopurinol</i>	34
<i>almotriptan malate</i>	35
ALOCRI	132
<i>alogliptin benzoate</i>	53
<i>alogliptin-metformin hcl</i>	53
<i>alogliptin-pioglitazone</i>	53
ALOMIDE	134
ALORA	115
<i>alosetron hcl</i>	106
ALPHAGAN P	133
<i>alprazolam</i>	52
<i>alprazolam er</i>	52
ALPRAZOLAM INTENSOL	52
<i>alprazolam xr</i>	52
ALREX	134
ALTABAX	19
ALTACAINE	132
ALTAFRIN	132
ALTOPREV	92
ALVESCO	137
<i>alvimopan</i>	105
<i>alyacen 1/35</i>	115
<i>alyacen 7/7/7</i>	115
AMABELZ	115
<i>amantadine hcl</i>	44
<i>ambrisentan</i>	141
<i>amcinonide</i>	110
AMETHIA	115
AMETHYST	115
<i>amiloride hcl</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>amiloride-hydrochlorothiazide</i>	89	ASMANEX (14 METERED DOSES)	137
<i>aminocaproic acid</i>	84	ASMANEX (30 METERED DOSES)	137
<i>amiodarone hcl</i>	85	ASMANEX (60 METERED DOSES)	137
<i>amitriptyline hcl</i>	30	ASMANEX HFA	137
AMJEVITA	125	<i>aspirin</i>	6
<i>amlodipine besy-benazepril hcl</i>	89	<i>aspirin 81</i>	6
<i>amlodipine besylate</i>	87	<i>aspirin adult low dose</i>	6
<i>amlodipine besylate-valsartan</i>	89	<i>aspirin adult low strength</i>	6
<i>amlodipine-atorvastatin</i>	89	<i>aspirin childrens</i>	6
<i>amlodipine-olmesartan</i>	89	<i>aspirin ec low dose</i>	6
<i>amlodipine-valsartan-hctz</i>	89	<i>aspirin ec low strength</i>	6
<i>amoxapine</i>	30	<i>aspirin low dose</i>	6
<i>amoxicill-clarithro-lansopraz</i>	105	<i>aspirin regimen</i>	6
<i>amoxicillin</i>	21	<i>aspirin-dipyridamole er</i>	84
<i>amoxicillin-pot clavulanate</i>	21	ASSURE ID DUO PRO PEN NEEDLES	57
<i>amoxicillin-pot clavulanate er</i>	21	ASSURE ID INSULIN SAFETY SYR.....	57
<i>amphetamine-dextroamphet er</i>	94	ASSURE ID PRO PEN NEEDLES	57
<i>amphetamine-dextroamphetamine</i>	94	ASSURE ID SAFETY PEN NEEDLES	57
<i>ampicillin</i>	21	ATABEX EC	145
<i>anagrelide hcl</i>	83	<i>atazanavir sulfate</i>	51
ANALPRAM-HC.....	98	<i>atenolol</i>	86
<i>anastrozole</i>	41	<i>atenolol-chlorthalidone</i>	89
ANGELIQ.....	115	<i>atomoxetine hcl</i>	95
<i>anucort-hc</i>	34	<i>atorvastatin calcium</i>	92
ANZEMET.....	31	<i>atovaquone</i>	43
APEXICON E	110	<i>atovaquone-proguanil hcl</i>	43
APLENZIN	28	ATROPEN.....	105
<i>apomorphine hcl</i>	45	<i>atropine sulfate</i>	132
<i>apraclonidine hcl</i>	133	ATROVENT HFA.....	138
<i>aprepitant</i>	32	AUBAGIO.....	97
APTIVUS.....	51	AUGMENTIN.....	21
AQUORAL	98	<i>aum insulin safety pen needle</i>	57
ARANELLE	116	<i>aum mini insulin pen needle</i>	57
ARANESP (ALBUMIN FREE).....	83	<i>aum pen needle</i>	57
ARCALYST.....	128	AUM READYGARD DUO PEN NEEDLE	57
<i>arformoterol tartrate</i>	139	AUM SAFETY PEN NEEDLE.....	57, 58
<i>aripiprazole</i>	47	<i>aurora pen needles</i>	58
<i>armodafinil</i>	144	<i>aurora unifine pentips</i>	58
ARMOUR THYROID	122	AVAR CLEANSER	98
ARNUITY ELLIPTA.....	137	AVAR-E EMOLLIENT.....	98
ARRANON.....	38	AVAR-E GREEN	98
<i>arsenic trioxide</i>	38	<i>avidoxy</i>	23
ARZERRA.....	42	AVIDOXY DK	23
ASCOMP-CODEINE.....	12	AVITA.....	98
<i>asenapine maleate</i>	47	AVONEX PEN.....	97
ASMANEX (120 METERED DOSES).....	137	AVONEX PREFILLED.....	97

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

azacitidine	83
AZASAN.....	125
AZASITE.....	133
azathioprine	125
azelastine hcl	132, 136
azelastine-fluticasone	136
AZELEX.....	98
azithromycin.....	22
AZURETTE.....	116

B

BAC	6
<i>bacitracin</i>	19, 133
<i>bacitracin-polymyxin b</i>	132
<i>bacitra-neomycin-polymyxin-hc</i>	134
<i>baclofen</i>	48
BALZIVA	116
BANZEL.....	26
BAQSIMI ONE PACK	56
BAQSIMI TWO PACK.....	56
BASAGLAR KWIKPEN.....	58
BAYER ADVANCED ASPIRIN REG ST	6
BAYER ASPIRIN	7
BAYER ASPIRIN EC LOW DOSE	7
BAYER LOW DOSE	7
BD AUTOSHIELD DUO	58
BD INSULIN SYR ULTRAFINE II.....	58
BD INSULIN SYRINGE.....	58
BD INSULIN SYRINGE HALF-UNIT	58
BD INSULIN SYRINGE MICROFINE.....	58
BD INSULIN SYRINGE U/F	58
BD INSULIN SYRINGE U/F 1/2UNIT.....	58
BD INSULIN SYRINGE ULTRAFINE.....	58
BD PEN NEEDLE MICRO U/F.....	58
BD PEN NEEDLE MINI U/F	58
BD PEN NEEDLE NANO 2ND GEN	59
BD PEN NEEDLE NANO U/F	59
BD PEN NEEDLE ORIGINAL U/F	59
BD PEN NEEDLE SHORT U/F	59
BD SAFETYGLIDE INSULIN SYRINGE	59
BD VEO INSULIN SYR U/F 1/2UNIT	59
BD VEO INSULIN SYRINGE U/F	59
BECONASE AQ.....	137
<i>benazepril hcl</i>	85
<i>benazepril-hydrochlorothiazide</i>	89
<i>bendamustine hcl</i>	38
BENDEKA.....	38

BENLYSTA	125, 126
<i>benzonatate</i>	141
<i>benzoyl peroxide</i>	98
<i>benzoyl peroxide-erythromycin</i>	98
<i>benztropine mesylate</i>	44
<i>bepotastine besilate</i>	132
BESIVANCE.....	133
BETADINE OPHTHALMIC PREP	19
<i>betamethasone dipropionate</i>	110
<i>betamethasone dipropionate aug</i>	110
<i>betamethasone sod phos & acet</i>	111
<i>betamethasone valerate</i>	111
<i>betaxolol hcl</i>	86, 133
<i>bethanechol chloride</i>	109
BETIMOL	133
BETOPTIC-S.....	133
BEVESPI AEROSPHERE	141
<i>bexarotene</i>	42
BEYFORTUS	142
<i>bicalutamide</i>	37
BICILLIN C-R	21
BICILLIN C-R 900/300	21
BICILLIN L-A.....	21
BIDIL	89
BIKTARVY	50
<i>bimatoprost</i>	135
BINOSTO	129
BIONECT	99
<i>bismuth/metronidaz/tetracyclin</i>	106
<i>bisoprolol fumarate</i>	86
<i>bisoprolol-hydrochlorothiazide</i>	89
<i>bite-a-mins/iron</i>	145
<i>bleomycin sulfate</i>	38
BLISOVI FE 1.5/30.....	116
BLISOVI FE 1/20.....	116
BOCASAL	98
<i>bortezomib</i>	38
BOSULIF.....	41
BOTOX.....	143
<i>bp 10-1</i>	99
<i>bp cleansing wash</i>	99
<i>bp wash</i>	99
<i>bpo foaming cloths</i>	99
BPROTECTED PEDIA IRON	145
BPROTECTED PEDIA POLY-VITE/FE.....	145
BREO ELLIPTA.....	142

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

BREYNA	142	<i>capecitabine</i>	37
<i>briellyn</i>	116	CAPEX	111
BRILINTA	84	CAPRELSA	41
<i>brimonidine tartrate</i>	133	<i>captopril</i>	85
<i>brimonidine tartrate-timolol</i>	133	<i>captopril-hydrochlorothiazide</i>	90
<i>brinzolamide</i>	133	CARAC	38
<i>bromfenac sodium (once-daily)</i>	134	<i>carbamazepine</i>	26
<i>bromocriptine mesylate</i>	44	<i>carbamazepine er</i>	26
<i>budesonide</i>	128, 137	CARBATROL	26
<i>budesonide-formoterol fumarate</i>	142	<i>carbidopa</i>	45
<i>bumetanide</i>	91	<i>carbidopa-levodopa</i>	45
BUPAP	6	<i>carbidopa-levodopa er</i>	45
<i>buprenorphine</i>	11	<i>carbidopa-levodopa-entacapone</i>	45
<i>buprenorphine hcl</i>	15	<i>carbinoxamine maleate</i>	136
<i>buprenorphine hcl-naloxone hcl</i>	15	<i>carboplatin</i>	40
<i>bupropion hcl</i>	28	CARDIZEM LA	87
<i>bupropion hcl er (smoking det)</i>	15	CARDURA XL	109
<i>bupropion hcl er (sr)</i>	28	CAREFINE PEN NEEDLES	59
<i>bupropion hcl er (xl)</i>	28	<i>careone insulin syringe</i>	59
<i>bupirone hcl</i>	52	<i>careone unifine pentips</i>	59
<i>busulfan</i>	36	<i>careone unifine pentips plus</i>	59
<i>butalbital-acetaminophen</i>	6	CARETOUCH INSULIN SYRINGE	60
<i>butalbital-apap-caff-cod</i>	12	CARETOUCH PEN NEEDLES	60
<i>butalbital-apap-caffeine</i>	6	<i>carglumic acid</i>	102
<i>butalbital-asa-caff-codeine</i>	12	<i>carisoprodol</i>	143
<i>butalbital-aspirin-caffeine</i>	6	<i>carmustine</i>	38
<i>butorphanol tartrate</i>	12	<i>carteolol hcl</i>	133
BYDUREON BCISE	53	<i>carvedilol</i>	86
BYETTA 10 MCG PEN	54	<i>carvedilol phosphate er</i>	87
BYETTA 5 MCG PEN	54	CAYA	129
BYSTOLIC	86	CAYSTON	140
C		<i>cefaclor</i>	20
<i>cabergoline</i>	124	<i>cefaclor er</i>	20
CALCIFOL	145	<i>cefadroxil</i>	20
<i>calcipotriene</i>	99	<i>cefdinir</i>	20
<i>calcipotriene-betameth diprop</i>	99	<i>cefixime</i>	20
<i>calcitonin (salmon)</i>	129	<i>cefpodoxime proxetil</i>	20
CALCITRENE	99	<i>cefprozil</i>	20
<i>calcitriol</i>	99, 129	<i>ceftriaxone sodium</i>	20
<i>calcium acetate (phos binder)</i>	110	<i>cefuroxime axetil</i>	20
CAMBIA	7	<i>celecoxib</i>	7
CAMILA	121	CELONTIN	24
CAMRESE	116	CENTANY	19
CAMRESE LO	116	CENTANY AT	19
<i>candesartan cilexetil</i>	85	CENTRUM FLAVOR BURST KIDS	103
<i>candesartan cilexetil-hctz</i>	90	CENTRUM KIDS	103

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

<i>cephalexin</i>	20	<i>clickfine pen needles</i>	60
CEROVITE JR.....	145	CLICKFINE PEN NEEDLES.....	60
<i>cetirizine hcl</i>	136	CLIMARA PRO.....	116
CETRAXAL.....	136	CLINDACIN ETZ.....	19, 99
<i>cevimeline hcl</i>	98	CLINDACIN PAC.....	99
CHEMET.....	150	CLINDACIN-P.....	19
CHENODAL.....	106	CLINDAGEL.....	19
<i>childrens animal shapes</i>	145	<i>clindamycin hcl</i>	19
<i>childrens aspirin</i>	7	<i>clindamycin palmitate hcl</i>	19
<i>childrens gummies</i>	103	<i>clindamycin phos-benzoyl perox</i>	99
<i>chlordiazepoxide hcl</i>	52	<i>clindamycin phosphate</i>	19
<i>chlordiazepoxide-amitriptyline</i>	30	<i>clindamycin-tretinoin</i>	99
<i>chlordiazepoxide-clidinium</i>	105	<i>clobazam</i>	24
<i>chloroquine phosphate</i>	43	<i>clobetasol prop emollient base</i>	111
<i>chlorpromazine hcl</i>	46	<i>clobetasol propionate</i>	111
<i>chlorthalidone</i>	92	<i>clobetasol propionate e</i>	111
<i>chlorzoxazone</i>	143	<i>clobetasol propionate emulsion</i>	111
<i>cholestyramine</i>	93	<i>clocortolone pivalate</i>	111
<i>cholestyramine light</i>	93	CLODAN.....	111
CICLODAN.....	32	CLODERM.....	111
<i>ciclopirox</i>	32	<i>clofarabine</i>	38
<i>ciclopirox olamine</i>	32	<i>clomipramine hcl</i>	30
<i>ciclopirox treatment</i>	32	<i>clonazepam</i>	24
<i>cilostazol</i>	84	<i>clonidine</i>	84
CILOXAN.....	133	<i>clonidine hcl</i>	84
<i>cimetidine</i>	106	<i>clonidine hcl er</i>	95
<i>cimetidine hcl</i>	106	<i>clopidogrel bisulfate</i>	84
<i>cinacalcet hcl</i>	124	<i>clorazepate dipotassium</i>	52
CIPRO.....	22	<i>clotrimazole</i>	32
CIPRO HC.....	135	<i>clotrimazole-betamethasone</i>	32
<i>ciprofloxacin</i>	22	<i>clozapine</i>	48
<i>ciprofloxacin hcl</i>	22, 133, 136	<i>c-nate dha</i>	145
<i>ciprofloxacin-dexamethasone</i>	135	COARTEM.....	43
<i>cisplatin</i>	38	<i>codeine sulfate</i>	12
<i>citalopram hydrobromide</i>	29	<i>colchicine</i>	34
CITRANATAL 90 DHA.....	145	<i>colchicine-probenecid</i>	34
CITRANATAL ASSURE.....	145	<i>colesevelam hcl</i>	93
CITRANATAL B-CALM.....	145	<i>colestipol hcl</i>	93
CITRANATAL DHA.....	145	COMBIGAN.....	133
<i>cladribine</i>	38	COMBIPATCH.....	116
CLARINEX-D 12 HOUR.....	143	COMBIVENT RESPIMAT.....	138
<i>clarithromycin</i>	22	COMFORT ASSIST INSULIN SYRINGE.....	60
<i>clarithromycin er</i>	22	COMFORT EZ INSULIN SYRINGE.....	60
<i>clemastine fumarate</i>	136	COMFORT EZ MICRO PEN NEEDLES.....	60
CLEOCIN.....	19	COMFORT EZ PEN NEEDLES.....	60
CLEVER CHOICE COMFORT EZ.....	60	COMFORT EZ PRO PEN NEEDLES.....	61

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

COMFORT EZ SHORT PEN NEEDLES.....	61	<i>cyclobenzaprine hcl</i>	143, 144
COMFORT TOUCH INSULIN PEN NEED.....	61	CYCLOMYDRIL	132
COMPLERA.....	50	<i>cyclopentolate hcl</i>	132
<i>complete natal dha</i>	145	<i>cyclophosphamide</i>	36, 37
<i>completenate</i>	145	<i>cycloserine</i>	36
COMPRO.....	46	CYCLOSET	54
CO-NATAL FA	145	<i>cyclosporine</i>	126, 132
CONCEPT DHA.....	145	<i>cyclosporine modified</i>	126
CONCEPT OB	145	<i>cyproheptadine hcl</i>	136
<i>condoms</i>	129	CYRAMZA.....	41
CONDYLOX.....	99	CYRED.....	116
<i>constulose</i>	107	CYSTAGON.....	104
CONZIP	11	<i>cytarabine</i>	38
CORDRAN.....	111	<i>cytarabine (pf)</i>	38
CORTANE-B.....	99	<i>cytra k crystals</i>	145
CORTIFOAM	128	D	
<i>cortisone acetate</i>	111	<i>dabigatran etexilate mesylate</i>	82
CORTROPHIN.....	114	<i>dacarbazine</i>	38
COSENTYX	99	<i>dactinomycin</i>	38
COSENTYX (300 MG DOSE).....	99	<i>dalfampridine er</i>	97
COSENTYX SENSOREADY (300 MG).....	99	DALIRESP	140
COSENTYX SENSOREADY PEN.....	99	<i>danazol</i>	115
COVARYX	116	<i>dantrolene sodium</i>	49
COVARYX HS	116	<i>dapsone</i>	36, 99
CREON.....	104	<i>darifenacin hydrobromide er</i>	108
CRESEMBA.....	32	<i>darunavir</i>	51
CRINONE	121	DASETTA 1/35.....	116
<i>cromolyn sodium</i>	106, 132, 140	DASETTA 7/7/7.....	116
CROTAN.....	43	<i>daunorubicin hcl</i>	38
CURAE	121	DAYSEE.....	116
<i>cvs aspirin</i>	7	DAYTRANA.....	95
<i>cvs aspirin adult low dose</i>	7	DEBLITANE	121
<i>cvs aspirin adult low strength</i>	7	<i>decitabine</i>	38
<i>cvs aspirin ec</i>	7	<i>deferasirox</i>	150
<i>cvs aspirin low dose</i>	7	<i>deferasirox granules</i>	150
<i>cvs aspirin low strength</i>	7	<i>deferiprone</i>	150
<i>cvs budesonide</i>	137	DELESTROGEN	116
<i>cvs chewable childrens vitamin</i>	145	DELYLA	116
<i>cvs childrens complete</i>	145	<i>demeclocycline hcl</i>	23
<i>cvs folic acid</i>	145	DEMEROL	12
<i>cvs genuine aspirin</i>	7	DENAVIR	49
<i>cvs gummy dinos</i>	103	DEPAKOTE.....	24
<i>cvs gummy multivitamin kids</i>	103	DEPAKOTE ER.....	24
<i>cvs ivermectin lice treatment</i>	43	DEPAKOTE SPRINKLES.....	24
<i>cvs nicotine</i>	15	DEPO-ESTRADIOL.....	116
<i>cvs nicotine polacrilex</i>	15	DEPO-MEDROL	111

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

DEPO-PROVERA	121	<i>diltiazem hcl er beads</i>	88
DEPO-SUBQ PROVERA 104	121	<i>diltiazem hcl er coated beads</i>	88
DERMAZENE	32	<i>dilt-xr</i>	88
<i>desipramine hcl</i>	30	<i>dimenhydrinate</i>	31
<i>desloratadine</i>	136	<i>dimethyl fumarate</i>	97
<i>desmopressin ace spray refrig</i>	114	<i>dimethyl fumarate starter pack</i>	97
<i>desmopressin acetate</i>	114	<i>diphenhydramine hcl</i>	136
<i>desmopressin acetate spray</i>	115	<i>diphenoxylate-atropine</i>	106
<i>desogestrel-ethinyl estradiol</i>	116	<i>dipyridamole</i>	84
<i>desonide</i>	111	<i>disopyramide phosphate</i>	86
<i>desoximetasone</i>	111	<i>disulfiram</i>	14
<i>desvenlafaxine succinate er</i>	29	DIURIL	92
<i>dexamethasone</i>	111, 112	<i>divalproex sodium</i>	25
DEXAMETHASONE INTENSOL.....	112	<i>divalproex sodium er</i>	25
<i>dexamethasone sod phosphate pf</i>	112	DIVIGEL.....	116
<i>dexamethasone sodium phosphate</i> ...	112, 133	<i>docetaxel</i>	39
DEXILANT	107	<i>dofetilide</i>	86
<i>dexlansoprazole</i>	107	<i>donepezil hcl</i>	27
<i>dexmethylphenidate hcl</i>	95	DORAL.....	53
<i>dexmethylphenidate hcl er</i>	95	<i>dorzolamide hcl</i>	134
<i>dexrazoxane hcl</i>	38	<i>dorzolamide hcl-timolol mal</i>	134
<i>dextroamphetamine sulfate</i>	94	<i>dorzolamide hcl-timolol mal pf</i>	134
<i>dextroamphetamine sulfate er</i>	95	DOVATO	50
DIASTAT ACUDIAL	24	<i>doxazosin mesylate</i>	109
DIATHRIVE PEN NEEDLE	61	<i>doxepin hcl</i>	30, 31
<i>diazepam</i>	25, 52	<i>doxercalciferol</i>	129
DIAZEPAM INTENSOL.....	53	<i>doxorubicin hcl</i>	39
<i>diazoxide</i>	56	<i>doxorubicin hcl liposomal</i>	39
<i>diclofenac epolamine</i>	7	<i>doxycycline</i>	99
<i>diclofenac potassium</i>	7	<i>doxycycline hyclate</i>	23
<i>diclofenac sodium</i>	7, 134	<i>doxycycline monohydrate</i>	23
<i>diclofenac sodium er</i>	7	<i>doxylamine-pyridoxine</i>	31
<i>diclofenac-misoprostol</i>	7	<i>dronabinol</i>	32
<i>dicloxacillin sodium</i>	21	<i>droperidol</i>	52
<i>dicyclomine hcl</i>	105	DROPLET INSULIN SYRINGE	61
DIFICID	22	DROPLET PEN NEEDLES	61
<i>diflorasone diacetate</i>	112	<i>dropsafe safety pen needles</i>	62
<i>diflunisal</i>	7	<i>drospiren-eth estrad-levomefol</i>	116
<i>difluprednate</i>	133	<i>drospirenone-ethinyl estradiol</i>	116, 117
DIGITEK.....	90	DROXIA	38
<i>digoxin</i>	90	<i>drug mart unifine pentips</i>	62
<i>dihydroergotamine mesylate</i>	35	<i>drug mart unifine pentips plus</i>	62
DILANTIN.....	26	DUET DHA 400.....	145
DILANTIN INFATABS	26	DUET DHA BALANCED.....	146
<i>diltiazem hcl</i>	87	DULERA.....	142
<i>diltiazem hcl er</i>	87, 88	<i>duloxetine hcl</i>	29

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

DUPIXENT.....	99	EMTRIVA.....	50
DUREX EXTRA SENSITIVE THIN.....	129	<i>enalapril maleate</i>	85
DUREX REALFEEL.....	129	<i>enalapril-hydrochlorothiazide</i>	90
<i>dutasteride</i>	109	ENBREL.....	126
<i>dutasteride-tamsulosin hcl</i>	109	ENBREL MINI.....	126
DYSPORT.....	144	ENBREL SURECLICK.....	126
E		ENCARE.....	109
E.E.S. 400.....	22	<i>endocet</i>	12
<i>easy comfort insulin syringe</i>	62	ENDOCET.....	12
<i>easy comfort pen needles</i>	62	<i>enovarx-cyclobenzaprine hcl</i>	144
<i>easy glide pen needles</i>	62	<i>enoxaparin sodium</i>	82
EASY TOUCH FLIPLOCK INSULIN SY.....	62	<i>entacapone</i>	44
EASY TOUCH INSULIN SAFETY SYR.....	62	<i>entecavir</i>	49
EASY TOUCH INSULIN SYRINGE.....	62, 63	ENTEREG.....	106
EASY TOUCH PEN NEEDLES.....	63	ENTRESTO.....	90
EASY TOUCH SAFETY PEN NEEDLES.....	63	<i>enulose</i>	107
EASY TOUCH SHEATHLOCK SYRINGE.....	63	EPIDUO.....	99
<i>econazole nitrate</i>	32	EPIFOAM.....	34
ECONTRA EZ.....	121	<i>epinastine hcl</i>	133
ECONTRA ONE-STEP.....	121	<i>eplerenone</i>	91
ECOTRIN.....	7	EPOGEN.....	83
ECOTRIN ARTHRITIS PAIN.....	7	<i>eq aspirin</i>	7
ECOTRIN LOW STRENGTH.....	7	<i>eq aspirin adult low dose</i>	7
EDLUAR.....	144	<i>eq aspirin low dose</i>	8
EDURANT.....	50	<i>eq budesonide nasal</i>	137
<i>efavirenz</i>	50	<i>eq complete multivitamin child</i>	146
<i>efavirenz-emtricitab-tenofo df</i>	50	<i>eq multivitamin gummies</i>	103
EFFER-K.....	146	<i>eq multivitamins gummy child</i>	103
ELESTRIN.....	117	<i>eq nicotine</i>	15
<i>eletriptan hydrobromide</i>	35	<i>eq nicotine polacrilex</i>	15
ELIGARD.....	124	<i>eq nicotine step 3</i>	15
ELINEST.....	117	<i>eql aspirin ec</i>	8
ELIQUIS.....	82	<i>eql aspirin low dose</i>	8
ELIQUIS DVT/PE STARTER PACK.....	82	<i>eql child multivit/minerals</i>	146
ELITE-OB.....	146	<i>eql gummies childrens</i>	103
ELIXOPHYLLIN.....	140	<i>eql insulin syringe</i>	63
ELLA.....	121	<i>eql nicotine polacrilex</i>	15
ELMIRON.....	109	EQUETRO.....	26
EMBRACE PEN NEEDLES.....	63	ERBITUX.....	42
EMCYT.....	37	<i>ergoloid mesylates</i>	27
EMEND.....	32	ERGOMAR.....	35
EMGALITY.....	35	<i>ergotamine-caffeine</i>	35
EMGALITY (300 MG DOSE).....	35	ERIVEDGE.....	41
EMSAM.....	29	ERLEADA.....	37
<i>emtricitabine</i>	50	<i>erlotinib hcl</i>	41
<i>emtricitabine-tenofovir df</i>	50	ERTACZO.....	32

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

<i>ery</i>	22	FASENRA	142
ERY-TAB	22	FASENRA PEN	142
ERYTHROCIN STEARATE	22	FAYOSIM	117
<i>erythromycin</i>	22, 133	FC2 FEMALE CONDOM	130
<i>erythromycin base</i>	22	<i>febuxostat</i>	34
<i>erythromycin ethylsuccinate</i>	22	<i>felbamate</i>	25
<i>escitalopram oxalate</i>	29	<i>felodipine er</i>	88
<i>esomeprazole magnesium</i>	107	FEM PH.....	19
<i>est estrogens-methyltest</i>	117	FEMCAP	130
<i>est estrogens-methyltest ds</i>	117	FEMRING.....	117
<i>est estrogens-methyltest hs</i>	117	<i>fenofibrate</i>	92
<i>estazolam</i>	53	<i>fenofibrate micronized</i>	92
<i>estradiol</i>	117	<i>fenofibric acid</i>	92
<i>estradiol valerate</i>	117	<i>fenoprofen calcium</i>	8
<i>estradiol-norethindrone acet</i>	117	<i>fentanyl</i>	11
ESTRING.....	117	<i>fentanyl citrate</i>	12
ESTROGEL	117	FENTORA	12
<i>eszopiclone</i>	144	FER-IN-SOL	146
<i>ethacrynic acid</i>	91	FERRIPROX	150
<i>ethambutol hcl</i>	36	<i>ferrous sulfate</i>	102, 146
<i>ethosuximide</i>	24	<i>fe-vite iron</i>	146
<i>ethyl chloride</i>	14	FIBRICOR	92
<i>ethynodiol diac-eth estradiol</i>	117	FIFTY50 PEN NEEDLES	64
<i>etodolac</i>	8	FIFTY50 SUPERIOR COMFORT SYR	64
<i>etodolac er</i>	8	<i>finasteride</i>	109
<i>etonogestrel-ethinyl estradiol</i>	117	<i>fingolimod hcl</i>	97
ETOPOPHOS	41	FIRMAGON.....	124
<i>etoposide</i>	41	FIRMAGON (240 MG DOSE).....	124
<i>etravirine</i>	50	FIRST-LANSOPRAZOLE	107
EVAMIST	117	FIRST-MOUTHWASH BLM	98
<i>everolimus</i>	41, 126	FIRST-OMEPRAZOLE.....	107
EXELDERM	32	FIRST-PROGESTERONE VGS	121
<i>exemestane</i>	41	FIRVANQ	19
EXODERM.....	32	FLAREX	134
<i>ezetimibe</i>	93	<i>flavoxate hcl</i>	108
<i>ezetimibe-simvastatin</i>	93	<i>flecainide acetate</i>	86
F		FLINTSTONES +IMMUNITY SUPPORT	103
FA-8.....	146	FLINTSTONES COMPLETE.....	103, 146
FALMINA	117	FLINTSTONES GUMMIES	103
<i>famciclovir</i>	49	FLINTSTONES GUMMIES BONE BUILD...	103
<i>famotidine</i>	106	FLINTSTONES GUMMIES COMPLETE.....	103
FANAPT.....	47	FLINTSTONES GUMMIES-IMMUNITY.....	103
FANAPT TITRATION PACK	47	FLINTSTONES PLUS EXTRA IRON	146
FANTASY LUBRICATED.....	129	FLINTSTONES SOUR GUMMIES	103
FANTASY LUBRICATED/SPERMICIDE	130	FLINTSTONES TODDLER	103
FARXIGA.....	54	FLINTSTONES W/IRON	146

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

FLOVENT DISKUS	137	<i>fruity chews/iron</i>	146
FLOVENT HFA	137, 138	<i>ft aspirin</i>	8
<i>floxuridine</i>	39	<i>ft aspirin low dose</i>	8
<i>fluconazole</i>	33	<i>ft enteric coated aspirin</i>	8
<i>flucytosine</i>	33	<i>ft nicotine</i>	16
<i>fludarabine phosphate</i>	40	<i>ft nicotine mini</i>	16
<i>fludrocortisone acetate</i>	112	<i>fulvestrant</i>	39
<i>flunisolide</i>	138	<i>furosemide</i>	91
<i>fluocinolone acetonide</i>	112, 136	FUZEON	51
<i>fluocinolone acetonide body</i>	112	FYAVOLV.....	118
<i>fluocinolone acetonide scalp</i>	112	G	
<i>fluocinonide</i>	112	<i>gabapentin</i>	25
<i>fluocinonide emulsified base</i>	112	<i>galantamine hydrobromide</i>	27
<i>fluoritab</i>	146	<i>galantamine hydrobromide er</i>	27
<i>fluorometholone</i>	134	GALZIN	146
<i>fluorouracil</i>	38, 39	<i>gatifloxacin</i>	133
<i>fluoxetine hcl</i>	29	GAZYVA.....	42
<i>fluoxetine hcl (pmdd)</i>	29	GEBAUERS PAIN EASE	14
<i>fluphenazine decanoate</i>	46	GEBAUERS SPRAY AND STRETCH.....	14
<i>fluphenazine hcl</i>	46	GELNIQUE.....	108
<i>flurandrenolide</i>	112	<i>gemcitabine hcl</i>	39
<i>flurazepam hcl</i>	144	<i>gemfibrozil</i>	92
<i>flurbiprofen</i>	8	<i>generlac</i>	107
<i>flurbiprofen sodium</i>	134	GENGRAF	126
<i>fluticasone propionate</i>	112, 138	GENTAK	133
<i>fluticasone-salmeterol</i>	142	<i>gentamicin sulfate</i>	18, 133
<i>fluvastatin sodium</i>	92	<i>genuine aspirin</i>	8
<i>fluvoxamine maleate</i>	29	GILENYA.....	97
<i>fluvoxamine maleate er</i>	29	<i>glatiramer acetate</i>	97
FML FORTE.....	134	GLEOSTINE.....	37
<i>folate</i>	146	<i>g-levocarnitine s/f</i>	130
<i>folic acid</i>	146	<i>glimepiride</i>	54
FOLIVANE-OB.....	146	<i>glipizide</i>	54
<i>fondaparinux sodium</i>	82	<i>glipizide er</i>	54
FORFIVO XL.....	28	<i>glipizide xl</i>	54
<i>formoterol fumarate</i>	139	<i>glipizide-metformin hcl</i>	54
FOSAMAX PLUS D	129	<i>global ease inject pen needles</i>	64
<i>fosamprenavir calcium</i>	51	<i>global easy glide insulin syr</i>	64
<i>fosfomycin tromethamine</i>	19	<i>global easy glide pen needles</i>	64
<i>fosinopril sodium</i>	85	<i>global inject ease insulin syr</i>	64
<i>fosinopril sodium-hctz</i>	90	<i>global insulin syringes</i>	64
<i>fosphenytoin sodium</i>	26	<i>glucagon emergency</i>	56
FRAGMIN	82	GLUCOPRO INSULIN SYRINGE.....	64
<i>freds pharmacy unifine pentip+</i>	64	<i>glyburide</i>	54
<i>freds pharmacy unifine pentips</i>	64	<i>glyburide micronized</i>	54
<i>frovatriptan succinate</i>	35	<i>glyburide-metformin</i>	54

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

<i>glycopyrrolate</i>	105	<i>healthwise insulin syr/needle</i>	66
GLYDO	14	<i>healthwise micron pen needles</i>	66
GLYXAMBI.....	54	<i>healthwise mini pen needles</i>	66
<i>gnp adult aspirin low strength</i>	8	<i>healthwise pen needles</i>	66
<i>gnp aspirin</i>	8	<i>healthwise short pen needles</i>	66
<i>gnp aspirin low dose</i>	8	<i>healthwise unifine pentips</i>	66
<i>gnp budesonide nasal spray</i>	138	<i>healthy accents unifine pentip</i>	66
<i>gnp childrens chewables/iron</i>	146	<i>healthy kids gummies</i>	103
<i>gnp clickfine pen needles</i>	65	<i>h-e-b aspirin</i>	8
<i>gnp folic acid</i>	146	<i>h-e-b incontrol pen needles</i>	66
<i>gnp insulin syringe</i>	65	H-E-B INCONTROL UNIFINE PENTIP	66
<i>gnp insulin syringes</i>	65	HER STYLE	121
<i>gnp insulin syringes 28gx1/2</i>	65	<i>hm adult aspirin</i>	8
<i>gnp insulin syringes 29gx1/2</i>	65	<i>hm aspirin</i>	8
<i>gnp insulin syringes 30gx5/16</i>	65	<i>hm aspirin ec</i>	8
<i>gnp insulin syringes 31gx5/16</i>	65	<i>hm aspirin ec low dose</i>	8
<i>gnp multi childrens</i>	103	<i>hm folic acid</i>	146
<i>gnp nicotine</i>	16	<i>hm nicotine</i>	16
<i>gnp nicotine mini</i>	16	<i>hm nicotine polacrilex</i>	16
<i>gnp nicotine polacrilex</i>	16	HM ULTICARE INSULIN SYRINGE.....	66
<i>gnp ulticare pen needles</i>	65	HM ULTICARE MINI PEN NEEDLES	66
GNP ULTIGUARD SAFEPAK NEEDLE	65	HM ULTICARE SHORT PEN NEEDLES	66
<i>gnp ultra com insulin syringe</i>	65	HOMATROPAIRE	132
<i>goodsense aspirin</i>	8	HORIZANT	96
<i>goodsense aspirin adults</i>	8	HUMALOG	66
<i>goodsense aspirin low dose</i>	8	HUMALOG JUNIOR KWIKPEN	66
<i>goodsense clickfine pen needle</i>	65	HUMALOG KWIKPEN.....	67
<i>goodsense nicotine</i>	16	HUMALOG MIX 50/50.....	67
GOODSENSE PEN NEEDLE PENFINE.....	65	HUMALOG MIX 50/50 KWIKPEN	67
GRALISE	96	HUMALOG MIX 75/25.....	67
<i>granisetron hcl</i>	32	HUMALOG MIX 75/25 KWIKPEN	67
<i>griseofulvin microsize</i>	33	HUMIRA	126
<i>griseofulvin ultramicrosize</i>	33	HUMIRA (2 PEN)	126
<i>guanfacine hcl</i>	84	HUMIRA (2 SYRINGE).....	126
<i>guanfacine hcl er</i>	95	HUMIRA PEDIATRIC CROHNS START	126
GUMMI BEAR MULTIVITAMIN/MIN	103	HUMIRA PEN.....	126
H		HUMIRA-CD/UC/HS STARTER.....	126
HABITROL.....	16	HUMIRA-PS/UV/ADOL HS STARTER.....	127
HADLIMA.....	126	HUMIRA-PSORIASIS/UEVIT STARTER ...	127
HADLIMA PUSHTOUCH	126	HUMULIN 70/30	67
HALAVEN	39	HUMULIN 70/30 KWIKPEN	67
<i>halobetasol propionate</i>	112	HUMULIN N	67
HALOG	112	HUMULIN N KWIKPEN.....	67
<i>haloperidol</i>	46	HUMULIN R	67
<i>haloperidol decanoate</i>	46	HUMULIN R U-500 (CONCENTRATED)	67
<i>haloperidol lactate</i>	46	HUMULIN R U-500 KWIKPEN	67

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

HYCAMTIN	41	INATAL GT.....	146
<i>hydralazine hcl</i>	93	INCONTROL ULTICARE PEN NEEDLES ...	67
<i>hydrochlorothiazide</i>	92	<i>indapamide</i>	92
<i>hydrocod poli-chlorphe poli er</i>	142	INDERAL XL	87
<i>hydrocodone bit-homatrop mbr</i>	142	INDOCIN	8, 9
<i>hydrocodone-acetaminophen</i>	13	<i>indomethacin</i>	9
<i>hydrocodone-ibuprofen</i>	13	<i>indomethacin er</i>	9
<i>hydrocortisone</i>	112, 113, 128	<i>infliximab</i>	127
<i>hydrocortisone (perianal)</i>	34	INLYTA.....	42
<i>hydrocortisone ace-pramoxine</i>	34, 100	INNOPRAN XL.....	87
<i>hydrocortisone acetate</i>	34	<i>insulin lispro</i>	67
<i>hydrocortisone butyr lipo base</i>	113	<i>insulin lispro (1 unit dial)</i>	67
<i>hydrocortisone butyrate</i>	113	<i>insulin lispro junior kwikpen</i>	67
<i>hydrocortisone valerate</i>	113	<i>insulin lispro prot & lispro</i>	67
<i>hydrocortisone-acetic acid</i>	136	<i>insulin syringe</i>	67, 68
<i>hydrocortisone-iodoquinol</i>	33	<i>insulin syringe-needle u-100</i>	68
<i>hydrocort-pramoxine (perianal)</i>	100	<i>insupen pen needles</i>	68
<i>hydromet</i>	142	INSUPEN SENSITIVE.....	68
<i>hydromorphone hcl</i>	13	INSUPEN ULTRAFIN.....	68
<i>hydromorphone hcl er</i>	13	INTELENCE	50
<i>hydroxychloroquine sulfate</i>	43	INTROVALE.....	118
<i>hydroxyurea</i>	38	INVEGA HAFYERA.....	47
<i>hydroxyzine hcl</i>	52, 136	INVEGA SUSTENNA	47
<i>hydroxyzine pamoate</i>	136	INVEGA TRINZA.....	47
HYOPHEN	109	<i>iodoquinol-hc-aloe polysacch</i>	33
<i>hyoscyamine sulfate</i>	105	<i>iodosorb</i>	100
<i>hyoscyamine sulfate er</i>	105	IOPIDINE	134
<i>hyoscyamine sulfate sl</i>	105	<i>ipratropium bromide</i>	138
<i>hyosyne</i>	105	<i>ipratropium-albuterol</i>	138
HYPERSAL.....	142	<i>irbesartan</i>	85
I		<i>irbesartan-hydrochlorothiazide</i>	90
<i>ibandronate sodium</i>	129	IRESSA.....	42
IBRANCE.....	41	<i>irinotecan hcl</i>	39
IBU.....	8	<i>iron (ferrous sulfate)</i>	146
<i>ibuprofen</i>	8	<i>iron infant & toddler</i>	146
<i>ibuprofen-famotidine</i>	8	<i>iron infant/toddler</i>	146
ICAR	146	<i>iron supplement</i>	102, 147
<i>idarubicin hcl</i>	39	<i>iron supplement childrens</i>	147
IFEX.....	39	IRON UP	147
<i>ifosfamide</i>	39	ISENTRESS.....	50
ILARIS	128	ISENTRESS HD.....	50
<i>imatinib mesylate</i>	41	ISIBLOOM.....	118
<i>imipramine hcl</i>	31	<i>isoniazid</i>	36
<i>imipramine pamoate</i>	31	<i>isosorb dinitrate-hydralazine</i>	90
<i>imiquimod</i>	100	<i>isosorbide dinitrate</i>	94
<i>imiquimod pump</i>	100	<i>isosorbide mononitrate</i>	94

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

<i>isosorbide mononitrate er</i>	94
<i>isradipine</i>	88
<i>itraconazole</i>	33
<i>ivermectin</i>	43
IXEMPRA KIT	39

J

JAKAFI.....	42
JANTOVEN.....	82
JANUMET	54
JANUMET XR.....	54
JANUVIA.....	54
JARDIANCE.....	54
JENCYCLA	121
JENTADUETO	54
JENTADUETO XR	54
JEVTANA.....	39
JOLESSA.....	118
JULEBER.....	118
JUNEL 1/20.....	118
JUNEL FE 1.5/30	118
JUNEL FE 1/20.....	118
<i>just 4 kidz multivit/probiotic</i>	103

K

KADCYLA	39
KAITLIB FE	118
KALETRA.....	51
KALYDECO	140
KAMELEON LUBRICATED	130
KANJINTI.....	39
KARIVA.....	118
KAZANO	54
KENALOG.....	113
KEPIVANCE	98
KESIMPTA.....	97
<i>ketoconazole</i>	33
<i>ketoprofen er</i>	9
<i>ketorolac tromethamine</i>	9, 134, 135
KEVZARA	128
KEYTRUDA	42
<i>kimono</i>	130
KIMONO COLORS	130
KIMONO MAXX-LARGE FLARE	130
<i>kimono micro thin</i>	130
<i>kimono micro thin plus</i>	130
<i>kimono plus</i>	130

<i>kimono ps</i>	130
<i>kimono ps plus</i>	130
<i>kimono sensation</i>	130
<i>kimono sensation plus</i>	130
KIMONO SPECIAL.....	130
<i>kinray insulin syringe</i>	68
KITABIS PAK	140
KLOR-CON	147
KLOR-CON M10	147
KLOR-CON M15	147
KLOR-CON/EF	147
<i>kls aspirin low dose</i>	9
KLS QUIT2.....	16
KLS QUIT4.....	16
<i>kmart valu insulin syringe 29g</i>	68
<i>kmart valu insulin syringe 30g</i>	68
KOMBIGLYZE XR.....	54
KORLYM.....	56
<i>kp aspirin</i>	9
<i>kp folic acid</i>	147
<i>kp niacin</i>	147
K-PHOS NO 2	147
K-PRIME	147
KRISTALOSE.....	107
<i>kroger insulin syringe</i>	68
<i>kroger pen needles</i>	69
KURVELO	118
K-Y ME & YOU EXTRA LUBRICATED	130
K-Y ME & YOU INTENSE	130
KYNMOBI.....	44
KYNMOBI TITRATION KIT	44

L

<i>labetalol hcl</i>	87
<i>lacosamide</i>	26
<i>lactulose</i>	107
<i>lactulose encephalopathy</i>	107
LAMICTAL XR.....	25
<i>lamivudine</i>	49, 50
<i>lamivudine-zidovudine</i>	50
<i>lamotrigine</i>	25, 26
<i>lamotrigine er</i>	26
LAND BEFORE TIME MULTIVITAMIN	147
<i>lansoprazole</i>	107
<i>lanthanum carbonate</i>	110
LANTUS.....	69
LANTUS SOLOSTAR.....	69

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

<i>lapatinib ditosylate</i>	42	<i>lidocaine-hydrocort (perianal)</i>	100
LARIN 1.5/30	118	<i>lidocaine-hydrocortisone ace</i>	100
LARIN 1/20	118	<i>lidocaine-prilocaine</i>	14
LARIN 24 FE	118	<i>lidopin</i>	14
LARIN FE 1.5/30	118	<i>linezolid</i>	19
LARIN FE 1/20	118	LINZESS	106
<i>latanoprost</i>	135	<i>liothyronine sodium</i>	123
LATUDA	47	LIPOFEN	92
<i>leader insulin syringe</i>	69	<i>lisdexamfetamine dimesylate</i>	95
LEADER UNIFINE PENTIPS	69	<i>lisinopril</i>	85
LEADER UNIFINE PENTIPS PLUS	69	<i>lisinopril-hydrochlorothiazide</i>	90
LEENA	118	LITETOUCH INSULIN SYRINGE	69
<i>leflunomide</i>	128	LITETOUCH PEN NEEDLES	69
<i>lenalidomide</i>	37	<i>lithium</i>	53
<i>letrozole</i>	41	<i>lithium carbonate</i>	53
<i>leucovorin calcium</i>	40	<i>lithium carbonate er</i>	53
LEUKERAN	37	LITHOSTAT	109
<i>leuprolide acetate</i>	124	LIVALO	92
<i>levabuterol hcl</i>	139	LO LOESTRIN FE	119
<i>levabuterol tartrate</i>	139	LOESTRIN 1.5/30 (21)	119
<i>levetiracetam</i>	24	LOESTRIN 1/20 (21)	119
<i>levetiracetam er</i>	24	LOESTRIN FE 1/20	119
<i>levobunolol hcl</i>	134	<i>longs insulin syringe</i>	69
<i>levocarnitine</i>	130	<i>lopinavir-ritonavir</i>	51
<i>levocarnitine (dietary)</i>	130	LOPROX	33
<i>levocarnitine l-tartrate</i>	130	<i>lorazepam</i>	53
<i>levocetirizine dihydrochloride</i>	136	LORTAB	13
<i>levofloxacin</i>	22, 133	LORZONE	144
<i>levoleucovorin calcium</i>	40	<i>losartan potassium</i>	85
LEVONEST	118	<i>losartan potassium-hctz</i>	90
<i>levonorgest-eth est & eth est</i>	118	LOSEASONIQUE	119
<i>levonorgest-eth estrad 91-day</i>	118	LOTEMAX	135
<i>levonorgestrel</i>	121	LOTEMAX SM	135
<i>levonorgestrel-ethinyl estrad</i>	118	<i>loteprednol etabonate</i>	135
<i>levonorg-eth estrad triphasic</i>	118	<i>lovastatin</i>	92
LEVORA 0.15/30 (28)	118	LOW-OGESTREL	119
<i>levorphanol tartrate</i>	11	<i>loxapine succinate</i>	46
LEVO-T	123	<i>lubiprostone</i>	106
<i>levothyroxine sodium</i>	123	LUMIGAN	135
LEVOXYL	123	LUPRON DEPOT (1-MONTH)	124
LEVULAN KERASTICK	100	LUPRON DEPOT (3-MONTH)	124
LEXIVA	51	LUPRON DEPOT (4-MONTH)	124
<i>lidocaine</i>	14	LUPRON DEPOT (6-MONTH)	124
<i>lidocaine hcl</i>	14, 98	LUPRON DEPOT-PED (1-MONTH)	124
<i>lidocaine hcl urethral/mucosal</i>	14	LUPRON DEPOT-PED (3-MONTH)	125
<i>lidocaine viscous hcl</i>	98	<i>lurasidone hcl</i>	47

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

LUTERA.....	119	<i>mercaptapurine</i>	38
LYSODREN	124	<i>mesalamine</i>	128
LYZA.....	122	<i>mesalamine er</i>	128
M		<i>mesalamine-cleanser</i>	128
<i>mafenide acetate</i>	19	<i>mesna</i>	43
MAGELLAN INSULIN SAFETY SYR	70	MESNEX	43
MAGNEBIND 400	147	<i>metformin hcl</i>	55
<i>malathion</i>	43	<i>metformin hcl er</i>	55
MARATHON MEDICAL PENTIPS	70	<i>methamphetamine hcl</i>	95
<i>maraviroc</i>	51	<i>methazolamide</i>	134
<i>marlissa</i>	119	<i>methenamine hippurate</i>	19
MARPLAN.....	29	<i>methenamine mandelate</i>	19
MATULANE	37	<i>methimazole</i>	125
MAVYRET.....	49	<i>methocarbamol</i>	144
MAXICOMFORT II PEN NEEDLE	70	<i>methotrexate sodium</i>	127
MAXI-COMFORT INSULIN SYRINGE.....	70	<i>methotrexate sodium (pf)</i>	127
MAXI-COMFORT SAFETY PEN NEEDLE ...	70	<i>methoxsalen rapid</i>	100
MAXICOMFORT SYR 27G X 1/2.....	70	<i>methscopolamine bromide</i>	105
MAXIDEX.....	135	<i>methylidopa</i>	84
<i>maxx</i>	130	<i>methylphenidate hcl</i>	95
<i>maxx plus</i>	130	<i>methylphenidate hcl er</i>	96
MAYZENT.....	97	<i>methylphenidate hcl er (cd)</i>	96
MAYZENT STARTER PACK	97	<i>methylphenidate hcl er (la)</i>	96
<i>meclizine hcl</i>	31	<i>methylphenidate hcl er (osm)</i>	96
<i>meclofenamate sodium</i>	9	<i>methylprednisolone</i>	113
<i>medic insulin syringe</i>	70	<i>methylprednisolone acetate</i>	113
<i>medicine shoppe pen needles</i>	70	<i>methylprednisolone sodium succ</i>	113
MEDI-FIRST ASPIRIN	9	<i>metoclopramide hcl</i>	106
MEDIQUE ASPIRIN.....	9	<i>metolazone</i>	92
MEDROL.....	113	<i>metoprolol succinate er</i>	87
<i>medroxyprogesterone acetate</i>	122	<i>metoprolol tartrate</i>	87
<i>mefenamic acid</i>	9	<i>metoprolol-hydrochlorothiazide</i>	90
<i>mefloquine hcl</i>	43	<i>metronidazole</i>	19, 100
<i>megestrol acetate</i>	122	<i>metyrosine</i>	90
<i>meijer aspirin ec</i>	9	<i>mexiletine hcl</i>	86
<i>meijer pen needles</i>	70	MIBELAS 24 FE	119
<i>meloxicam</i>	9	<i>miconazole 3</i>	33
<i>melphalan</i>	37	<i>miconazole-zinc oxide-petrolat</i>	33
<i>melphalan hcl</i>	37	MICRODOT PEN NEEDLE	70
<i>memantine hcl</i>	28	MICROGESTIN 1.5/30	119
<i>memantine hcl er</i>	28	MICROGESTIN 1/20	119
MENEST	119	MICROGESTIN FE 1.5/30	119
MENOSTAR.....	119	MICROGESTIN FE 1/20	119
MENTAX.....	33	<i>midodrine hcl</i>	84
<i>meperidine hcl</i>	13	MIGERGOT.....	35
<i>meprobamate</i>	52	<i>miglustat</i>	104

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

MILLIPRED	113	<i>mycophenolate mofetil</i>	127
<i>minocycline hcl</i>	23	<i>mycophenolate sodium</i>	127
<i>minocycline hcl er</i>	23	MYLERAN	37
<i>minoxidil</i>	93	MYOBLOC	144
MIOCHOL-E.....	132	MYRBETRIQ.....	108
MIOSTAT	134	N	
MIRCETTE.....	119	<i>na ferric gluc cplx in sucrose</i>	147
MIRENA (52 MG).....	122	<i>nabumetone</i>	9
<i>mirtazapine</i>	28	<i>nadolol</i>	87
<i>misoprostol</i>	107	<i>naftifine hcl</i>	33
<i>mitomycin</i>	39	NALFON.....	9
MITOSOL.....	130	<i>naltrexone hcl</i>	15
<i>mitoxantrone hcl</i>	41	NAPRELAN	9
<i>mm aspirin</i>	9	<i>napro</i>	9
<i>mm insulin syringe/needle</i>	70	<i>naproxen</i>	9
MM PEN NEEDLES.....	71	<i>naproxen dr</i>	9
<i>modafinil</i>	145	<i>naproxen sodium</i>	9
<i>moexipril hcl</i>	85	<i>naproxen sodium er</i>	9
<i>mometasone furoate</i>	113, 138	<i>naratriptan hcl</i>	35
MONDOXYNE NL.....	24	NATACHEW.....	147
MONOJECT INSULIN SYRINGE.....	71	NATACYN	33
MONOJECT ULTRA COMFORT SYRINGE.....	71	NATALVIT	147
MONO-LINYAH.....	119	NATAZIA	119
<i>montelukast sodium</i>	138	<i>nateglinide</i>	55
<i>morphine sulfate</i>	13	NATROBA.....	43
<i>morphine sulfate er</i>	11	<i>nebivolol hcl</i>	87
<i>morphine sulfate er beads</i>	11	NEBUSAL	142
MOTEGRITY.....	106	NECON 0.5/35 (28).....	119
MOTOFEN	106	NEEVO DHA.....	147
MOUNJARO	55	<i>nefazodone hcl</i>	29
MOVANTIK	106	<i>nelarabine</i>	39
<i>moxifloxacin hcl</i>	22, 133	<i>neomycin sulfate</i>	18
MOZOBIL.....	83	<i>neomycin-bacitracin zn-polymyx</i>	132
<i>ms insulin syringe</i>	71	<i>neomycin-polymyxin-dexameth</i>	135
MULTAQ.....	86	<i>neomycin-polymyxin-gramicidin</i>	132
<i>multivitamin childrens gummies</i>	103	<i>neomycin-polymyxin-hc</i>	135, 136
<i>multi-vitamin/fluoride/iron</i>	147	NESINA.....	55
<i>multivitamins plus iron child</i>	147	NESTABS	147
<i>multivit-min gummies childrens</i>	103	NESTABS DHA.....	147
<i>mupirocin</i>	19	NEUAC.....	100
<i>mupirocin calcium</i>	19	NEUPRO.....	44
MVW COMPLETE FORMULATION	103	NEUTRASAL.....	98
MVW COMPLETE FORMULATION D3000.....	103	NEVANAC	135
MVW COMPLETE FORMULATION D5000.....	104	<i>nevirapine</i>	50
MY CHOICE.....	122	<i>nevirapine er</i>	50
MY WAY	122	NEW DAY	122

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

NEXAVAR.....	42	<i>norgestimate-eth estradiol</i>	120
NEXIUM.....	107	<i>norgestim-eth estrad triphasic</i>	120
NEXPLANON.....	122	NORITATE.....	100
<i>niacin</i>	147	NORLYROC.....	122
<i>niacin (antihyperlipidemic)</i>	93	NORPACE CR.....	86
<i>niacin er (antihyperlipidemic)</i>	93	NORTREL 7/7/7.....	120
NIACOR.....	93	<i>nortriptyline hcl</i>	31
<i>nicardipine hcl</i>	88	NORVIR.....	51
NICODERM CQ.....	17	NOVAFERRUM.....	147
NICORETTE.....	17	NOVAFERRUM PEDIATRIC DROPS.....	147
NICORETTE MINI.....	17	NOVOFINE AUTOCOVER PEN NEEDLE....	71
NICORETTE STARTER KIT.....	17	NOVOFINE PEN NEEDLE.....	71
<i>nicotine</i>	17	NOVOFINE PLUS PEN NEEDLE.....	71
<i>nicotine mini</i>	17	NOVOLIN 70/30.....	71
<i>nicotine polacrilex</i>	17	NOVOLIN 70/30 FLEXPEN.....	71
<i>nicotine polacrilex mini</i>	17	NOVOLIN 70/30 FLEXPEN RELION.....	71
<i>nicotine step 1</i>	17	NOVOLIN 70/30 RELION.....	71
<i>nicotine step 2</i>	17	NOVOLIN N.....	71
<i>nicotine step 3</i>	17	NOVOLIN N FLEXPEN.....	71
NICOTROL.....	18	NOVOLIN N FLEXPEN RELION.....	72
NICOTROL NS.....	18	NOVOLIN N RELION.....	72
<i>nifedipine</i>	88	NOVOLIN R.....	72
<i>nifedipine er</i>	88	NOVOLIN R RELION.....	72
<i>nifedipine er osmotic release</i>	88	NOXAFIL.....	33
NIKKI.....	119	NP THYROID.....	123
<i>nilutamide</i>	37	NPLATE.....	83
<i>nimodipine</i>	88	NUBEQA.....	37
NIPENT.....	38	NUCYNTA.....	13
<i>nisoldipine er</i>	88	NUCYNTA ER.....	11
<i>nitazoxanide</i>	43	NUDEXTA.....	96
NITRO-BID.....	94	NULEV.....	105
NITRO-DUR.....	94	NUMOISYN.....	98
<i>nitrofurantoin</i>	19	NUVARING.....	120
<i>nitrofurantoin macrocrystal</i>	19, 20	NYAMYC.....	33
<i>nitrofurantoin monohyd macro</i>	20	<i>nystatin</i>	33
<i>nitroglycerin</i>	94	<i>nystatin-triamcinolone</i>	33
NITRO-TIME.....	94	O	
NIVA-PLUS.....	147	OB COMPLETE.....	147
NIVESTYM.....	83	OB COMPLETE ONE.....	147
<i>nizatidine</i>	106	OB COMPLETE PETITE.....	147
<i>norethin ace-eth estrad-fe</i>	119	OB COMPLETE PREMIER.....	147
<i>norethindrone</i>	122	OB COMPLETE/DHA.....	147
<i>norethindrone acetate</i>	122	OBSTETRIX DHA.....	147
<i>norethindrone acet-ethinyl est</i>	119	OBSTETRIX EC (WITH DOCUSATE).....	148
<i>norethindrone-eth estradiol</i>	120	<i>ofloxacin</i>	22, 133, 136
<i>norethin-eth estradiol-fe</i>	120	<i>olanzapine</i>	47

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

<i>olanzapine-fluoxetine hcl</i>	29
<i>olmesartan medoxomil</i>	85
<i>olmesartan medoxomil-hctz</i>	90
<i>olmesartan-amlodipine-hctz</i>	90
<i>olopatadine hcl</i>	133, 137
<i>omega-3-acid ethyl esters</i>	93
<i>omeprazole</i>	108
OMEPRAZOLE+SYRSPEND SF ALKA.....	108
<i>omeprazole-sodium bicarbonate</i>	108
OMNARIS	138
OMNIFLEX DIAPHRAGM	130
ONCASPAR.....	41
<i>ondansetron</i>	32
<i>ondansetron hcl</i>	32
ONE VITE FERROUS SULFATE.....	102
ONE-A-DAY JOLLY RANCHER	104
ONEXTON	100
ONGLYZA.....	55
OPCICON ONE-STEP	122
OPSUMIT.....	141
OPTION 2	122
OPTIONS GYNOL II CONTRACEPTIVE	109
ORACIT	148
ORALONE	98
ORAVIG.....	33
ORENCIA.....	127
ORENCIA CLICKJECT	127
ORILISSA	125
<i>orphenadrine citrate</i>	144
<i>orphenadrine citrate er</i>	144
<i>oscimin</i>	105
<i>oseltamivir phosphate</i>	51
OSENI.....	55
OTEZLA.....	128
OVACE PLUS.....	100
<i>oxaliplatin</i>	40
<i>oxaprozin</i>	9
OXAYDO.....	13
<i>oxazepam</i>	53
<i>oxcarbazepine</i>	27
<i>oxiconazole nitrate</i>	33
OXISTAT.....	33
<i>oxybutynin chloride</i>	108
<i>oxybutynin chloride er</i>	108
<i>oxycodone hcl</i>	13
<i>oxycodone hcl er</i>	11

<i>oxycodone-acetaminophen</i>	13, 14
OXYCONTIN.....	11
<i>oxymorphone hcl</i>	14
<i>oxymorphone hcl er</i>	12
OXYTROL	108
OZEMPIC (0.25 OR 0.5 MG/DOSE)	55
OZEMPIC (1 MG/DOSE).....	55
OZEMPIC (2 MG/DOSE).....	55
OZURDEX.....	134

P

PACERONE	86
<i>paclitaxel</i>	40
<i>paclitaxel protein-bound part</i>	40
<i>paliperidone er</i>	47
<i>palonosetron hcl</i>	32
<i>pamidronate disodium</i>	129
PANCREAZE	104
PANDEL.....	113
PANOXYL	100
PANRETIN	42
<i>pantoprazole sodium</i>	108
PARAGARD INTRAUTERINE COPPER.....	130
<i>paricalcitol</i>	129
<i>paroxetine hcl</i>	29, 30
<i>paroxetine hcl er</i>	30
PAXLOVID (150/100).....	52
PAXLOVID (300/100).....	52
<i>pazopanib hcl</i>	42
<i>pc pediatric iron drops</i>	148
<i>pc pediatric poly-vita/fe drop</i>	148
<i>pc unifine pentips</i>	72
<i>peg 3350-kcl-na bicarb-nacl</i>	107
<i>peg-3350/electrolytes</i>	107
<i>pemetrexed disodium</i>	40
<i>pen needles</i>	72
<i>pen needles 5/16</i>	72
<i>penciclovir</i>	49
<i>penicillin g potassium</i>	21
<i>penicillin g procaine</i>	21
<i>penicillin g sodium</i>	21
<i>penicillin v potassium</i>	21
PENTASA	128
<i>pentazocine-naloxone hcl</i>	14
PENTIPS.....	72
<i>pentoxifylline er</i>	90
<i>perindopril erbumine</i>	85

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

PERJETA.....	40	<i>poly-vita/iron</i>	148
<i>permethrin</i>	43	<i>potassium chloride</i>	148
<i>perphenazine</i>	46	<i>potassium chloride crys er</i>	148
<i>perphenazine-amitriptyline</i>	31	<i>potassium chloride er</i>	148
PERTZYE.....	104	<i>potassium citrate er</i>	148
PEXEVA.....	30	<i>potassium citrate-citric acid</i>	148
PHENAZO.....	109	PRADAXA.....	82
<i>phenazopyridine hcl</i>	109	<i>pramipexole dihydrochloride</i>	44
<i>phenelzine sulfate</i>	29	<i>pramipexole dihydrochloride er</i>	44
<i>phenobarbital</i>	25	PRAMOSONE.....	34
<i>phenoxybenzamine hcl</i>	84	<i>prasugrel hcl</i>	84
<i>phentolamine mesylate</i>	84	<i>pravastatin sodium</i>	93
<i>phenylephrine hcl</i>	132	<i>praziquantel</i>	43
PHENYTEK.....	27	<i>prazosin hcl</i>	84
<i>phenytoin</i>	27	PRECISION SURE-DOSE SYRINGE.....	72
<i>phenytoin sodium</i>	27	PRED MILD.....	135
<i>phenytoin sodium extended</i>	27	<i>prednicarbate</i>	113
PHILITH.....	120	<i>prednisolone</i>	113
PHOSLYRA.....	110	<i>prednisolone acetate</i>	135
PHOSPHA 250 NEUTRAL.....	148	<i>prednisolone sodium phosphate</i>	113, 135
PHOSPHASAL.....	109	<i>prednisone</i>	114
PHOSPHOLINE IODIDE.....	134	PREDNISONE INTENSOL.....	114
PHOSPHO-TRIN 250 NEUTRAL.....	148	<i>preferred plus insulin syringe</i>	72
PHOSPHO-TRIN K500.....	148	<i>preferred plus unifine pentips</i>	72
PHOTOFRIN.....	40	PREFEST.....	120
<i>pilocarpine hcl</i>	98, 134	<i>pregabalin</i>	96
<i>pimecrolimus</i>	100	<i>pregabalin er</i>	96
<i>pimozide</i>	46	PREMARIN.....	120
PIMTREA.....	120	<i>premium lidocaine</i>	14
<i>pindolol</i>	87	PREMPHASE.....	120
<i>pip pen needles 31g x 5mm</i>	72	PREMPRO.....	120
<i>pip pen needles 32g x 4mm</i>	72	<i>prenaisance</i>	148
<i>pirfenidone</i>	141	<i>prenaisance plus</i>	149
<i>piroxicam</i>	9	PRENATABS RX.....	149
<i>pitavastatin calcium</i>	92	<i>prenatal</i>	149
<i>plain niacin</i>	148	<i>prenatal 19</i>	149
PLAN B ONE-STEP.....	122	<i>prenatal plus</i>	149
PLEGRIDY.....	97	PRENATAL-U.....	149
PLEGRIDY STARTER PACK.....	97	PREVALITE.....	93
<i>pnv-dha</i>	148	PREVENT DROPSAFE PEN NEEDLES.....	73
<i>pnv-dha+docusate</i>	148	PREVENT SAFETY PEN NEEDLES.....	73
<i>pnv-omega</i>	148	PREZISTA.....	51
<i>pnv-select</i>	148	PRIFTIN.....	36
<i>podofilox</i>	100	PRILOSEC.....	108
POLYCIN.....	132	<i>primaquine phosphate</i>	43
<i>polymyxin b-trimethoprim</i>	132	<i>primidone</i>	25

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

PRO COMFORT INSULIN SYRINGE.....	73
<i>pro comfort pen needles</i>	73
PROAIR RESPICLICK.....	139
<i>probenecid</i>	34
<i>prochlorperazine</i>	46
<i>prochlorperazine edisylate</i>	46
<i>prochlorperazine maleate</i>	46
PROCORT.....	100
PROCTOFOAM HC.....	100
PROCTO-MED HC	34
PROCTOSOL HC	34
PRODIGY INSULIN SYRINGE	73
<i>progesterone</i>	122
PROLENSA	135
PROLEUKIN	40
PROLIA.....	129
<i>promethazine hcl</i>	31
<i>promethazine vc/codeine</i>	142
<i>promethazine-codeine</i>	142
<i>promethazine-dm</i>	142
<i>promethazine-phenyleph-codeine</i>	143
<i>promethazine-phenylephrine</i>	143
PROMETHEGAN.....	31
PROMISEB	100
<i>propafenone hcl</i>	86
<i>propafenone hcl er</i>	86
<i>proparacaine hcl</i>	132
<i>propranolol hcl</i>	87
<i>propranolol hcl er</i>	87
<i>propylthiouracil</i>	125
<i>protriptyline hcl</i>	31
PROVENTIL HFA	139
PRUDOXIN	100
PULMICORT FLEXHALER.....	138
PULMOSAL	143
PULMOZYME	140
<i>pure comfort pen needle</i>	73
<i>pure comfort safety pen needle</i>	73
<i>px aspirin</i>	9
PX CHILDRENS VITAMIN	149
<i>px enteric aspirin</i>	10
<i>px extra short pen needles</i>	73
<i>px folic acid</i>	149
<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>	18
PYLERA.....	106
<i>pyrazinamide</i>	36
<i>pyridostigmine bromide</i>	36
<i>pyridostigmine bromide er</i>	36
<i>pyrimethamine</i>	43

Q

<i>qc aspirin</i>	10
<i>qc aspirin low dose</i>	10
<i>qc childrens aspirin</i>	10
<i>qc childrens complete</i>	149
<i>qc childrens vitamins/iron</i>	149
<i>qc enteric aspirin</i>	10
<i>qc folic acid</i>	149
<i>qc nicotine transdermal system</i>	18
<i>qc pen needles</i>	73
<i>qc unifine pentips</i>	74
QNASL.....	138
QNASL CHILDRENS	138
QTERN.....	55
QUARTETTE	120
<i>quazepam</i>	53
<i>quetiapine fumarate</i>	47
<i>quetiapine fumarate er</i>	48
QUILLICHEW ER.....	96
QUILLIVANT XR	96
<i>quinapril hcl</i>	85
<i>quinapril-hydrochlorothiazide</i>	90
<i>quinidine gluconate er</i>	86
<i>quinidine sulfate</i>	86
<i>quinine sulfate</i>	43
QUTENZA	6
QUTENZA (2 PATCH).....	6

R

<i>ra aspirin</i>	10
<i>ra aspirin adult low dose</i>	10
<i>ra aspirin adult low strength</i>	10
<i>ra aspirin childrens</i>	10
<i>ra aspirin ec</i>	10
<i>ra aspirin ec adult low st</i>	10
<i>ra budesonide</i>	138
<i>ra folic acid</i>	149
<i>ra insulin syringe</i>	74
<i>ra mini nicotine</i>	18

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

<i>ra niacin</i>	149
<i>ra nicotine</i>	18
<i>ra nicotine gum</i>	18
<i>ra nicotine polacrilex</i>	18
<i>ra no flush niacin</i>	149
<i>ra pain relief aspirin</i>	10
<i>ra pen needles</i>	74
<i>ra vitamins complete childrens</i>	149
<i>rabeprazole sodium</i>	108
<i>raloxifene hcl</i>	122
<i>ramelteon</i>	145
<i>ramipril</i>	85
<i>ranolazine er</i>	91
<i>rasagiline mesylate</i>	45
<i>raya sure pen needle</i>	74
RAYOS	114
REACT	122
<i>reality insulin syringe</i>	74
REALITY LATEX CONDOMS	130
REALITY LATEX/ULTRA TEXTURED	130
REALITY LATEX/ULTRA THIN	130
RECLIPSEN	120
RECTIV	100
REGRANEX	100
RELENZA DISKHALER	51
RELION INSULIN SYRINGE	74
RELION MINI PEN NEEDLES	74
RELION PEN NEEDLES	74
RELION SHORT PEN NEEDLES	74
RELISTOR	106
RENFLEXIS	127
<i>repaglinide</i>	55
REPATHA	93
REPATHA PUSHTRONEX SYSTEM	93
REPATHA SURECLICK	93
RESTASIS	132
RETACRIT	83
RETIN-A MICRO PUMP	100
RETISERT	134
RETROVIR	50
REVLIMID	37
REZVOGLAR KWIKPEN	74
<i>ribavirin</i>	49, 143
RIDAURA	128
<i>rifabutin</i>	36
<i>rifampin</i>	36

<i>riluzole</i>	96
<i>rimantadine hcl</i>	52
RIMSO-50	109
RINVOQ	127
<i>risedronate sodium</i>	129
RISPERDAL CONSTA	48
<i>risperidone</i>	48
<i>ritonavir</i>	51
<i>rivastigmine</i>	28
<i>rivastigmine tartrate</i>	28
RIVELSA	120
<i>rizatriptan benzoate</i>	35
<i>roflumilast</i>	140
<i>romidepsin</i>	40
<i>ropinirole hcl</i>	45
<i>ropinirole hcl er</i>	45
ROSADAN	100
<i>rosuvastatin calcium</i>	93
ROWEEPRA	24
ROZLYTREK	42
<i>rufinamide</i>	27
RYBELSUS	55

S

<i>safety pen needles</i>	74
SALIVAMAX	98
<i>salsalate</i>	10
SANCUSO	32
SANDIMMUNE	127
SANTYL	101
SAPHRIS	48
SAVELLA	97
SAVELLA TITRATION PACK	97
<i>saxagliptin hcl</i>	55
<i>saxagliptin-metformin er</i>	55
<i>sb aspirin</i>	10
<i>sb aspirin ec</i>	10
<i>sb childrens aspirin</i>	10
<i>sb insulin syringe</i>	74
<i>sb low dose asa ec</i>	10
SCALACORT DK	101
<i>scopolamine</i>	31
SEASONIQUE	120
SECURESAFE INSULIN SYRINGE	75
SECURESAFE SAFETY PEN NEEDLES	75
SEGLUROMET	55
SELECT-OB	149

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

SELECT-OB+DHA.....	149	SORILUX	101
<i>selegiline hcl</i>	45	SORINE	86
<i>selenium sulfide</i>	101	<i>sotalol hcl</i>	86
SELZENTRY.....	51	<i>sotalol hcl (af)</i>	86
<i>se-natal 19</i>	149	<i>spinosad</i>	43
SEREVENT DISKUS	140	SPIRIVA HANDIHALER.....	139
<i>sertraline hcl</i>	30	SPIRIVA RESPIMAT.....	139
SETLAKIN.....	120	<i>spironolactone</i>	91
<i>sevelamer carbonate</i>	110	<i>spironolactone-hctz</i>	91
<i>sevelamer hcl</i>	110	SPONGEBOB SQUAREPANTS GUMMIES	104
SFROWASA	128	SPRINTEC 28.....	120
SHAROBEL	122	SPRIX	10
SHOPKO UNIFINE PENTIPS.....	75	SPRYCEL	42
SHOPKO UNIFINE PENTIPS PLUS.....	75	SPS.....	150
<i>sildenafil citrate</i>	141	SSD.....	20
<i>silodosin</i>	109	<i>sss 10-5</i>	101
<i>silver sulfadiazine</i>	20	ST JOSEPH ASPIRIN.....	10
<i>simvastatin</i>	93	ST JOSEPH LOW DOSE	10
<i>sirolimus</i>	127	STALEVO 125.....	45
SKLICE	43	STALEVO 150.....	45
SKYRIZI.....	101	STALEVO 200.....	45
SKYRIZI PEN.....	101	STALEVO 50.....	45
<i>sm animal shapes complete</i>	149	STALEVO 75.....	45
<i>sm aspirin</i>	10	<i>stavudine</i>	51
<i>sm aspirin adult low strength</i>	10	STEGLATRO	55
<i>sm aspirin ec</i>	10	STEGLUJAN	55
<i>sm aspirin ec low strength</i>	10	STELARA.....	101
<i>sm aspirin low dose</i>	10	STIVARGA.....	42
<i>sm childrens aspirin</i>	10	STRIBILD	50
<i>sm folic acid</i>	149	STRIVERDI RESPIMAT	140
<i>sm nicotine</i>	18	<i>sucralfate</i>	107
<i>sm nicotine polacrilex</i>	18	<i>sulconazole nitrate</i>	34
SMARTY PANTS KIDS COMPLETE	104	<i>sulfacetamide sodium</i>	23, 101
<i>sod citrate-citric acid</i>	149	<i>sulfacetamide sodium (acne)</i>	23
<i>sodium chloride</i>	143	<i>sulfacetamide sodium (cleans)</i>	101
<i>sodium fluoride</i>	149	<i>sulfacetamide sodium-sulfur</i>	101
<i>sodium phenylbutyrate</i>	104	<i>sulfacetamide-prednisolone</i>	135
<i>sodium polystyrene sulfonate</i>	150	<i>sulfacetamide-sulfur in urea</i>	101
<i>sodium sulfacetamide</i>	101	<i>sulfadiazine</i>	23
<i>sofosbuvir-velpatasvir</i>	49	<i>sulfamethoxazole-trimethoprim</i>	23
SOHONOS.....	130	SULFAMYLON.....	20
<i>solifenacin succinate</i>	108	<i>sulfasalazine</i>	128
SOLTAMOX.....	37	SULFATRIM PEDIATRIC.....	23
SOLU-CORTEF	114	<i>sulfurated lime</i>	44
SOLU-MEDROL.....	114	<i>sulindac</i>	10
<i>sorafenib tosylate</i>	42	<i>sumatriptan</i>	35

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

<i>sumatriptan succinate</i>	35	<i>terbutaline sulfate</i>	140
<i>sumatriptan succinate refill</i>	35	<i>terconazole</i>	34
<i>sumatriptan-naproxen sodium</i>	36	<i>teriflunomide</i>	97
<i>sunitinib malate</i>	42	<i>testosterone</i>	115
SUPREP BOWEL PREP KIT	107	<i>testosterone cypionate</i>	115
<i>sure comfort insulin syringe</i>	75	<i>testosterone enanthate</i>	115
<i>sure comfort pen needles</i>	75	<i>tetrabenazine</i>	96
SYMBICORT	143	<i>tetracaine hcl</i>	132
SYMPROIC	106	<i>tetracycline hcl</i>	24
SYNAGIS	143	TEXACORT	114
SYNALAR TS	101	THALOMID	37
SYNERA	14	THEO-24	140
SYNJARDY	55	<i>theophylline</i>	140
SYNJARDY XR	56	<i>theophylline er</i>	140, 141
SYNTHROID	123	<i>thioridazine hcl</i>	46
T		<i>thiotepa</i>	37
TABLOID	40	<i>thiothixene</i>	46
TACLONEX	101	THRIVE	18
<i>tacrolimus</i>	102, 127	<i>thrivite rx</i>	149
<i>tadalafil (pah)</i>	141	<i>thyroid</i>	123
TAKE ACTION	122	<i>tiagabine hcl</i>	25
TALTZ	102	TICE BCG	40
<i>tamoxifen citrate</i>	37	TILIA FE	120
<i>tamsulosin hcl</i>	109	<i>timolol maleate</i>	87, 134
TARGRETIN	42	<i>timolol maleate (once-daily)</i>	134
TARON-C DHA	149	<i>tinidazole</i>	43
TASIGNA	42	<i>tiopronin</i>	109
<i>tazarotene</i>	102	<i>tiotropium bromide monohydrate</i>	139
TAZORAC	102	TIROSINT	123
TAZTIA XT	88	TIROSINT-SOL	123
<i>techlite insulin syringe</i>	75	<i>tizanidine hcl</i>	49
TECHLITE PEN NEEDLES	76	<i>tobramycin</i>	133, 140
TEGRETOL	27	<i>tobramycin-dexamethasone</i>	135
TEGRETOL-XR	27	TOBREX	133
TEKTRUNA HCT	91	TODAY SPONGE	109
<i>telmisartan</i>	85	<i>today's health mini pen needles</i>	76
<i>telmisartan-amlodipine</i>	91	<i>today's health pen needles</i>	76
<i>telmisartan-hctz</i>	91	<i>today's health short pen needle</i>	76
<i>temazepam</i>	144	<i>tolcapone</i>	44
TEMODAR	37	<i>tolmetin sodium</i>	11
<i>temozolomide</i>	37	<i>tolterodine tartrate</i>	108
<i>temsirolimus</i>	127	<i>tolterodine tartrate er</i>	108
TENCON	6	<i>topcare clickfine pen needles</i>	76
<i>tenofovir disoproxil fumarate</i>	51	<i>topcare ultra comfort ins syr</i>	76
<i>terazosin hcl</i>	109	<i>topiramate</i>	26
<i>terbinafine hcl</i>	34	TOPOSAR	41

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

<i>topotecan hcl</i>	41	<i>trimethoprim</i>	20
<i>toremide</i>	91	<i>trimipramine maleate</i>	31
TOSYMRA	36	<i>trinatal rx 1</i>	150
TOUJEO MAX SOLOSTAR	76	TRINATE.....	150
TOUJEO SOLOSTAR.....	76	<i>tropicamide</i>	132
TOVIAZ.....	108	<i>trospium chloride</i>	108
TRADJENTA.....	56	<i>trospium chloride er</i>	109
<i>tramadol hcl</i>	14	<i>true comfort insulin syringe</i>	76
<i>tramadol hcl er</i>	12	<i>true comfort pen needles</i>	77
<i>tramadol hcl er (biphasic)</i>	12	<i>true comfort pro insulin syr</i>	77
<i>tramadol-acetaminophen</i>	14	<i>true comfort pro pen needles</i>	77
<i>trandolapril</i>	85	<i>true folic acid</i>	150
<i>trandolapril-verapamil hcl er</i>	91	<i>true vitamin b3</i>	150
<i>tranylcypromine sulfate</i>	29	TRUEPLUS 5-BEVEL PEN NEEDLES	77
<i>travoprost (bak free)</i>	135	TRUEPLUS INSULIN SYRINGE.....	77
TRAZIMERA	42	TRUEPLUS PEN NEEDLES	77
<i>trazodone hcl</i>	30	TRULANCE.....	106
TREANDA.....	40	TRULICITY.....	56
TRECATOR	36	TRUSTEX COLOR CONDOMS + LUBE.....	130
TRELEGY ELLIPTA.....	143	TRUSTEX LUB/RIBBED/STUDDED	131
TRESIBA.....	76	TRUSTEX LUB/SPERMICIDE EX ST.....	131
TRESIBA FLEXTOUCH.....	76	TRUSTEX LUB/SPERMICIDE XL.....	131
<i>tretinoin</i>	42, 102	TRUSTEX LUBRICATED.....	131
<i>tretinoin microsphere</i>	102	TRUSTEX LUBRICATED EX LARGE	131
<i>tretinoin microsphere pump</i>	102	TRUSTEX LUBRICATED EXTRA ST	131
TREXALL.....	127	TRUSTEX LUBRICATED/SPERMICIDE.....	131
<i>triamcinolone acetonide</i>	98, 114	TRUSTEX NATURAL CONDOMS + LUBE..	131
<i>triamcinolone in absorbase</i>	114	TRUSTEX NON-LUBRICATED.....	131
<i>triamterene</i>	91	TRUSTEX RIA LUB/SPERMICIDE	131
<i>triamterene-hctz</i>	91	TRUSTEX RIA LUBRICATED	131
TRIANEX	114	TRUSTEX RIA NON-LUBRICATED.....	131
<i>triazolam</i>	53	TRUSTEX-NONNOXYNOL-9/RIB/STUD.....	131
TRICARE	149	TRUXIMA.....	42
<i>tricitrates</i>	149	TUDORZA PRESSAIR.....	139
<i>trientine hcl</i>	109	TUSNEL.....	143
TRIESENCE	135	TYMLOS	129
TRI-ESTARYLLA	120	TYSABRI.....	97
<i>trifluoperazine hcl</i>	46	U	
<i>trifluridine</i>	49	UDENYCA.....	84
<i>trihexyphenidyl hcl</i>	44	ULTICARE INSULIN SAFETY SYR	77
TRIJARDY XR	56	ULTICARE INSULIN SYR 1/2 UNIT.....	78
TRI-LEGEST FE	120	ULTICARE INSULIN SYRINGE	78
TRI-LINYAH.....	120	ULTICARE MICRO PEN NEEDLES.....	78
TRI-LO-MARZIA	121	ULTICARE MINI PEN NEEDLES.....	78
TRI-LO-SPRINTEC.....	121	ULTICARE PEN NEEDLES	78
<i>trimethobenzamide hcl</i>	31	ULTICARE SHORT PEN NEEDLES.....	78

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

ULTIGUARD SAFEPAK PEN NEEDLE.....	78	VELIVET	121
ULTIGUARD SAFEPAK SYR/NEEDLE.....	78	VELTIN.....	102
ULTILET PEN NEEDLE.....	79	<i>venlafaxine hcl</i>	30
ULTRA CHOICE MULTIVITAMIN KIDS.....	150	<i>venlafaxine hcl er</i>	30
<i>ultra comfort insulin syringe</i>	79	VENTAVIS	141
ULTRA FLO INSULIN PEN NEEDLES	79	VENTOLIN HFA	140
ULTRA FLO INSULIN SYR 1/2 UNIT	79	<i>verapamil hcl</i>	88
ULTRA FLO INSULIN SYRINGE	79	<i>verapamil hcl er</i>	89
ULTRA THIN PEN NEEDLES.....	79	VERDESO.....	114
<i>ultracare insulin syringe</i>	79	VEREGEN.....	102
<i>ultracare pen needles</i>	79	VERIFINE INSULIN PEN NEEDLE.....	81
ULTRA-THIN II INS SYR SHORT.....	80	VERIFINE INSULIN SYRINGE	81
ULTRA-THIN II INSULIN SYRINGE	80	VERIFINE PLUS PEN NEEDLE.....	81
ULTRA-THIN II MINI PEN NEEDLE	80	VERQUVO	91
ULTRA-THIN II PEN NEEDLE SHORT	80	VERZENIO.....	41
ULTRA-THIN II PEN NEEDLES.....	80	VESTURA	121
UNIFINE PEN NEEDLES.....	80	VICTOZA.....	56
UNIFINE PENTIPS	80	VIDA MIA UNIFINE PENTIPS.....	81
UNIFINE PENTIPS PLUS.....	80	VIENVA.....	121
UNIFINE PROTECT PEN NEEDLE.....	80	<i>vigabatrin</i>	25
UNIFINE SAFECONTROL PEN NEEDLE ...	80	VIIBRYD.....	30
UNIFINE ULTRA PEN NEEDLE	81	VILAMIT MB.....	110
URELLE.....	109	<i>vilazodone hcl</i>	30
URIMAR-T	109	VILEVEV MB.....	110
<i>urin ds</i>	109	VIMPAT.....	27
<i>uro-458</i>	109	VINATE DHA RF	150
<i>uro-mp</i>	109	VINATE II	150
<i>ursodiol</i>	106	VINATE ONE	150
USTELL	110	<i>vinblastine sulfate</i>	40
UTIRA-C	110	VINCASAR PFS.....	40
V		<i>vincristine sulfate</i>	40
<i>valacyclovir hcl</i>	49	<i>vinorelbine tartrate</i>	40
<i>valganciclovir hcl</i>	49	VIOKACE	104
<i>valproic acid</i>	25	<i>viorele</i>	121
<i>valsartan</i>	85	VIRACEPT	51
<i>valsartan-hydrochlorothiazide</i>	91	VIREAD.....	51
<i>value health insulin syringe</i>	81	<i>virt-nate dha</i>	150
<i>valumark pen needles</i>	81	<i>virt-pn dha</i>	150
<i>vancomycin hcl</i>	20	<i>vitachew multiple vitamin</i>	104
VANISHPOINT INSULIN SYRINGE	81	VITAFOL-OB.....	150
<i>varenicline tartrate</i>	18	VITAFOL-OB+DHA	150
<i>varenicline tartrate (starter)</i>	18	VITAFOL-ONE	150
VCF VAGINAL CONTRACEPTIVE.....	110	VITALETS CHILDRENS.....	104
VECTIBIX.....	42	VITAMEDMD ONE RX/QUATREFOLIC.....	150
VECTICAL	102	VIVA DHA	150
VELCADE	40	VIVITROL.....	15

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

VOGELXO	115
VOGELXO PUMP	115
<i>voriconazole</i>	34
VOTRIENT	42
<i>vp insulin syringe</i>	81
VUSION	34
VYFEMLA	121
VYVANSE	95

W

<i>warfarin sodium</i>	83
<i>wee care</i>	150
<i>wegmans unifine pentips plus</i>	81
WERA	121
WIDE-SEAL DIAPHRAGM 60	131
WIDE-SEAL DIAPHRAGM 65	131
WIDE-SEAL DIAPHRAGM 70	131
WIDE-SEAL DIAPHRAGM 75	131
WIDE-SEAL DIAPHRAGM 80	131
WIDE-SEAL DIAPHRAGM 85	131
WIDE-SEAL DIAPHRAGM 90	131
WIDE-SEAL DIAPHRAGM 95	131
WIXELA INHUB	143
WYMZYA FE	121

X

XALKORI	42
XARELTO	83
XARELTO STARTER PACK	83
XELJANZ	127
XELJANZ XR	127
XERESE	49
XGEVA	129
XIFAXAN	20
XIGDUO XR	56
XIMINO	24
XOFLUZA (80 MG DOSE)	52
XOLEGEL DUO/HEAD & SHOULDERS	34
XOLEGEL DUO/XOLEX	34
XOPENEX HFA	140
XULANE	121
XYREM	145

Y

<i>yl folic acid</i>	150
YUMVSKIDS MULTI ZERO	104
YUVAFEM	121

Z

<i>zaclir cleansing</i>	102
<i>zafirlukast</i>	138
<i>zaleplon</i>	144
ZANOSAR	37
ZARXIO	84
ZATEAN-PN DHA	150
ZEBUTAL	6
ZELAPAR	45
ZELBORAF	42
ZENPEP	104
ZEPATIER	49
ZEPOSIA	97
ZEPOSIA 7-DAY STARTER PACK	97
ZEPOSIA STARTER KIT	97
ZETONNA	138
ZEVALIN Y-90	40
<i>zevrx insulin syringe</i>	82
<i>zevrx pen needles</i>	82
ZIANA	102
<i>zidovudine</i>	51
<i>zileuton er</i>	138
<i>ziprasidone hcl</i>	48
<i>ziprasidone mesylate</i>	48
ZIPSOR	11
ZIRABEV	37
ZIRGAN	49
ZITHRANOL	102
ZITHROMAX	22
ZOLADEX	125
<i>zoledronic acid</i>	129
ZOLINZA	41
<i>zolmitriptan</i>	36
<i>zolpidem tartrate</i>	144
<i>zolpidem tartrate er</i>	144
ZOLPIMIST	144
ZOMIG	36
ZONALON	102
<i>zonisamide</i>	24
ZOO FRIENDS MULTI GUMMIES	104
ZYCLARA	102
ZYCLARA PUMP	102
ZYDELIG	42
ZYFLO	138
ZYKADIA	42
ZYLET	135

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]