



Lista de Medicamentos de 2024

(Actualizado en Abril 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 Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

Nota: Los anticonceptivos genéricos y aquellos productos de marca que no tienen genérico se cubren con cero (\$) 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] 7

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]..... 7

ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] 8

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] 11

ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA] 13

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] 13

ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] 14

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] 15

ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA] 15

ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN] 15

ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA] 16

ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] 16

ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] 16

ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] 17

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]	23
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	23
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	24
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	27
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	27
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	29
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	30
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	30
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]	32
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	33
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	38
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	40
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	40
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	41

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]	41
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	43
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	43
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	45
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]	45
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	48
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	48
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	48
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	49
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	49
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]	49

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]	51
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	51
MISCELLANEOUS [MISCELÁNEOS]	51
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]	69
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	69
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	71
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]	71
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	75
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	76
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	76

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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]			
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2	ESGIC	QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>diclofenac potassium 50 mg tab</i>	2	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	2	ZIPSOR	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	2	VOLTAREN XR	
<i>ibuprofen 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	2	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	2	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	2	TORADOL	QL(40 / 25)
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	2	NAPROSYN	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	2	DURAGESIC	PA
<i>morphine sulfate er 10 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	KADIAN	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>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr</i>	2	AVINZA	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</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>	2	TYLENOL WITH CODEINE	
<i>codeine sulfate 60 mg tab</i>	2		
<i>hydrocodone-acetaminophen 5-325 mg tab, 7.5-325 mg tab</i>	2	NORCO	
<i>hydrocodone-acetaminophen 7.5-300 mg tab</i>	2	VICODIN	
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	2	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq</i>	2	DILAUDID	
<i>hydromorphone hcl er 8 mg tab er 24 hr</i>	1		PA
<i>meperidine hcl 50 mg tab</i>	2	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln</i>	2	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	2		
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	PERCOCET	
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	2	XYLOCAINE	
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]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>	2	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	2	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	2	REVIA	PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	2	ZYBAN	PA, QL(360 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	2	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	2	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	2	CHANTIX	PA, QL(106 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % oint</i>	2	GARAMYCIN	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % ext soln</i>	2	CLEOCIN-T	
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	2	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>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	6		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	2	CECLOR	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	2	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	2	OMNICEF	
<i>cefprozil 250 mg tab, 500 mg tab</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	2	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 250 mg inj soln</i>	2	ROCEPHIN	
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	2	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	KEFLEX	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 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-pot clavulanate 250-125 mg tab, 500-125 mg tab, 875-125 mg tab</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>ampicillin 500 mg cap</i>	2		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 1 gm pkt, 600 mg tab</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	2	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
ERYTHROCIN STEARATE 250 mg tab	4		
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	E.E.S.	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - 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>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap</i>	2	MONODOX	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	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>	2	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	2	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	2	KEPPRA XR	
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	4		
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln</i>	2		
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	2	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	2		
<i>phenobarbital 20 mg/5ml oral elix</i>	2		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	2	MYSOLINE	
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	2	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 25 mg tab chew</i>	2	LAMICTAL	
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 200 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 200 mg tab er 12 hr</i>	2	TEGRETOL XR	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	2	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	2	VIMPAT	
<i>oxcarbazepine 150 mg tab</i>	2	TRILEPTAL	
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	2	DILANTIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 5 mg tab</i>	2	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	2	ARICEPT ODT	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	2	NAMENDA	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	2	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	2	WELLBUTRIN XL	
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	2	REMERON	
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>	2	CELEXA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	2	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>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</i>	2	PROZAC	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	2	PAXIL	
<i>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>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 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	2	EFFEXOR XR	
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>	2	ELAVIL	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	2	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
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>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 hcl 25 mg/ml inj soln</i>	1	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	2	PHENERGAN	
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 24 mg tab</i>	2	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	ZOFRAN	QL(9 / 30)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>clotrimazole 10 mg m/t troche</i>	2	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	2	LOTRISONE	
<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>	2	DIFLUCAN	
<i>itraconazole 100 mg cap</i>	2	SPORANOX	PA
<i>ketoconazole 200 mg tab</i>	2	NIZORAL	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	2	MYCOLOG	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	2	TERAZOL	
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>hydrocortisone (perianal) 2.5 % crm</i>	2	ANUSOL HC	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	2	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	2		
<i>hydrocortisone acetate 30 mg rect supp</i>	2	PROCTOCORT	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	2	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>pyridostigmine bromide 60 mg tab</i>	2	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	2	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	2		
<i>rifabutin 150 mg cap</i>	2	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	2		
<i>isoniazid 50 mg/5ml syr</i>	2		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	6		PA
SOLTAMOX 10 mg/5ml soln	6		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	6	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	5	XELODA	PA
CARAC 0.5 % crm	6		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
<i>fluorouracil 0.5 % crm</i>	5	CARAC	PA
<i>fluorouracil 5 % crm</i>	5	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	5	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	6	PURINETHOL	PA
NIPENT 10 mg iv soln	6		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	5	TRISENOX	PA
<i>bendamustine hcl 100 mg iv soln, 25 mg iv soln</i>	5	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	5		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	6	BLENOXANE	PA
<i>bortezomib 3.5 mg iv soln</i>	5		PA
<i>bortezomib 3.5 mg inj soln</i>	5	VELCADE	PA
<i>carmustine 300 mg iv soln, 50 mg iv soln</i>	5		PA
<i>carmustine 100 mg iv soln</i>	5	BICNU	PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	6		PA
<i>cladribine 10 mg/10ml iv soln</i>	6	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	5	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	6		PA

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JEVTANA 60 mg/1.5ml iv soln	6		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	6		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	6	MUTAMYCIN	PA
<i>nelarabine 5 mg/ml iv soln</i>	5	ARRANON	PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	5	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	5	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>	6	TAXOL	PA
<i>paclitaxel protein-bound part 100 mg iv susp</i>	5	ABRAXANE	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	5	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	5		PA
PHOTOFRIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
<i>romidepsin 10 mg iv soln</i>	5	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	6		PA
TICE BCG 50 mg i-vesic susp	4		PA
TREANDA 100 mg iv soln, 25 mg iv soln	5		PA
VELCADE 3.5 mg inj soln	6		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	5		PA
VINCASAR PFS 1 mg/ml iv soln	5		PA
<i>vincristine sulfate 1 mg/ml iv soln</i>	6	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	6	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	6		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>	6	PARAPLATIN	PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	5		PA
<i>fludarabine phosphate 50 mg iv soln</i>	5	FLUDARA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	6		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	5	FUSILEV	PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	5		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	5	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
ZOLINZA 100 mg cap	6		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	6	ARIMIDEX	
<i>exemestane 25 mg tab</i>	5	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
<i>etoposide 50 mg cap</i>	5		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	5	VEPESID	PA
HYCAMTIN 0.25 mg cap, 1 mg cap	6		PA
TOPOSAR 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln	6		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	6		PA
<i>topotecan hcl 4 mg iv soln</i>	6	HYCAMTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	6		PA
IRESSA 250 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA
NEXAVAR 200 mg tab	6		PA
<i>pazopanib hcl 200 mg tab</i>	5		PA
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
<i>sorafenib tosylate 200 mg tab</i>	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	5	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
TYKERB 250 mg tab	6		PA
VOTRIENT 200 mg tab	6		PA
XALKORI 200 mg cap, 250 mg cap	6		PA
ZELBORAF 240 mg tab	6		PA
ZYDELIG 100 mg tab, 150 mg tab	6		PA
ZYKADIA 150 mg tab	6		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	6		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
GAZYVA 1000 mg/40ml iv soln	6		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	6		PA
TARGRETIN 1 % gel	6		PA
<i>tretinoin 10 mg cap</i>	6	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>ivermectin 3 mg tab</i>	2	STROMEKTOL	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	4		QL(60 / 3)
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	PLAQUENIL	
<i>nitazoxanide 500 mg tab</i>	2	ALINIA	
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>quinine sulfate 324 mg cap</i>	2	QUALAQUIN	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
<i>permethrin 5 % crm</i>	2	ELIMITE	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>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab</i>	2	PARLODEL	
<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>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	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxilasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	2	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	2	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>selegiline hcl 5 mg tab</i>	2		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	2	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROLIXIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	2	PROLIXIN	
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	2	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	2	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	2	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	2	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	2	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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	6		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	6		PA
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	LATUDA	
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	2	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	6		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3</i>	2	RISPERDAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg tab disint, 4 mg tab, 4 mg tab disint</i>			
<i>risperidone 1 mg/ml soln</i>	2	RISPERDAL	
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	CLOZARIL	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	2	DANTRIUM	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	2	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>valganciclovir hcl 450 mg tab</i>	2	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	2	VALCYTE	
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	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	5		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	5	EPCLUSA	PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
<i>ribavirin 200 mg tab</i>	5	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	5	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	ZOVIRAX	
<i>acyclovir 5 % oint</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	2	ZOVIRAX	
<i>trifluridine 1 % ophth soln</i>	2	VIROPTIC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	5		PA
ISENTRESS 400 mg tab	5		PA
ISENTRESS HD 600 mg tab	5		PA
STRIBILD 150-150-200-300 mg tab	6		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	5	SUSTIVA	PA
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	5	ATRIPLA	PA
<i>etravirine 100 mg tab, 200 mg tab</i>	5	INTELENCE	PA
<i>nevirapine 50 mg/5ml susp</i>	5	VIRAMUNE	PA
<i>nevirapine 200 mg tab</i>	6	VIRAMUNE	PA
<i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>	6	VIRAMUNE XR	PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
<i>abacavir sulfate 300 mg tab</i>	5	ZIAGEN	PA
DOVATO 50-300 mg tab	5		PA
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	5	TRUVADA	PA
EMTRIVA 10 mg/ml soln	6		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	5	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	5	EPIVIR	PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	5	COMBIVIR	PA
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	5	ZERIT	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	5	VIREAD	PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	6	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	6	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	6		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	5	SELZENTRY	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SELZENTRY 25 mg tab, 75 mg tab	5		PA
SELZENTRY 20 mg/ml soln	5		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	6		PA
<i>fosamprenavir calcium 700 mg tab</i>	2	LEXIVA	PA
LEXIVA 50 mg/ml susp	5		PA
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	5	KALETRA	PA
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	5	KALETRA	PA
NORVIR 100 mg pckt	5		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	6		PA
PREZISTA 100 mg/ml susp	6		PA
<i>ritonavir 100 mg tab</i>	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	2	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	2	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	2	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		QL(20 / 180)
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	4		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	4		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>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	BUSPAR	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	2	VISTARIL	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>diazepam 5 mg/ml oral conc</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
DIAZEPAM INTENSOL 5 mg/ml oral conc	4		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	2	PRECOSE	
FARXIGA 10 mg tab, 5 mg tab	3		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr</i>	2	GLUCOTROL XL	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
JANUMET 50-1000 mg tab, 50-500 mg tab	3		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	2		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>	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	3		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
<i>glucagon emergency 1 mg inj kit</i>	4	GLUCAGON EMERGENCY	
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMALOG 100 unit/ml inj soln	3		QL(20 / 30)
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG KWIKPEN 200 unit/ml sc soln pen-inj	3		QL(20 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
<i>insulin glargine 100 unit/ml sc soln</i>	1	LANTUS	QL(20 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>insulin glargine solostar 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<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(15 / 30)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN R 100 unit/ml inj soln	3		QL(20 / 30)
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	2	PRADAXA	
<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>	6	LOVENOX	PA
PRADAXA 110 mg cap	4		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab,</i>	1	COUMADIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab			
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	3		
XARELTO 1 mg/ml susp	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	2	AGRYLIN	
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
aminocaproic acid 500 mg tab	2	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
BRILINTA 60 mg tab, 90 mg tab	3		
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	1	PLAVIX	
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]			
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	2	CATAPRES	
methyldopa 250 mg tab	1	ALDOMET	
methyldopa 500 mg tab	2	ALDOMET	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	2	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	2	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>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	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	2	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	2		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
<i>SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	4		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	2	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	TOPROL XL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	INDERAL LA	
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	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	CARDIZEM CD	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	2	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	2	CALAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	MODURETIC	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	2	TENORETIC	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	2	MONOPRIL-HCT	
<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>	2	LOPRESSOR HCT	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	BUMEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	2	ALDACTONE	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	HYGROTON	
DIURIL 250 mg/5ml susp	4		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	2	FENOGLIDE	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	2	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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>	2	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwr</i>	2	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	2	QUESTRAN LIGHT	
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	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	2	NITRO-DUR	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	2	NITROSTAT	
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>	2	ADDERALL XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	2	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	2	PROCENTRA	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	DEXEDRINE	
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>	2	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	2	KAPVAY	
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	FOCALIN	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	2	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	2	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	2		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>pregabalin 225 mg cap, 300 mg cap</i>	2	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap</i>	2	LYRICA	PA, QL(90 / 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]
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	5	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	5	TECFIDERA STARTER PACK	PA
<i>fingolimod hcl 0.5 mg cap</i>	5	GILENYA	PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	5	COPAXONE	PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
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]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	PA
<i>adapalene 0.1 % gel</i>	2	DIFFERIN	
<i>adapalene treatment 0.1 % gel</i>	2	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	2	ZIANA	
<i>cvs adapalene 0.1 % gel</i>	2	DIFFERIN	
<i>DIFFERIN 0.1 % gel</i>	2		
<i>imiquimod 5 % crm</i>	2	ALDARA	
<i>sulfacetamide sodium (cleans) 10 % gel</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	2	ROSULA CLEANSER	
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	PA
<i>tretinoin 0.01 % gel, 0.05 % crm</i>	2	RETIN-A	PA
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		
CYSTAGON 150 mg cap, 50 mg cap	4		
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]			
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	2	BENTYL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix</i>	2		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	2	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	2	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	2	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	2	LEVBID	
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	2	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	2	LOMOTIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>acid control maximum strength 20 mg tab</i>	1	PEPCID	
<i>acid controller max st 20 mg tab</i>	1	PEPCID	
<i>acid reducer maximum strength 20 mg tab</i>	1	PEPCID	
<i>cvs acid controller max st 20 mg tab</i>	1	PEPCID	
<i>eq famotidine max st 20 mg tab</i>	1	PEPCID	
<i>eql heartburn prevention 20 mg tab</i>	1	PEPCID	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>famotidine maximum strength 20 mg tab</i>	1	PEPCID	
<i>ft acid reducer max strength 20 mg tab</i>	1	PEPCID	
<i>gnp acid reducer max st 20 mg tab</i>	1	PEPCID	
<i>heartburn relief max st 20 mg tab</i>	1	PEPCID	
<i>kls acid controller max st 20 mg tab</i>	1	PEPCID	
MM ACID-PEP MAXIMUM STRENGTH 20 mg tab	1		
PEPCID AC MAXIMUM STRENGTH 20 mg tab	1		
<i>px acid reducer max st 20 mg tab</i>	1	PEPCID	
<i>qc acid controller max st 20 mg tab</i>	1	PEPCID	
<i>qc famotidine acid reducer 20 mg tab</i>	1	PEPCID	
<i>ra acid reducer max st 20 mg tab</i>	1	PEPCID	
<i>sb acid controller max st 20 mg tab</i>	1	PEPCID	
<i>sm acid reducer max st 20 mg tab</i>	1	PEPCID	
ZANTAC 360 MAX ST 20 mg tab	1		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	2	CARAFATE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>omeprazole 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
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>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<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>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>urin ds 81.6 mg tab</i>	2		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
<i>sevelamer carbonate 800 mg tab</i>	2	RENVELA	
<i>sevelamer hcl 800 mg tab</i>	2	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % oint</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	2	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>	2	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	2	BETA-VAL	
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	2		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 4 mg/ml inj soln pfs</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	2		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	FLORINEF	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	2	HYTONE	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	2	WESTCORT	
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	2	SOLU-MEDROL	
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisone 10 mg (21) tab pack, 10 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	2		
<i>triamcinolone acetonide 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	2	KENALOG	
<i>triamcinolone acetonide 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
<i>triamcinolone in absorbbase 0.05 % oint</i>	2	TRIANEX	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	2	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2	DDAVP	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	5	OXANDRIN	PA
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>	2	DEPO-TESTOSTERONE	PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DEPO-ESTRADIOL 5 mg/ml im oil	4		
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	1	MIRCETTE	QL(28 / 28)
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	2	BEYAZ	QL(28 / 28)
drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab	2	SAFYRAL	QL(28 / 28)
drospirenone-ethinyl estradiol 3-0.03 mg tab	2	YASMIN	QL(28 / 28)
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	QL(28 / 28)
est estrogens-methyltest 1.25-2.5 mg tab	2	ESTRATEST	
est estrogens-methyltest ds 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest hs 0.625-1.25 mg tab	2		
estradiol 0.1 mg/gm vag crm	1	ESTRACE	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	
estradiol 10 mcg vag tab	2	VAGIFEM	
estradiol valerate 40 mg/ml im oil	1	DELESTROGEN	
estradiol valerate 20 mg/ml im oil	2	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	
ESTRING 2 mg vag ring	4		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab	2	DEMULEN	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
levonorgest-eth est & eth est 42-21-21-7 days tab	2	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	LOSEASONIQUE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	SEASONALE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab	2	SEASONIQUE	QL(91 / 91)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	2	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>	2	ENPRESSE 28 DAY	QL(28 / 28)
LOW-OGESTREL 0.3-30 mg-mcg tab	4		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	2	MINASTRIN 24 FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	2	FEMHRT	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	2	FEMCON FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	2	GENERESS FE	QL(28 / 28)
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ORTHO TRI-CYCLEN	QL(28 / 28)
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	2	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	5		PA
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
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]			
LEVO-T 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	2	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	2	TIROSINT	
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	6		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants []			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	2	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	5		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	6	LUPRON	PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	2		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
<i>adalimumab-adbm (2 pen) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		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>	5		PA
<i>adalimumab-adbm(cd/uc/hs str) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
AMJEVITA 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	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
soln pfs, 80 mg/0.8ml sc soln auto-inj			
<i>azathioprine 50 mg tab</i>	2	IMURAN	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	5	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	5	NEORAL	PA
CYLTEZO 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO-PSORIASIS/UV STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	5		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	5		PA
<i>infliximab 100 mg iv soln</i>	5		PA
<i>methotrexate sodium 2.5 mg tab</i>	2		
<i>methotrexate sodium 1 gm inj soln</i>	6		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	6	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	6	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	5	MYFORTIC	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	6	PROGRAF	PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>mesalamine er 500 mg cap er</i>	2	PENTASA	
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
PROLIA 60 mg/ml sc soln pfs	6		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	5	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	5	ZOMETA	PA
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
<i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>1st tier unifine pentips 32G X 4 MM misc</i>	2		
<i>1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>1st tier unifine pentips plus 32G X 4 MM misc</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ABOUTTIME PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc	1		
ABOUTTIME PEN NEEDLE 32G X 4 MM misc	2		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	2		
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ml misc	2		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	2		
<i>aum pen needle 32G X 4 MM misc</i>	2		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	2		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	1		
<i>aurora pen needles 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>aurora unifine pentips 31G X 5 MM misc</i>	1		
<i>aurora unifine pentips 32G X 4 MM misc</i>	2		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ml misc	1		
BD INSULIN SYRINGE 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ml misc	1		

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

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

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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 5 MM misc, 31G X 8 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM misc	2		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc	1		
DIATHRIVE PEN NEEDLE 32G X 4 MM misc	2		
DROPLET 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, 31G X 15/64" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc	2		
DROPLET PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
DROPLET PEN NEEDLES 32G X 4 MM misc	2		
<i>dropsafe safety pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>drug mart unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>drug mart unifine pentips 32G X 4 MM misc</i>	2		
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	2		
<i>easy comfort insulin syringe 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>easy comfort insulin syringe 30G X 5/16" 1 ml misc</i>	2		

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

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

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>h-e-b incontrol pen needles 32G X 4 MM misc</i>	2		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 8 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc	2		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	1		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM misc	1		
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM misc	2		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<i>insulin syringe-needle u-100 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 30G X 5/16" 1 ml misc</i>	2		
<i>insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>insupen pen needles 32G X 4 MM misc</i>	2		
INSUPEN ULTRAFIN 31G X 8 MM misc	1		
<i>kinray insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kroger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc,</i>	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>pc unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needles 32G X 4 MM misc</i>	2		
<i>pen needles 5/16" 31G X 8 MM misc</i>	1		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
PENTIPS 32G X 4 MM misc	2		
<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>	2		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc</i>	1		
<i>preferred plus insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<i>preferred plus unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>preferred plus unifine pentips 32G X 4 MM misc</i>	2		
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM misc	1		
PREVENT SAFETY PEN NEEDLES 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc	2		
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc</i>	1		
PRODIGY INSULIN SYRINGE 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]
<i>pure comfort pen needle 32G X 4 MM misc</i>	2		
<i>pure comfort safety pen needle 31G X 5 MM misc</i>	1		
<i>pure comfort safety pen needle 32G X 4 MM misc</i>	2		
<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 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	2		
<i>ra insulin syringe 29G X 1/2" 1 ml misc</i>	1		
<i>ra insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<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 5 MM misc, 31G X 8 MM misc</i>	1		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 8 MM misc	1		
RELION PEN NEEDLES 32G X 4 MM misc	2		
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		
<i>sb insulin syringe 29G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sb insulin syringe 30G X 5/16" 1 ml misc</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ml misc	1		
SHOPKO UNIFINE PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
SHOPKO UNIFINE PENTIPS 32G X 4 MM misc	2		
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM misc	2		
<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 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" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	2		
<i>sure comfort pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>sure comfort pen needles 32G X 4 MM misc</i>	2		
<i>techlite 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, 31G X 15/64" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	2		
<i>today's health pen needles 29G X 12MM 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>today's health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 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" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>topcare ultra comfort ins syr 30G X 5/16" 1 ml misc</i>	2		
<i>true comfort insulin syringe 30G X 1/2" 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</i>	2		
<i>true comfort pen needles 31G X 5 MM misc</i>	1		
<i>true comfort pen needles 32G X 4 MM misc</i>	2		
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 31G 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</i>	2		
<i>true comfort pro pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>true comfort pro pen needles 32G X 4 MM misc</i>	2		
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM misc	2		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ml 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]
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
TRUEPLUS PEN NEEDLES 32G X 4 MM misc	2		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc	2		
ULTICARE MICRO PEN NEEDLES 31G X 8 MM misc	1		
ULTICARE MICRO PEN NEEDLES 32G X 4 MM misc	2		
ULTICARE PEN NEEDLES 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM misc	2		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc	2		
ULTILET PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc	1		
ULTILET PEN NEEDLE 32G X 4 MM misc	2		

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

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

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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 8 MM misc</i>	1		
<i>wegmans unifine pentips plus 32G X 4 MM misc</i>	2		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>zevrx pen needles 32G X 4 MM misc</i>	2		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	CARNITOR	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
<i>atropine sulfate 1 % ophth oint</i>	2		
<i>atropine sulfate 1 % ophth soln</i>	2	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	2	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	2	POLYSPORIN	
<i>cyclosporine 0.05 % ophth emul</i>	2	RESTASIS	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>azelastine hcl 0.05 % ophth soln</i>	2	OPTIVAR	
<i>cvs olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
<i>eye allergy itch relief 0.2 % ophth soln</i>	2	PATADAY	
<i>ft eye allergy itch relief 0.2 % ophth soln</i>	2	PATADAY	
<i>gnp olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>hm eye allergy itch relief 0.2 % ophth soln</i>	2	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
PATADAY 0.2 % ophth soln	2		
<i>qc olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
<i>sm olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	2	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
<i>brimonidine tartrate 0.2 % ophth soln</i>	2	ALPHAGAN	
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	2	MAXIDEX	
<i>dorzolamide hcl 2 % ophth soln</i>	2	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	2	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	2	COSOPT	
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	2	ISOPTO CARPINE	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	2	TIMOPTIC	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	2	VOSOL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	2	CIPRODEX	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	2	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	
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>all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>all-day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>allergy relief 5 mg tab</i>	1	XYZAL	
<i>allergy relief childrens 1 mg/ml soln</i>	1	ZYRTEC	
<i>allergy relief childrens 24-hr 1 mg/ml soln</i>	1	ZYRTEC	
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	2	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	2	ASTEPRO	QL(30 / 30)
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	1	ZYRTEC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>cetirizine hcl childrens alrgy 1 mg/ml soln</i>	1	ZYRTEC	
<i>childrens 24 hour allergy 1 mg/ml soln</i>	1	ZYRTEC	
<i>cvs allergy relief 5 mg tab</i>	1	XYZAL	
<i>cvs allergy relief childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>desloratadine 5 mg tab</i>	1	CLARINEX	
<i>eq allerg relief child (cetir) 5 mg/5ml soln</i>	1	ZYRTEC	
<i>eq allergy relief (cetirizine) 1 mg/ml soln</i>	1	ZYRTEC	
<i>eql all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>ft allergy relief childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>gnp all day allergy childrens 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
<i>gnp allergy relief 24 hr 5 mg tab</i>	1	XYZAL	
<i>goodsense all day allergy 5 mg/5ml soln</i>	1	ZYRTEC	
<i>hm all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	2	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap</i>	2	VISTARIL	
<i>KLS ALLER-TEC CHILDRENS 5 mg/5ml soln</i>	1		
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	2	PATANASE	
<i>px childrens allergy 5 mg/5ml soln</i>	1	ZYRTEC	
<i>qc allergy relief childrens 1 mg/ml syr</i>	1	ZYRTEC	
<i>qc childrens allergy 5 mg/5ml soln</i>	1	ZYRTEC	
<i>ra allergy relief childrens 1 mg/ml soln, 5 mg/5ml soln, 5 mg/5ml syr</i>	1	ZYRTEC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>sb cetirizine hcl childrens 1 mg/ml soln</i>	1	ZYRTEC	
<i>sm all day allergy childrens 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
WAL-ZYR 5 mg/5ml soln	1		
WAL-ZYR ALL DAY ALLERGY CHILD 5 mg/5ml soln	1		
WAL-ZYR ALLERGY CHILDRENS 1 mg/ml soln	1		
WAL-ZYR CHILDRENS 1 mg/ml soln, 5 mg/5ml soln	1		
XYZAL ALLERGY 24HR 5 mg tab	1		
ZYRTEC CHILDRENS ALLERGY 1 mg/ml soln, 5 mg/5ml soln	1		
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	2	PULMICORT	QL(60 / 30), AL
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(120 / 30)
FLOVENT HFA 44 mcg/act inh aer	3		QL(10.6 / 30)
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer	3		QL(12 / 30)
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	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
<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>	2	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	2	DUONEB	QL(360 / 30)
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	2	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 (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	2	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	4	XOPENEX HFA	QL(30 / 30), ST
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
<i>tobramycin 300 mg/5ml inh neb soln</i>	6	TOBI	PA
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
<i>roflumilast 500 mcg tab</i>	2	DALIRESP	
<i>theophylline er 300 mg tab er 12 hr</i>	2	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
<i>ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab</i>	5		PA
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	5	REVATIO	PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
<i>pirfenidone 534 mg tab</i>	5		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(12 / 30)
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	2	ZONATUSS	
BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs	6		PA
BREYNA 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1		QL(10.3 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.2 / 30)
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwr br act, 250-50 mcg/act inh aer pwr br act, 500-50 mcg/act inh aer pwr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwr br act, 232-14 mcg/act inh aer pwr br act, 55-14 mcg/act inh aer pwr br act</i>	1	AIRDUO	QL(1 / 30)
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		
WIXELA INHUB 100-50 mcg/act inh aer pwr br act, 250-50 mcg/act inh aer pwr br act, 500-50 mcg/act inh aer pwr br act	1		QL(60 / 30)
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]			
<i>cyclobenzaprine hcl 10 mg tab</i>	1	FLEXERIL	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	2	ROBAXIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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]			
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	2	DALMANE	
<i>temazepam 15 mg cap, 30 mg cap</i>	2	RESTORIL	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	
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]			
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	2	FERRLECIT	PA
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	2	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	2	MICRO-K	
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 29-1 mg tab</i>	2		
<i>prenatal plus 27-1 mg tab</i>	1		
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>sodium polystyrene sulfonate oral pwr</i>	2	KAYEXALATE	

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]

1	
1st tier unifine pentips	51
1st tier unifine pentips plus	51

A

abacavir sulfate	28
abiraterone acetate	17
ABOUTTIME PEN NEEDLE	52
ABRAXANE	18
acarbose	30
acetaminophen-codeine	7
acetazolamide	70
acetic acid	71
acid control maximum strength	42
acid controller max st	42
acid reducer maximum strength	42
acitretin	40
acyclovir	27
adalimumab-adbm (2 pen)	49
adalimumab-adbm (2 syringe)	49
adalimumab-adbm(cd/uc/hs strt)	49
adalimumab-adbm(ps/uv starter)	49
adapalene	40
adapalene treatment	40
adapalene-benzoyl peroxide	40
ADEMPAS	74
ADVAIR HFA	75
ADVOCATE INSULIN PEN NEEDLE	52
ADVOCATE INSULIN PEN NEEDLES	52
ADVOCATE INSULIN SYRINGE	52
albuterol sulfate	73, 74
albuterol sulfate hfa	74
alendronate sodium	51
ALIMTA	18
ALINIA	23
all day allergy childrens	71
all-day allergy childrens	71
allergy relief	71
allergy relief childrens	71
allergy relief childrens 24-hr	71
allopurinol	15
amantadine hcl	23
amiloride hcl	37
amiloride-hydrochlorothiazide	36
aminocaproic acid	33

amiodarone hcl	34
amitriptyline hcl	14
AMJEVITA	49
amlodipine besylate	35
amoxicillin	9
amoxicillin-pot clavulanate	9
amoxicillin-pot clavulanate er	9
amphetamine-dextroamphet er	38
amphetamine-dextroamphetamine	39
ampicillin	10
anagrelide hcl	33
anastrozole	21
APTIVUS	29
aripiprazole	25
ARRANON	18
arsenic trioxide	18
ARZERRA	22
asenapine maleate	25
ASSURE ID DUO PRO PEN NEEDLES	52
atenolol	34
atenolol-chlorthalidone	36
atomoxetine hcl	39
atorvastatin calcium	37
atropine sulfate	69
aum insulin safety pen needle	52
aum mini insulin pen needle	52
aum pen needle	52
AUM READYGARD DUO PEN NEEDLE	52
AUM SAFETY PEN NEEDLE	52
aurora pen needles	52
aurora unifine pentips	52
azathioprine	50
azelastine hcl	69, 71
azithromycin	10

B

bacitracin	70
bacitracin-polymyxin b	69
baclofen	27
BAQSIMI ONE PACK	31
BD INSULIN SYR ULTRAFINE II	52
BD INSULIN SYRINGE	52
BD INSULIN SYRINGE MICROFINE	52
BD INSULIN SYRINGE U/F	53
BD INSULIN SYRINGE ULTRAFINE	53

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

BD PEN NEEDLE MINI U/F	53	CARAC.....	18
BD PEN NEEDLE NANO 2ND GEN	53	<i>carbamazepine</i>	12
BD PEN NEEDLE NANO U/F	53	<i>carbamazepine er</i>	12
BD PEN NEEDLE SHORT U/F	53	<i>carbidopa-levodopa</i>	24
BD SAFETYGLIDE INSULIN SYRINGE	53	<i>carbidopa-levodopa er</i>	24
BD VEO INSULIN SYR U/F 1/2UNIT	53	<i>carbidopa-levodopa-entacapone</i>	24
BD VEO INSULIN SYRINGE U/F	53	<i>carboplatin</i>	20
<i>bendamustine hcl</i>	18	CAREFINE PEN NEEDLES	53
BENDEKA.....	18	<i>careone insulin syringe</i>	53
<i>benzonatate</i>	75	<i>careone unifine pentips</i>	53
<i>benztropine mesylate</i>	23	<i>careone unifine pentips plus</i>	54
<i>betamethasone dipropionate aug</i>	43	CARETOUCH INSULIN SYRINGE	54
<i>betamethasone sod phos & acet</i>	44	CARETOUCH PEN NEEDLES	54
<i>betamethasone valerate</i>	44	<i>carmustine</i>	18
<i>betaxolol hcl</i>	70	<i>carvedilol</i>	35
<i>bexarotene</i>	23	<i>cefaclor</i>	9
BEYFORTUS.....	75	<i>cefadroxil</i>	9
<i>bicalutamide</i>	17	<i>cefdinir</i>	9
BICILLIN L-A.....	10	<i>cefprozil</i>	9
BIKTARVY	28	<i>ceftriaxone sodium</i>	9
<i>bleomycin sulfate</i>	18	<i>cephalexin</i>	9
<i>bortezomib</i>	18	<i>cetirizine hcl</i>	71
BOSULIF.....	21	<i>cetirizine hcl allergy child</i>	71
BREYNA	75	<i>cetirizine hcl childrens alrgy</i>	72
BRILINTA.....	33	<i>childrens 24 hour allergy</i>	72
<i>brimonidine tartrate</i>	70	<i>chlorpromazine hcl</i>	24
<i>bromocriptine mesylate</i>	24	<i>chlorthalidone</i>	37
<i>budesonide</i>	73	<i>cholestyramine</i>	38
<i>budesonide-formoterol fumarate</i>	75	<i>cholestyramine light</i>	38
<i>bumetanide</i>	36	<i>cilostazol</i>	33
<i>buprenorphine hcl</i>	8	<i>cinacalcet hcl</i>	49
<i>buprenorphine hcl-naloxone hcl</i>	8	<i>ciprofloxacin hcl</i>	10, 70
<i>bupropion hcl</i>	13	<i>ciprofloxacin-dexamethasone</i>	71
<i>bupropion hcl er (smoking det)</i>	8	<i>cisplatin</i>	18
<i>bupropion hcl er (sr)</i>	13	<i>citalopram hydrobromide</i>	13
<i>bupropion hcl er (xl)</i>	13	<i>cladribine</i>	18
<i>buspirone hcl</i>	29	<i>clarithromycin</i>	10
<i>busulfan</i>	17	<i>clarithromycin er</i>	10
<i>butalbital-apap-caffeine</i>	6	CLEVER CHOICE COMFORT EZ	54
C		<i>clickfine pen needles</i>	54
<i>cabergoline</i>	49	CLICKFINE PEN NEEDLES	54
<i>calcipotriene</i>	40	<i>clindamycin hcl</i>	8
<i>calcitriol</i>	51	<i>clindamycin phos-benzoyl perox</i>	40
<i>calcium acetate (phos binder)</i>	43	<i>clindamycin phosphate</i>	8
<i>capecitabine</i>	18	<i>clindamycin-tretinoin</i>	40
CAPRELSA.....	21	<i>clofarabine</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>clonazepam</i>	11	<i>desloratadine</i>	72
<i>clonidine hcl</i>	33	<i>desmopressin ace spray refrig</i>	45
<i>clonidine hcl er</i>	39	<i>desmopressin acetate</i>	45
<i>clopidogrel bisulfate</i>	33	<i>desmopressin acetate spray</i>	45
<i>clotrimazole</i>	15	<i>desogestrel-ethinyl estradiol</i>	46
<i>clotrimazole-betamethasone</i>	15	<i>dexamethasone</i>	44
<i>clozapine</i>	27	<i>dexamethasone sod phosphate pf</i>	44
<i>codeine sulfate</i>	7	<i>dexamethasone sodium phosphate</i>	44, 70
<i>colchicine</i>	15	<i>dexmethylphenidate hcl</i>	39
<i>colchicine-probenecid</i>	15	<i>dexrazoxane hcl</i>	19
COMFORT EZ INSULIN SYRINGE	54	<i>dextroamphetamine sulfate</i>	39
COMFORT EZ MICRO PEN NEEDLES	54	<i>dextroamphetamine sulfate er</i>	39
COMFORT EZ PEN NEEDLES	54	DIATHRIVE PEN NEEDLE	55
COMFORT EZ PRO PEN NEEDLES	55	<i>diazepam</i>	11, 29, 30
COMFORT EZ SHORT PEN NEEDLES.....	55	DIAZEPAM INTENSOL.....	30
COMFORT TOUCH INSULIN PEN NEED... 55		<i>diclofenac potassium</i>	6
<i>cortisone acetate</i>	44	<i>diclofenac sodium</i>	6, 70
CREON	41	<i>diclofenac sodium er</i>	6
<i>cromolyn sodium</i>	41	<i>dicyclomine hcl</i>	41
<i>cvs acid controller max st</i>	42	DIFFERIN.....	40
<i>cvs adapalene</i>	40	<i>digoxin</i>	36
<i>cvs allergy relief</i>	72	<i>diltiazem hcl er</i>	35
<i>cvs allergy relief childrens</i>	72	<i>diltiazem hcl er beads</i>	35
<i>cvs olopatadine hcl</i>	69	<i>diltiazem hcl er coated beads</i>	35
<i>cyclobenzaprine hcl</i>	75	<i>dilt-xr</i>	35
<i>cyclophosphamide</i>	17	<i>dimethyl fumarate</i>	40
<i>cyclosporine</i>	69	<i>dimethyl fumarate starter pack</i>	40
<i>cyclosporine modified</i>	50	<i>diphenoxylate-atropine</i>	41
CYLTEZO	50	DIURIL	37
CYLTEZO-CD/UC/HS STARTER	50	<i>divalproex sodium</i>	11
CYLTEZO-PSORIASIS/UV STARTER	50	<i>docetaxel</i>	19
CYRAMZA	21	<i>donepezil hcl</i>	13
CYSTAGON.....	41	<i>dorzolamide hcl</i>	70
<i>cytarabine</i>	18	<i>dorzolamide hcl-timolol mal</i>	70
<i>cytarabine (pf)</i>	19	<i>dorzolamide hcl-timolol mal pf</i>	70
D		DOVATO	28
<i>dabigatran etexilate mesylate</i>	32	<i>doxepin hcl</i>	14
<i>dacarbazine</i>	19	<i>doxorubicin hcl</i>	19
<i>dactinomycin</i>	19	<i>doxorubicin hcl liposomal</i>	19
<i>dalfampridine er</i>	40	<i>doxycycline hyclate</i>	11
<i>dantrolene sodium</i>	27	<i>doxycycline monohydrate</i>	11
<i>dapsone</i>	16	DROPLET INSULIN SYRINGE	55
<i>daunorubicin hcl</i>	19	DROPLET PEN NEEDLES	55
<i>decitabine</i>	19	<i>dropsafe safety pen needles</i>	55
DEPAKOTE	11	<i>drospiren-eth estrad-levomefol</i>	46
DEPO-ESTRADIOL	46	<i>drospirenone-ethinyl estradiol</i>	46

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

DROXIA	18	<i>ethambutol hcl</i>	16
<i>drug mart unifine pentips</i>	55	<i>ethosuximide</i>	11
<i>drug mart unifine pentips plus</i>	55	<i>ethynodiol diac-eth estradiol</i>	46
<i>duloxetine hcl</i>	14	<i>etonogestrel-ethinyl estradiol</i>	46
E		ETOPOPHOS	21
<i>easy comfort insulin syringe</i>	55	<i>etoposide</i>	21
<i>easy comfort pen needles</i>	56	<i>etravirine</i>	28
EASY TOUCH FLIPLOCK INSULIN SY	56	<i>everolimus</i>	22
EASY TOUCH INSULIN SAFETY SYR	56	<i>exemestane</i>	21
EASY TOUCH INSULIN SYRINGE	56	<i>eye allergy itch relief</i>	69
EASY TOUCH PEN NEEDLES	56	F	
EASY TOUCH SHEATHLOCK SYRINGE	56	<i>famotidine</i>	42
<i>efavirenz</i>	28	<i>famotidine maximum strength</i>	42
<i>efavirenz-emtricitab-tenofo df</i>	28	FARXIGA	30
ELIGARD	49	FEMRING	46
EMBRACE PEN NEEDLES	56	<i>fenofibrate</i>	37
EMCYT	18	<i>fenofibrate micronized</i>	37
<i>emtricitabine-tenofovir df</i>	28	<i>fenofibric acid</i>	37
EMTRIVA	28	<i>fentanyl</i>	6
<i>enalapril-hydrochlorothiazide</i>	36	FIFTY50 PEN NEEDLES	57
<i>enoxaparin sodium</i>	32	FIFTY50 SUPERIOR COMFORT SYR	57
<i>entecavir</i>	27	<i>finasteride</i>	43
<i>eq allerg relief child (cetir)</i>	72	<i> fingolimod hcl</i>	40
<i>eq allergy relief (cetirizine)</i>	72	<i>flecainide acetate</i>	34
<i>eq famotidine max st</i>	42	FLOVENT DISKUS	73
<i>eql all day allergy childrens</i>	72	FLOVENT HFA	73
<i>eql heartburn prevention</i>	42	<i>floxuridine</i>	19
<i>eql insulin syringe</i>	56	<i>fluconazole</i>	15
ERBITUX	22	<i>fludarabine phosphate</i>	20
<i>ergoloid mesylates</i>	13	<i>fludrocortisone acetate</i>	44
ERIVEDGE	21	<i>fluorometholone</i>	70
ERLEADA	17	<i>fluorouracil</i>	18, 19
<i>erlotinib hcl</i>	21	<i>fluoxetine hcl</i>	14
ERYTHROCIN STEARATE	10	<i>fluphenazine decanoate</i>	24
<i>erythromycin</i>	70	<i>fluphenazine hcl</i>	24, 25
<i>erythromycin base</i>	10	<i>flurazepam hcl</i>	76
<i>erythromycin ethylsuccinate</i>	10	<i>fluticasone-salmeterol</i>	75
<i>escitalopram oxalate</i>	14	<i>fosamprenavir calcium</i>	29
<i>est estrogens-methyltest</i>	46	<i>fosinopril sodium</i>	34
<i>est estrogens-methyltest ds</i>	46	<i>fosinopril sodium-hctz</i>	36
<i>est estrogens-methyltest hs</i>	46	<i>freds pharmacy unifine pentip+</i>	57
<i>estradiol</i>	46	<i>freds pharmacy unifine pentips</i>	57
<i>estradiol valerate</i>	46	<i>ft acid reducer max strength</i>	42
<i>estradiol-norethindrone acet</i>	46	<i>ft allergy relief childrens</i>	72
ESTRING	46	<i>ft eye allergy itch relief</i>	69
ESTROGEL	46	<i>fulvestrant</i>	19

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

<i>furosemide</i>	37
FUZEON	28

G

<i>gabapentin</i>	11, 12
GAZYVA	22
<i>gemcitabine hcl</i>	19
<i>gemfibrozil</i>	37
<i>gentamicin sulfate</i>	8, 70
<i>glatiramer acetate</i>	40
GLEOSTINE	17
<i>glimepiride</i>	30
<i>glipizide</i>	30
<i>glipizide er</i>	30
<i>glipizide xl</i>	30
<i>global ease inject pen needles</i>	57
<i>global easy glide insulin syr</i>	57
<i>global easy glide pen needles</i>	57
<i>global inject ease insulin syr</i>	57
<i>global insulin syringes</i>	57
<i>glucagon emergency</i>	31
GLUCOPRO INSULIN SYRINGE	57
<i>glyburide</i>	30
<i>glyburide-metformin</i>	30
<i>gnp acid reducer max st</i>	42
<i>gnp all day allergy childrens</i>	72
<i>gnp allergy relief 24 hr</i>	72
<i>gnp clickfine pen needles</i>	57
<i>gnp insulin syringe</i>	57, 58
<i>gnp insulin syringes</i>	58
<i>gnp insulin syringes 29gx1/2</i>	58
<i>gnp olopatadine hcl</i>	69
<i>gnp ulticare pen needles</i>	58
GNP ULTIGUARD SAFEPACK NEEDLE	58
<i>goodsense all day allergy</i>	72
<i>goodsense clickfine pen needle</i>	58
GOODSENSE PEN NEEDLE PENFINE	58

H

HADLIMA	50
HADLIMA PUSHTOUCH	50
HALAVEN	19
<i>haloperidol</i>	25
<i>haloperidol decanoate</i>	25
<i>haloperidol lactate</i>	25
<i>healthwise insulin syr/needle</i>	58
<i>healthwise micron pen needles</i>	58

<i>healthwise pen needles</i>	58
<i>healthwise short pen needles</i>	58
<i>healthwise unifine pentips</i>	58
<i>healthy accents unifine pentip</i>	58
<i>heartburn relief max st</i>	42
<i>h-e-b incontrol pen needles</i>	59
H-E-B INCONTROL UNIFINE PENTIP	59
<i>hm all day allergy childrens</i>	72
<i>hm eye allergy itch relief</i>	70
HM ULTICARE MINI PEN NEEDLES	59
HM ULTICARE SHORT PEN NEEDLES	59
HUMALOG	31
HUMALOG JUNIOR KWIKPEN	31
HUMALOG KWIKPEN	31
HUMALOG MIX 50/50	31
HUMALOG MIX 50/50 KWIKPEN	31
HUMALOG MIX 75/25	31
HUMALOG MIX 75/25 KWIKPEN	31
HYCAMTIN	21
<i>hydralazine hcl</i>	38
<i>hydrochlorothiazide</i>	37
<i>hydrocodone-acetaminophen</i>	7
<i>hydrocortisone</i>	44, 51
<i>hydrocortisone (perianal)</i>	16
<i>hydrocortisone ace-pramoxine</i>	16
<i>hydrocortisone acetate</i>	16
<i>hydrocortisone valerate</i>	44
<i>hydrocortisone-acetic acid</i>	71
<i>hydromorphone hcl</i>	7
<i>hydromorphone hcl er</i>	7
<i>hydroxychloroquine sulfate</i>	23
<i>hydroxyurea</i>	18
<i>hydroxyzine hcl</i>	29, 72
<i>hydroxyzine pamoate</i>	72
<i>hyoscyamine sulfate</i>	41
<i>hyoscyamine sulfate er</i>	41

I

IBRANCE	22
<i>ibuprofen</i>	6
<i>idarubicin hcl</i>	19
IFEX	19
<i>ifosfamide</i>	19
<i>imatinib mesylate</i>	22
<i>imipramine hcl</i>	14
<i>imiquimod</i>	40
INCONTROL ULTICARE PEN NEEDLES	59

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

<i>indapamide</i>	37
<i>indomethacin</i>	6
<i>indomethacin er</i>	6
<i>infliximab</i>	50
INLYTA	22
<i>insulin glargine</i>	31
<i>insulin glargine solostar</i>	32
<i>insulin lispro</i>	32
<i>insulin lispro (1 unit dial)</i>	32
<i>insulin lispro junior kwikpen</i>	32
<i>insulin lispro prot & lispro</i>	32
<i>insulin syringe</i>	59
<i>insulin syringe-needle u-100</i>	59
<i>insupen pen needles</i>	59
INSUPEN ULTRAFIN	59
INVEGA HAFYERA	25
INVEGA SUSTENNA.....	26
INVEGA TRINZA	26
<i>ipratropium bromide</i>	73
<i>ipratropium-albuterol</i>	73
<i>irbesartan</i>	34
IRESSA.....	22
<i>irinotecan hcl</i>	19
ISENTRESS.....	28
ISENTRESS HD	28
<i>isoniazid</i>	16
<i>isosorbide dinitrate</i>	38
<i>isosorbide mononitrate</i>	38
<i>isosorbide mononitrate er</i>	38
<i>itraconazole</i>	15
<i>ivermectin</i>	23
IXEMPRA KIT	19
J	
JAKAFI.....	22
JANUMET	31
JANUMET XR.....	31
JANUVIA.....	31
JEVTANA.....	20
K	
KADCYLA	20
<i>ketoconazole</i>	15
<i>ketorolac tromethamine</i>	6, 70
KEYTRUDA	22
<i>kinray insulin syringe</i>	59
<i>kls acid controller max st</i>	42

KLS ALLER-TEC CHILDRENS	72
<i>kreger insulin syringe</i>	59, 60
<i>kreger pen needles</i>	60
L	
<i>labetalol hcl</i>	35
<i>lacosamide</i>	12
<i>lamivudine</i>	28
<i>lamivudine-zidovudine</i>	28
<i>lamotrigine</i>	12
<i>lapatinib ditosylate</i>	22
<i>latanoprost</i>	71
<i>leader insulin syringe</i>	60
LEADER UNIFINE PENTIPS	60
LEADER UNIFINE PENTIPS PLUS.....	60
<i>leflunomide</i>	50
<i>lenalidomide</i>	17
<i>letrozole</i>	21
<i>leucovorin calcium</i>	21
LEUKERAN.....	17
<i>leuprolide acetate</i>	49
<i>levabuterol hcl</i>	74
<i>levabuterol tartrate</i>	74
<i>levetiracetam</i>	11
<i>levetiracetam er</i>	11
<i>levobunolol hcl</i>	70
<i>levocarnitine</i>	69
<i>levocetirizine dihydrochloride</i>	72
<i>levofloxacin</i>	10
<i>levoleucovorin calcium</i>	21
<i>levonorgest-eth est & eth est</i>	46
<i>levonorgest-eth estrad 91-day</i>	46
<i>levonorgestrel-ethinyl estrad</i>	47
<i>levonorg-eth estrad triphasic</i>	47
LEVO-T	48
<i>levothyroxine sodium</i>	48
LEXIVA.....	29
<i>lidocaine hcl</i>	7
<i>lidocaine viscous hcl</i>	40
<i>linezolid</i>	8
<i>lisinopril</i>	34
<i>lisinopril-hydrochlorothiazide</i>	36
LITETOUCH INSULIN SYRINGE.....	60
LITETOUCH PEN NEEDLES.....	60
<i>lithium carbonate</i>	30
<i>lithium carbonate er</i>	30
<i>longs insulin syringe</i>	60

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

<i>lopinavir-ritonavir</i>	29
<i>lorazepam</i>	30
<i>losartan potassium</i>	34
<i>losartan potassium-hctz</i>	36
<i>lovastatin</i>	37
LOW-OGESTREL	47
<i>loxapine succinate</i>	25
<i>lurasidone hcl</i>	26
LYSODREN	48

M

MAGELLAN INSULIN SAFETY SYR	60
MARATHON MEDICAL PENTIPS	61
<i>maraviroc</i>	28
MATULANE	17
MAVYRET.....	27
MAXI-COMFORT INSULIN SYRINGE.....	61
MAXICOMFORT SYR 27G X 1/2.....	61
<i>medicine shoppe pen needles</i>	61
<i>medroxyprogesterone acetate</i>	47
<i>megestrol acetate</i>	47
<i>meijer pen needles</i>	61
<i>melphalan</i>	17
<i>melphalan hcl</i>	17
<i>memantine hcl</i>	13
<i>meperidine hcl</i>	7
<i>mercaptopurine</i>	18
<i>mesalamine</i>	51
<i>mesalamine er</i>	51
<i>mesna</i>	23
MESNEX.....	23
<i>metformin hcl</i>	31
<i>methenamine hippurate</i>	8
<i>methenamine mandelate</i>	8
<i>methimazole</i>	49
<i>methocarbamol</i>	75
<i>methotrexate sodium</i>	50
<i>methotrexate sodium (pf)</i>	50
<i>methyl dopa</i>	33
<i>methylphenidate hcl</i>	39
<i>methylphenidate hcl er</i>	39
<i>methylphenidate hcl er (osm)</i>	39
<i>methylprednisolone</i>	44
<i>methylprednisolone acetate</i>	44
<i>methylprednisolone sodium succ</i>	44
<i>metoclopramide hcl</i>	42
<i>metoprolol succinate er</i>	35

<i>metoprolol tartrate</i>	35
<i>metoprolol-hydrochlorothiazide</i>	36
<i>metronidazole</i>	8
<i>mexiletine hcl</i>	34
MICRODOT PEN NEEDLE	61
<i>minocycline hcl</i>	11
MIRENA (52 MG).....	47
<i>mirtazapine</i>	13
<i>mitomycin</i>	20
<i>mitoxantrone hcl</i>	21
MM ACID-PEP MAXIMUM STRENGTH	42
<i>mm insulin syringe/needle</i>	61
MM PEN NEEDLES	61
<i>mometasone furoate</i>	44, 45
MONOJECT INSULIN SYRINGE	61
MONOJECT ULTRA COMFORT SYRINGE	61
<i>montelukast sodium</i>	73
<i>morphine sulfate</i>	7
<i>morphine sulfate er</i>	6, 7
<i>morphine sulfate er beads</i>	7
<i>ms insulin syringe</i>	61
<i>mupirocin</i>	8
<i>mycophenolate mofetil</i>	50
<i>mycophenolate sodium</i>	50
MYLERAN.....	17

N

<i>na ferric gluc cplx in sucrose</i>	76
<i>nabumetone</i>	6
<i>naltrexone hcl</i>	8
<i>naproxen</i>	6
<i>nelarabine</i>	20
<i>neomycin-polymyxin-dexameth</i>	70, 71
<i>neomycin-polymyxin-hc</i>	71
<i>nevirapine</i>	28
<i>nevirapine er</i>	28
NEXAVAR	22
<i>nifedipine er</i>	36
<i>nifedipine er osmotic release</i>	36
<i>nilutamide</i>	17
NIPENT	18
<i>nitazoxanide</i>	23
<i>nitrofurantoin</i>	8
<i>nitrofurantoin macrocrystal</i>	8, 9
<i>nitrofurantoin monohyd macro</i>	9
<i>nitroglycerin</i>	38
NIVESTYM.....	33

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

<i>norethin ace-eth estrad-fe</i>	47	PAXLOVID (150/100).....	29
<i>norethindrone</i>	47	PAXLOVID (300/100).....	29
<i>norethindrone acetate</i>	47	<i>pazopanib hcl</i>	22
<i>norethindrone acet-ethinyl est</i>	47	<i>pc unifine pentips</i>	62
<i>norethindrone-eth estradiol</i>	47	<i>pemetrexed disodium</i>	20
<i>norethin-eth estradiol-fe</i>	47	<i>pen needles</i>	62
<i>norgestimate-eth estradiol</i>	47	<i>pen needles 5/16</i>	62
<i>norgestim-eth estrad triphasic</i>	47	<i>penicillin v potassium</i>	10
<i>nortriptyline hcl</i>	14	PENTIPS.....	62
NORVIR.....	29	<i>pentoxifylline er</i>	36
NOVOFINE PLUS PEN NEEDLE.....	61	PEPCID AC MAXIMUM STRENGTH.....	42
NOVOLIN 70/30.....	32	PERJETA.....	20
NOVOLIN 70/30 FLEXPEN.....	32	<i>permethrin</i>	23
NOVOLIN 70/30 FLEXPEN RELION.....	32	<i>perphenazine</i>	25
NOVOLIN 70/30 RELION.....	32	<i>phenazopyridine hcl</i>	43
NOVOLIN N.....	32	<i>phenobarbital</i>	12
NOVOLIN N FLEXPEN.....	32	<i>phenytoin</i>	12
NOVOLIN N FLEXPEN RELION.....	32	<i>phenytoin sodium extended</i>	12
NOVOLIN R.....	32	PHOTOFRIN.....	20
NUBEQA.....	17	<i>pilocarpine hcl</i>	40, 70
<i>nystatin</i>	15	<i>pimozide</i>	25
<i>nystatin-triamcinolone</i>	15	<i>pip pen needles 31g x 5mm</i>	62
O		<i>pip pen needles 32g x 4mm</i>	62
<i>ofloxacin</i>	70	<i>pirfenidone</i>	74, 75
<i>olanzapine</i>	26	<i>polymyxin b-trimethoprim</i>	69
<i>olopatadine hcl</i>	70, 72	<i>potassium chloride</i>	76
<i>omeprazole</i>	43	<i>potassium chloride crys er</i>	76
ONCASPAR.....	21	<i>potassium chloride er</i>	76
<i>ondansetron</i>	15	PRADAXA.....	32
<i>ondansetron hcl</i>	15	<i>pramipexole dihydrochloride</i>	24
<i>orphenadrine citrate er</i>	76	<i>pravastatin sodium</i>	37
<i>oscimin</i>	41	<i>prazosin hcl</i>	34
<i>oseltamivir phosphate</i>	29	<i>prednisolone</i>	45
<i>oxaliplatin</i>	20	<i>prednisolone acetate</i>	71
<i>oxandrolone</i>	45	<i>prednisolone sodium phosphate</i>	71
<i>oxcarbazepine</i>	12	<i>prednisone</i>	45
<i>oxybutynin chloride</i>	43	<i>preferred plus insulin syringe</i>	62
<i>oxycodone-acetaminophen</i>	7	<i>preferred plus unifine pentips</i>	62
P		<i>pregabalin</i>	39
<i>paclitaxel</i>	20	<i>prenatal</i>	76
<i>paclitaxel protein-bound part</i>	20	<i>prenatal 19</i>	76
<i>paliperidone er</i>	26	<i>prenatal plus</i>	76
PANRETIN.....	23	PREVENT DROPSAFE PEN NEEDLES.....	62
<i>paroxetine hcl</i>	14	PREVENT SAFETY PEN NEEDLES.....	62
PATADAY.....	70	PREZISTA.....	29
		<i>primaquine phosphate</i>	23

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

<i>primidone</i>	12	<i>raya sure pen needle</i>	63
PRO COMFORT INSULIN SYRINGE	62	<i>reality insulin syringe</i>	63
<i>pro comfort pen needles</i>	62	RELENZA DISKHALER	29
<i>prochlorperazine</i>	25	RELION INSULIN SYRINGE.....	63
<i>prochlorperazine edisylate</i>	25	RELION PEN NEEDLES.....	63
<i>prochlorperazine maleate</i>	25	RELION SHORT PEN NEEDLES	63
PRODIGY INSULIN SYRINGE	62	RETACRIT	33
<i>progesterone</i>	48	REVLIMID	17
PROLEUKIN	20	REZVOGLAR KWIKPEN.....	32
PROLIA.....	51	<i>ribavirin</i>	27
<i>promethazine hcl</i>	14, 15	<i>rifabutin</i>	16
<i>promethazine-codeine</i>	75	<i>rifampin</i>	17
<i>propafenone hcl</i>	34	RISPERDAL CONSTA.....	26
<i>propranolol hcl</i>	35	<i>risperidone</i>	26, 27
<i>propranolol hcl er</i>	35	<i>ritonavir</i>	29
<i>propylthiouracil</i>	49	<i>rivastigmine tartrate</i>	13
<i>pure comfort pen needle</i>	63	<i>rizatriptan benzoate</i>	16
<i>pure comfort safety pen needle</i>	63	<i>roflumilast</i>	74
<i>px acid reducer max st</i>	42	<i>romidepsin</i>	20
<i>px childrens allergy</i>	72	<i>ropinirole hcl</i>	24
<i>px insulin syringe</i>	63	ROZLYTREK.....	22
<i>px mini pen needles</i>	63	RYBELSUS	31
<i>px pen needle</i>	63		
<i>px shortlength pen needles</i>	63	S	
<i>pyrazinamide</i>	17	<i>saxagliptin hcl</i>	31
<i>pyridostigmine bromide</i>	16	<i>saxagliptin-metformin er</i>	31
<i>pyridostigmine bromide er</i>	16	<i>sb acid controller max st</i>	42
		<i>sb cetirizine hcl childrens</i>	73
Q		<i>sb insulin syringe</i>	63
<i>qc acid controller max st</i>	42	SECURESAFE INSULIN SYRINGE.....	64
<i>qc allergy relief childrens</i>	72	<i>selegiline hcl</i>	24
<i>qc childrens allergy</i>	72	SELZENTRY	29
<i>qc famotidine acid reducer</i>	42	<i>sertraline hcl</i>	14
<i>qc olopatadine hcl</i>	70	<i>sevelamer carbonate</i>	43
<i>qc pen needles</i>	63	<i>sevelamer hcl</i>	43
<i>qc unifine pentips</i>	63	SHOPKO UNIFINE PENTIPS	64
<i>quetiapine fumarate</i>	26	SHOPKO UNIFINE PENTIPS PLUS.....	64
<i>quetiapine fumarate er</i>	26	<i>sildenafil citrate</i>	74
<i>quinidine gluconate er</i>	34	<i>silver sulfadiazine</i>	9
<i>quinidine sulfate</i>	34	<i>simvastatin</i>	38
<i>quinine sulfate</i>	23	<i>sm acid reducer max st</i>	42
		<i>sm all day allergy childrens</i>	73
R		<i>sm olopatadine hcl</i>	70
<i>ra acid reducer max st</i>	42	<i>sodium polystyrene sulfonate</i>	76
<i>ra allergy relief childrens</i>	72	<i>sofosbuvir-velpatasvir</i>	27
<i>ra insulin syringe</i>	63	SOLTAMOX	18
<i>ra pen needles</i>	63	<i>sorafenib tosylate</i>	22

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

SORINE	34	TICE BCG	20
<i>sotalol hcl</i>	34	<i>timolol maleate</i>	70
<i>spironolactone</i>	37	<i>tizanidine hcl</i>	27
SPRYCEL	22	<i>tobramycin</i>	70, 74
<i>stavudine</i>	28	<i>today's health pen needles</i>	64
STIVARGA	22	<i>today's health short pen needle</i>	65
STRIBILD	28	<i>topcare clickfine pen needles</i>	65
<i>sucralfate</i>	42	<i>topcare ultra comfort ins syr</i>	65
<i>sulfacetamide sodium (acne)</i>	10	<i>topiramate</i>	12
<i>sulfacetamide sodium (cleans)</i>	40	TOPOSAR	21
<i>sulfacetamide-sulfur in urea</i>	41	<i>topotecan hcl</i>	21
<i>sulfadiazine</i>	10	<i>tramadol hcl</i>	7
<i>sulfamethoxazole-trimethoprim</i>	10	TRAZIMERA	22
<i>sulfasalazine</i>	51	<i>trazodone hcl</i>	14
<i>sulindac</i>	6	TREANDA	20
<i>sumatriptan</i>	16	<i>tretinoin</i>	23, 41
<i>sumatriptan succinate</i>	16	<i>triamcinolone acetonide</i>	45
<i>sunitinib malate</i>	22	<i>triamcinolone in absorbase</i>	45
<i>sure comfort insulin syringe</i>	64	<i>triamterene-hctz</i>	36
<i>sure comfort pen needles</i>	64	<i>trifluoperazine hcl</i>	25
SYNTHROID	48	<i>trifluridine</i>	27
T		<i>trihexyphenidyl hcl</i>	23
TABLOID	20	<i>trimethobenzamide hcl</i>	15
<i>tacrolimus</i>	41, 50	<i>trimethoprim</i>	9
<i>tamoxifen citrate</i>	18	<i>true comfort insulin syringe</i>	65
<i>tamsulosin hcl</i>	43	<i>true comfort pen needles</i>	65
TARGRETIN	23	<i>true comfort pro insulin syr</i>	65
TASIGNA	22	<i>true comfort pro pen needles</i>	65
<i>techlite insulin syringe</i>	64	TRUEPLUS 5-BEVEL PEN NEEDLES	65
TECHLITE PEN NEEDLES	64	TRUEPLUS INSULIN SYRINGE	65
TECHLITE PLUS PEN NEEDLES	64	TRUEPLUS PEN NEEDLES	66
<i>temazepam</i>	76	TRUXIMA	23
TEMODAR	17	TYKERB	22
<i>temozolomide</i>	17	U	
<i>tenofovir disoproxil fumarate</i>	28	UDENYCA	33
<i>terazosin hcl</i>	43	ULTICARE INSULIN SAFETY SYR	66
<i>terbinafine hcl</i>	15	ULTICARE INSULIN SYRINGE	66
<i>terbutaline sulfate</i>	74	ULTICARE MICRO PEN NEEDLES	66
<i>terconazole</i>	15	ULTICARE PEN NEEDLES	66
<i>testosterone cypionate</i>	45	ULTICARE SHORT PEN NEEDLES	66
<i>tetracycline hcl</i>	11	ULTIGUARD SAFEPAK PEN NEEDLE	66
THALOMID	17	ULTIGUARD SAFEPAK SYR/NEEDLE	66
<i>theophylline er</i>	74	ULTILET PEN NEEDLE	66
<i>thioridazine hcl</i>	25	ULTRA FLO INSULIN PEN NEEDLES	67
<i>thiotepa</i>	17	ULTRA FLO INSULIN SYR 1/2 UNIT	67
<i>thiothixene</i>	25	ULTRA FLO INSULIN SYRINGE	67

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

ULTRA THIN PEN NEEDLES.....	67
<i>ultracare insulin syringe</i>	67
<i>ultracare pen needles</i>	67
ULTRA-THIN II INS SYR SHORT	67
ULTRA-THIN II INSULIN SYRINGE	67
ULTRA-THIN II MINI PEN NEEDLE	67
ULTRA-THIN II PEN NEEDLE SHORT	67
UNIFINE PEN NEEDLES.....	67
UNIFINE PENTIPS	67, 68
UNIFINE PENTIPS PLUS.....	68
UNIFINE PROTECT PEN NEEDLE.....	68
UNIFINE SAFECONTROL PEN NEEDLE ...	68
UNIFINE ULTRA PEN NEEDLE	68
<i>urin ds</i>	43
<i>ursodiol</i>	42

V

<i>valacyclovir hcl</i>	28
<i>valganciclovir hcl</i>	27
<i>valproic acid</i>	12
<i>valsartan</i>	34
<i>valsartan-hydrochlorothiazide</i>	36
<i>value health insulin syringe</i>	68
<i>valumark pen needles</i>	68
<i>vancomycin hcl</i>	9
VANISHPOINT INSULIN SYRINGE	68
<i>varenicline tartrate</i>	8
<i>varenicline tartrate (starter)</i>	8
VECTIBIX.....	23
VELCADE	20
<i>venlafaxine hcl</i>	14
<i>venlafaxine hcl er</i>	14
<i>verapamil hcl</i>	36
<i>verapamil hcl er</i>	36
VERIFINE INSULIN PEN NEEDLE.....	68
VERIFINE INSULIN SYRINGE	68
VERIFINE PLUS PEN NEEDLE	68
VERZENIO.....	21
VIDA MIA UNIFINE PENTIPS.....	68
<i>vinblastine sulfate</i>	20
VINCASAR PFS.....	20

<i>vincristine sulfate</i>	20
<i>vinorelbine tartrate</i>	20
VIRACEPT	29
VOTRIENT	22
<i>vp insulin syringe</i>	69

W

WAL-ZYR.....	73
WAL-ZYR ALL DAY ALLERGY CHILD	73
WAL-ZYR ALLERGY CHILDRENS.....	73
WAL-ZYR CHILDRENS	73
<i>warfarin sodium</i>	32
<i>wegmans unifine pentips plus</i>	69
WIXELA INHUB	75

X

XALKORI.....	22
XARELTO	33
XARELTO STARTER PACK	33
XIFAXAN.....	9
XIGDUO XR.....	31
XYZAL ALLERGY 24HR	73

Z

ZANOSAR.....	17
ZANTAC 360 MAX ST.....	42
ZARXIO.....	33
ZELBORAF	22
ZEVALIN Y-90.....	20
<i>zevrx insulin syringe</i>	69
<i>zevrx pen needles</i>	69
<i>zidovudine</i>	28
ZIRABEV.....	17
ZOLADEX	49
<i>zoledronic acid</i>	51
ZOLINZA	21
<i>zolpidem tartrate er</i>	76
<i>zonisamide</i>	11
ZYDELIG.....	22
ZYKADIA.....	22
ZYRTEC CHILDRENS ALLERGY.....	73

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