



Lista de Medicamentos de 2024

(Actualizado en agosto 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 suplido y pre-autorizaciones.

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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

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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]	7
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	21
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]	25
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	29
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	38
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	44
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	45
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	49
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	51
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	54
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	54
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	55
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	57
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	57
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	58
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	69
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	71

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ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO].....	73
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]	77
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	78
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD].....	83
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO].....	84
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	85
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]	92
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	98
CATHARTICS AND LAXATIVES [PURGANTES Y LAXANTES]	114
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	114
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	121
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	121
DEVICES [DISPOSITIVOS].....	135
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	135
ELECTROLYTES/MINERALS/METALS/VITAMINS- VITAMIN, MINERAL AND BODY FLUID DEFICIENCY DRUGS [ELECTROLITOS/MINERALES/METALES/VITAMINAS].....	136
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	148
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	148
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO, ENZIMÁTICO O PROTEINICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO].....	155

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GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	158
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	161
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	165
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	167
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]	167
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	179
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	180
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	180
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	181
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]	181
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]	189
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	190
MISCELLANEOUS [MISCELÁNEOS]	192

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MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]....	192
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	249
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	256
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]	256
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	270
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO].....	271
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	272

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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]			
A.A.G.C. KIT IN TERODERM 8-4-10-4 % crm	4		
acetaminophen 10 mg/ml iv soln	1	OFIRMEV	
ALLZITAL 25-325 mg tab	4		
BAC 50-325-40 mg tab	2		QL(90 / 30)
BUPAP 50-300 mg tab	4		QL(90 / 30)
butalbital-acetaminophen 50-300 mg cap	1		
butalbital-acetaminophen 50-300 mg tab	2	ORBIVAN CF	QL(90 / 30)
butalbital-acetaminophen 50-325 mg tab	2	PHRENILIN	QL(90 / 30)
butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab	2	ESGIC	QL(90 / 30)
butalbital-apap-cafeine 50-300-40 mg cap	2	FIORICET	QL(90 / 30)
butalbital-aspirin-cafeine 50-325-40 mg cap	2	FIORINAL	QL(90 / 30)
enovarx-tramadol 5 % crm	4		
ESGIC 50-325-40 mg cap, 50-325-40 mg tab	4		QL(90 / 30)
FIORICET 50-300-40 mg cap	4		QL(90 / 30)
levatio 0.03-5 % patch	4		
NEURAPTINE 10 % crm	4		
QUTENZA 8 % ext kit	6		PA
QUTENZA (2 PATCH) 8 % ext kit	6		PA
QUTENZA (4 PATCH) 8 % ext kit	5		PA
TENCON 50-325 mg tab	4		QL(90 / 30)
turpentine External Spirit	1		
ZEBUTAL 50-325-40 mg cap	4		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
adult aspirin regimen 81 mg tab dr	1		QL(30 / 30), AL
ALEVE ARTHRITIS PAIN 1 % gel	4		
ANAPROX DS 550 mg tab	4		
arthritis pain reliever 1 % gel	4	VOLTAREN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ARTHROTEC 50-0.2 mg tab dr, 75-0.2 mg tab dr	4		
ASPERCREME ARTHRITIS PAIN 1 % gel	4		
<i>aspirin 300 mg rect supp, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 81 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin ec adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin regimen 81 mg tab dr</i>	1		QL(30 / 30), AL
BAYER ASPIRIN 325 mg tab dr	1		QL(30 / 30), AL
BAYER ASPIRIN EC LOW DOSE 81 mg tab dr	1		QL(30 / 30), AL
BAYER LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
CALDOLOR 800 mg/200ml iv soln, 800 mg/8ml iv soln	4		
CAMBIA 50 mg pckt	4		
<i>capsinac 0.025-1.5 % ext pack</i>	4		
CELEBREX 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	4		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	2	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs diclofenac sodium 1 % gel</i>	4	VOLTAREN	
DAYPRO 600 mg tab	4		
DERMACINRX LEXITRAL	4		
PHARMAPAK 1.5 & 0.025 % ext pack	4		
<i>dfs dr/ms/menth/cap pak 75 mg cmb kit</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dfs/ms/menth/cap pak 1.5&25-6-0.025 % ext kit</i>	4		
<i>diclofenac epolamine 1.3 % patch</i>	2	FLECTOR	
<i>diclofenac potassium 25 mg tab</i>	1		
<i>diclofenac potassium 50 mg tab</i>	2	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	2	ZIPSOR	
<i>diclofenac sodium 2 % ext soln</i>	2	PENNSAID	
<i>diclofenac sodium 1.5 % ext soln</i>	2	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	2	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	2	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	2	ARTHROTEC	
<i>DICLOFONO 1.6 % gel</i>	4		
<i>diclopr 1 & 10-30 % ext kit</i>	4		
<i>diclostream 1.5-10 % ext pack</i>	4		
<i>DICLOTREX 1.5 & 4-10 % ext pack</i>	4		
<i>diclovix 1.5 & 2-2.5-4 % ext kit</i>	4		
<i>diclovix m 1.5-8 % ext pack</i>	4		
<i>diflunisal 500 mg tab</i>	2	DOLOBID	
<i>dimentho 1.5 & 10 % ext pack</i>	4		
<i>dual complex formula 1 kit crm</i>	4		
<i>DUEXIS 800-26.6 mg tab</i>	4		
<i>EC-NAPROSYN 375 mg tab dr, 500 mg tab dr</i>	4		
<i>ec-naproxen 375 mg tab dr, 500 mg tab dr</i>	4	NAPROSYN	
<i>ECOTRIN 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ECOTRIN ARTHRTIS PAIN 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ECOTRIN LOW STRENGTH 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>enovarx-diclofenac sodium 2.5 % crm</i>	4		
<i>enovarx-ibuprofen 10 % crm</i>	4		
<i>enovarx-naproxen 10 % crm</i>	4		
<i>eq arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>eq arthritis pain reliever 1 % gel</i>	4	VOLTAREN	
<i>eq aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>eql aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eql aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	2	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	LODINE XL	
<i>fbl kit 15-4-5 % crm</i>	4		
FELDENE 20 mg cap	4		
<i>fenoprofen calcium 200 mg cap</i>	1		
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	2	NALFON	
FLECTOR 1.3 % patch	4		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
FROTEK 10 % crm	4		
<i>ft arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>ft aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30)
<i>gnp arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>gnp aspirin 81 mg tab dr</i>	1		QL(30 / 30)
<i>gnp aspirin 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30)
<i>gnp diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>goodsense arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>goodsense aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>goodsense aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30)
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30)
<i>hm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30)
IBU 600 mg tab	1		
IBU 400 mg tab, 800 mg tab	4		
IBUPAK 600 mg oral kit	4		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
<i>inavix 75 & 0.025 mg-% cmb pack</i>	4		
INDOCIN 50 mg rect supp	4		
INDOCIN 25 mg/5ml susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
INFLAMMACIN 75 & 0.025 mg-% cmb pack	4		
INFLATHERM 75 & 3-3 mg & % cmb pack	4		
K.B.G.L IN TERODERM 15-4-10-2 % crm	4		
<i>ketoprofen 25 mg cap</i>	1		
<i>ketoprofen 50 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	2	ORUVAIL	
<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>ketorolac-ropiv-ketamine 15-100-30 mg/50ml inj soln pfs</i>	6		
<i>kls arthritis pain relief 1 % gel</i>	4	VOLTAREN	
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30)
<i>kls diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30)
LICART 1.3 % External Patch 24 Hour	4		
LODINE 400 mg tab	4		
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	2	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	2	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	2	MOBIC	
<i>meloxicam 10 mg cap, 5 mg cap</i>	1	VIVLODEX	
<i>mm arthritis pain reliever 1 % gel</i>	4	VOLTAREN	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
MOTRIN ARTHRITIS PAIN 1 % gel	4		
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap, 600 mg tab	4		
NAPRELAN 375 mg tab er 24 hr, 500 mg tab er 24 hr, 750 mg tab er 24 hr	4		
<i>napro 15 % crm</i>	1		
NAPROSYN 500 mg tab	4		
NAPROSYN 125 mg/5ml susp	4		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	2	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	2	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	2	ANAPROX	
<i>naproxen sodium er 375 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	NAPRELAN	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	2	NAPRELAN	
<i>naproxen-esomeprazole mg 375-20 mg tab dr, 500-20 mg tab dr</i>	1	VIMOVO	
NUDICLO SOLUPAK 1.5 & 0.025 % ext pack	4		
NUDICLO TABPAK 75 & 0.025 mg-% cmb pack	4		
NUDROXIPAK 200 mg cmb pack	4		
NUDROXIPAK DSDR-50 50 mg cmb kit	4		
NUDROXIPAK DSDR-75 75 mg cmb kit	4		
NUDROXIPAK E-400 400 mg cmb kit	4		
NUDROXIPAK I-800 800 mg cmb kit	4		
NUDROXIPAK M-15 15 mg cmb kit	4		
NUDROXIPAK N-500 500 mg cmb kit	4		
ORMECA 3 & 46-0.4-1.1 % & mg cmb kit	4		
<i>oxaprozin 600 mg tab</i>	2	DAYPRO	
PENNSAID 2 % ext soln	4		
PHARMACIST CHOICE DICLOFENAC 1 % gel	4		
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	FELDENE	
PRASTERA 200 & 400 mg oral kit	4		
PREVIDOLRX ANALGESIC 75-20-0.025 mg-mg-% cmb pack	4		
<i>prevdolrx plus analgesic 75 & 0.025 mg-% cmb pack</i>	4		
<i>px aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>px enteric aspirin 81 mg tab dr</i>	1		QL(30 / 30)
<i>px enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>qc diclofenac sodium 1 % gel</i>	4	VOLTAREN	
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30)
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30)
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30)
<i>ra aspirin ec 81 mg tab dr</i>	1		QL(30 / 30)
<i>ra aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30)
RELAFEN DS 1000 mg tab	4		
<i>salsalate 500 mg tab, 750 mg tab</i>	2	DISALCID	
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30)
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30)
<i>sm arthritis pain 1 % gel</i>	4	VOLTAREN	
<i>sm aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30)
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30)
<i>sm aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30)
<i>sm aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30)
SPRIX 15.75 mg/spray nasal soln	4		
ST JOSEPH ASPIRIN 81 mg tab dr	1		QL(30 / 30), AL
ST JOSEPH LOW DOSE 81 mg tab chew, 81 mg tab dr	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>sure result dss premium pack 1.5 & 0.025 % ext pack</i>	4		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	2	TOLECTIN	
TORONOVA II SUIK 30 mg/ml cmb kit	4		
TORONOVA SUIK 30 mg/ml cmb kit	4		
<i>triple complex formula 3 kit 20-2-10 % crm</i>	4		
VAROPHEN 1.5-10-15 % ext kit	4		
VENNGEL ONE 1 % ext kit	4		
VIMOVO 375-20 mg tab dr, 500-20 mg tab dr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VOLTAREN ARTHRITIS PAIN 1 % gel	4		
vp fc kit crm	4		
vp gkl kit 20-2-10 % crm	4		
XRYLIX 1.5 % ext pack	4		
ZICLOPRO 1.5 & 0.025 % ext pack	4		
ZIPSOR 25 mg cap	4		
ZORVOLEX 18 mg cap, 35 mg cap	4		
ZYNRELEF 200-6 mg/7ml inj soln, 400-12 mg/14ml inj soln	6		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 900 mcg bucc film	4		
BELBUCA 750 mcg bucc film	4		PA
buprenorphine 15 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	1	BUTRANS	PA
buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch	2	BUTRANS	PA
BUTRANS 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	4		PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		PA
fentanyl 37.5 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr	1	DURAGESIC	
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	2	DURAGESIC	PA
hydrocodone bitartrate er 10 mg cap er 12 hr, 15 mg cap er 12 hr, 20 mg cap er 12 hr, 30 mg cap er 12 hr, 40 mg cap er 12 hr, 50 mg cap er 12 hr	1		
hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr	1	HYSINGLA ER	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>abuse-deterr, 60 mg tab er 24 hr</i> <i>abuse-deterr, 80 mg tab er 24 hr</i> <i>abuse-deterr</i>			
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA
HYSINGLA ER 100 mg tab er 24 hr <i>abuse-deterr, 120 mg tab er 24 hr</i> <i>abuse-deterr, 20 mg tab er 24 hr</i> <i>abuse-deterr, 30 mg tab er 24 hr</i> <i>abuse-deterr, 40 mg tab er 24 hr</i> <i>abuse-deterr, 60 mg tab er 24 hr</i> <i>abuse-deterr, 80 mg tab er 24 hr</i> <i>abuse-deterr</i>	4		
INFUMORPH 200 200 MG/20ML (10 mg/ml) inj soln	4		
INFUMORPH 500 500 MG/20ML (25 mg/ml) inj soln	4		
<i>methadone hcl 40 mg tab sol</i>	1		
<i>methadone hcl 5 mg/5ml soln</i>	1		
<i>methadone hcl 10 mg tab, 5 mg tab</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg/5ml soln, 10 mg/ml inj soln</i>	1	DOLOPHINE	
<i>methadone hcl 10 mg/ml oral conc</i>	1	METHADOSE	
METHADONE HCL INTENSOL 10 mg/ml oral conc	4		
METHADOSE 40 mg tab sol	4		
METHADOSE 10 mg/ml oral conc	4		
METHADOSE SUGAR-FREE 10 mg/ml oral conc	4		
MITIGO 200 MG/20ML (10 mg/ml) inj soln, 500 MG/20ML (25 mg/ml) inj soln	4		
<i>morphine sulfate 10 mg rect supp, 20 mg rect supp, 30 mg rect supp, 5 mg rect supp</i>	1		
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	2	AVINZA	PA
MS CONTIN 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	4		PA
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	3		PA
OLINVYK 1 mg/ml iv soln, 2 mg/2ml iv soln, 30 mg/30ml iv soln	6		
<i>oxycodone hcl 5 mg cap</i>	2	OXYIR	
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	2	OXYCONTIN	PA
OXYCONTIN 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	3		PA
<i>oxymorphone hcl er 10 mg tab er 12 hr, 20 mg tab er 12 hr, 30 mg tab er 12 hr, 40 mg tab er 12 hr, 5 mg tab er 12 hr</i>	1	OPANA ER	
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	2	OPANA ER	
SUBLOCADE 100 mg/0.5ml sc soln pfs, 300 mg/1.5ml sc soln pfs	6		
SYNAPRYN FUSEPAQ 10 mg/ml susp	4		
<i>tramadol hcl (er biphasic) 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CONZIP	PA
<i>tramadol hcl (er biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	RYZOLT	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	2	ULTRAM ER	PA
XTAMPZA ER 13.5 mg cap er 12 hr abuse-deterr, 18 mg cap er 12 hr abuse-deterr, 27 mg cap er 12 hr abuse-deterr, 36 mg cap er 12 hr abuse-deterr, 9 mg cap er 12 hr abuse-deterr	4		
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 300-60 mg tab</i>	2	TYLENOL WITH CODEINE	
APADAZ 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab	4		
<i>apap-caff-dihydrocodeine 320.5-30-16 mg cap</i>	1		
ASCOMP-CODEINE 50-325-40-30 mg cap	4		
<i>benzhydrocodone-acetaminophen 4.08-325 mg tab, 6.12-325 mg tab, 8.16-325 mg tab</i>	1		
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
DEMEROL 50 mg/ml inj soln, 75 mg/ml inj soln	4		
DILAUDID 2 mg tab, 4 mg tab, 8 mg tab	4		
DILAUDID 1 mg/ml liq	4		
DSUVIA 30 mcg tab subl	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>duramorph 0.5 mg/ml inj soln, 1 mg/ml inj soln</i>	4		
ENDOCET 2.5-325 mg tab	4		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>fentanyl citrate 100 mcg/2ml iv soln pfs</i>	1		
<i>fentanyl citrate 100 mcg/2ml inj soln pfs, 1500 mcg/30ml inj soln, 1500 mcg/30ml iv soln pfs, 2500 mcg/50ml iv soln, 2750 mcg/55ml iv soln pfs</i>	2		
<i>fentanyl citrate 5000 mcg/100ml iv soln</i>	6		
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	2	ACTIQ	
<i>fentanyl citrate 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab</i>	1	FENTORA	
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln, 250 mcg/5ml inj soln, 2500 mcg/50ml inj soln, 50 mcg/ml inj soln, 500 mcg/10ml inj soln</i>	1		
<i>fentanyl citrate (pf) 1000 mcg/20ml inj soln</i>	1	SUBLIMAZE	
<i>fentanyl citrate pf 50 mcg/ml inj soln pfs</i>	6		
<i>fentanyl citrate-nacl 1-0.9 mg/100ml-% inj soln, 1-0.9 mg/100ml-% iv soln, 1.25-0.9 mg/250ml-% iv soln, 2-0.9 mg/100ml-% iv soln, 2.5-0.9 mg/250ml-% inj soln, 2.5-0.9 mg/250ml-% iv soln, 500-0.9 mcg/50ml-% iv soln pfs</i>	1		
<i>fentanyl citrate-nacl 10-0.9 mcg/2ml-% iv soln pfs, 10-0.9 mcg/ml-% iv soln pfs, 5-0.9 mcg/ml-% iv soln pfs, 550-0.9 mcg/55ml-% iv soln pfs</i>	2		
<i>fentanyl cit-ropivacaine-nacl 0.4-0.1-0.9 mg/200ml-% epidur soln</i>	2		
<i>fentanyl-bupivacaine-nacl 0.2-0.1-0.9 mg/100ml-% epidur soln, 0.2-0.125-0.9 mg/100ml-% epidur soln, 0.5-0.0625-0.9 mg/250ml-% epidur soln, 0.5-0.1-0.9 mg/250ml-% epidur soln, 0.5-0.125-</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.9 mg/250ml-% epidur soln, 0.8-0.1667-0.9 mg/200ml-% epidur soln, 1-0.125-0.9 mg/250ml-% epidur soln, 2-0.125-0.9 mcg/ml-%-% inj soln			
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	4		
FIORICET/CODEINE 50-300-40-30 mg cap	4		
hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln	2	HYCET	
hydrocodone-acetaminophen 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	2	NORCO	
hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	2	VICODIN	
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	2	REPREXAIN	
hydrocodone-ibuprofen 7.5-200 mg tab	2	VICOPROFEN	
hydromorphone hcl 3 mg rect supp	1		
hydromorphone hcl 2 mg tab, 8 mg tab	1	DILAUDID	
hydromorphone hcl 2 mg/ml inj soln	1	DILAUDID	
hydromorphone hcl 4 mg tab	2	DILAUDID	
hydromorphone hcl 1 mg/ml liq	2	DILAUDID	
hydromorphone hcl-nacl 10-0.9 mg/50ml-% iv soln pfs, 15-0.9 mg/30ml-% iv soln pfs, 25-0.9 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln	1		
hydromorphone hcl-nacl 0.2-0.9 mg/0.2ml-% iv soln pfs, 0.5-0.9 mg/0.5ml-% iv soln pfs, 2-0.9 mg/ml-% iv soln pfs, 20-0.9 mg/100ml-% inj soln	2		
levorphanol tartrate 3 mg tab	1		
levorphanol tartrate 2 mg tab	1		PA
meperidine hcl 50 mg tab	2	DEMEROL	
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln	2	DEMEROL	
morphine sulfate 0.5 mg/ml iv soln, 1 mg/ml inj soln, 1 mg/ml iv soln, 10 mg/5ml soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 20 mg/5ml soln, 4 mg/ml inj	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln, 4 mg/ml iv soln, 50 mg/ml iv soln, 8 mg/ml iv soln</i>			
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	2		
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1	ROXANOL	
<i>morphine sulfate (pf) 0.5 mg/ml inj soln, 1 mg/ml inj soln, 10 mg/ml inj soln, 10 mg/ml iv soln, 2 mg/ml inj soln, 2 mg/ml iv soln, 4 mg/ml inj soln, 4 mg/ml iv soln, 5 mg/ml inj soln, 8 mg/ml inj soln, 8 mg/ml iv soln</i>	1		
<i>morphine sulfate-nacl 50-0.9 mg/50ml-% iv soln pfs</i>	1		
<i>morphine sulfate-nacl 2-0.9 mg/ml-% iv soln pfs, 30-0.9 mg/30ml-% iv soln pfs, 4-0.9 mg/ml-% iv soln pfs, 55-0.9 mg/55ml-% iv soln pfs</i>	2		
<i>nalocet 2.5-300 mg tab</i>	4	PRIMALEV	
<i>norgesic forte 50-770-60 mg tab</i>	2		
<i>NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab</i>	3		
<i>ORPHENGESIC FORTE 50-770-60 mg tab</i>	4		
<i>OXAYDO 5 mg tab, 7.5 mg tab</i>	4		
<i>oxycodone hcl 15 mg tab abuse-deterr</i>	2		
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	2	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	2	PERCOCET	
<i>oxycodone-acetaminophen 2.5-300 mg tab</i>	1	PRIMALEV	
<i>oxycodone-acetaminophen 10-300 mg tab, 5-300 mg tab</i>	1	PRIMLEV	
<i>oxycodone-acetaminophen 10-300 mg/5ml soln</i>	1	PROLATE	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	2	ROXICET	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	2	OPANA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
PERCOCET 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab	4		
PROLATE 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab	4		
PROLATE 10-300 mg/5ml soln	4		
QDOLO 5 mg/ml soln	4		
ROXICODONE 15 mg tab, 30 mg tab	4		
ROXYBOND 15 mg tab abuse-deterr, 30 mg tab abuse-deterr	4		
<i>tramadol hcl 100 mg tab</i>	1		
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
TREZIX 320.5-30-16 mg cap	4		
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
ACCUCAINE 1 % cmb kit	4		
<i>agoneaze 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>anesthesia s/i-40a 200 mg/20ml iv kit</i>	2		
<i>anesthesia s/i-40h 200 mg/20ml iv kit</i>	2		
<i>anesthesia s/i-40s 200 mg/20ml iv kit</i>	2		
<i>anodyne lpt 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
APRIZIO PAK 2.5-2.5 % ext kit	4		
ASPERCREME LIDOCAINE 4 % patch	4		
<i>asperflex max st 4 % patch</i>	4	LIDOCARE	
ASPERFLEX PAIN RELIEVING 4 % patch	4		
ASTERO 4 % gel	4		
BLUE-EMU PAIN RELIEF DRY 4 % patch	4		
<i>bupivacaine fisiopharma 2.5 mg/ml inj soln, 5 mg/ml inj soln</i>	4	MARCAINE	
<i>bupivacaine hcl 0.125 % (50 ml) inj soln pfs, 0.125 % inj soln, 0.25 % (10 ml) inj soln pfs</i>	1		
<i>bupivacaine hcl 0.25 % inj soln, 0.5 % inj soln</i>	1	MARCAINE	
<i>bupivacaine hcl (pf) 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln</i>	1	MARCAINE	

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<i>bupivacaine hcl-nacl 0.125-0.9 % epidur soln</i>	6		
CADIRAMD 2.5-2.5 % ext kit	4		
CETACAINE 2-2-14 % ext aer, 2-2-14 % ext liq, 2-2-14 % gel	4		
CLOROTEKAL 50 mg/5ml it soln	6		
<i>cocaine hcl 40 mg/ml nasal soln</i>	1		
<i>cvs lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>cvs lidocaine pain-relieving 4 % patch</i>	4	LIDOCARE	
<i>cvs pain relief 4 % patch</i>	4	LIDOCARE	
DERMACINRX LIDOGEL 2.8 % gel	4		
DERMACINRX PHN 5 & 5 % ext pack	4		
DERMACINRX ZRM 5 % ext pack	4		
<i>dermalid 5 % ext pack</i>	4		
<i>eha 4 % lot</i>	4		
<i>enovarx-lidocaine hcl 10 % crm, 5 % crm</i>	4		
<i>enznonuty 20-10-10 % oint</i>	4		
<i>eq lidocaine pain relieving 4 % patch</i>	4	LIDOCARE	
<i>ethyl chloride ext aer</i>	1		
EXPAREL 1.3 % inj susp	4		
FIRST CARE PAIN RELIEF 4 % patch	4		
<i>ft pain relief max strength 4 % patch</i>	4	LIDOCARE	
GEBAUERS PAIN EASE ext aer	4		
GEBAUERS SPRAY AND STRETCH ext aer	4		
<i>gen7t 3.5 % patch</i>	4		
<i>gen7t 3.5 % lot</i>	4		
<i>gen7t plus 3.5-7 % lot</i>	4		
GEN7T PLUS 3.5-7 % patch	4		
GLYDO 2 % External Prefilled Syringe	4		
<i>gnp lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>goprelto 40 mg/ml nasal soln</i>	4		
HEALTHWISE PAIN RELIEF 4 % patch	4		
<i>l.e.t. 4-0.05-0.5 % gel</i>	4		
L.E.T. 4-0.05-0.5 % gel	4		
LDO PLUS 4 % gel	4		
<i>lets kit</i>	4		
LIDO BDK 2.5-2.5 % ext kit	4		
LIDO KING 4 % patch	4		
<i>lidocaine 5 % oint</i>	2		
<i>lidocaine 4 % patch</i>	4	LIDOCARE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lidocaine 5 % patch</i>	2	LIDODERM	
<i>lidocaine hcl 4.12 % crm</i>	1		
<i>lidocaine hcl 10 mg/ml inj soln pfs, 100 mg/10ml inj soln pfs, 100 mg/5ml inj soln pfs, 200 mg/10ml inj soln pfs, 9 mg/ml inj soln pfs</i>	1		
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	2	LIDAMANTLE	
<i>lidocaine hcl 0.5 % inj soln, 1 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl 4 % ext soln</i>	2	XYLOCAINE	
<i>lidocaine hcl (pf) 4 % inj soln</i>	1		
<i>lidocaine hcl (pf) 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine max st 24 hours 4 % patch</i>	4	LIDOCARE	
<i>lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>lidocaine pain relief max st 4 % patch</i>	4	LIDOCARE	
<i>lidocaine pain relieving 4 % patch</i>	4	LIDOCARE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	2	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidocanna 4 % patch</i>	4	LIDOCARE	
LIDOCARE ARM/NECK/LEG 4 % patch	4		
LIDOCARE BACK/SHOULDER 4 % patch	4		
<i>lidocore 4 % patch</i>	4	LIDOCARE	
LIDODERM 5 % patch	4		
<i>lido-epinephrine-tetracaine 4-0.05-0.5 % ext soln</i>	1		
<i>lidomark 1/5 1 % inj kit</i>	4		
<i>lidomark 2/5 2 % inj kit</i>	4		
<i>lidopin 3.25 % crm</i>	4		
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
LIDOPURE PATCH 5 % ext kit	4		
<i>lido-racepinephrine-tetracaine 4-0.05-0.5 % gel</i>	4		
LIDOREX 2.8 % gel	4		
<i>lidorx 3 % gel</i>	4		
LIDO-SORB 3 % lot	4		
<i>lidostream 5 & 10 % ext kit</i>	4		
LIDOTHOL 4.5-5 % patch	4		

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LIDOTHOL 4.5-5 % gel	4		
LIDOTRAL 3.88 % crm	4		
<i>lidovix 1 5 % ext kit</i>	4		
LIDTOPIC MAX 10 % crm	4		
LIVIXIL PAK 2.5-2.5 % ext kit	4		
LMR PLUS 5 & 0.5-0.5 % ext kit	4		
LYDEXA 4.12 % crm	4		
MARCAINE 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	4		
MARCAINE PRESERVATIVE FREE 0.25 % inj soln, 0.5 % inj soln	4		
<i>marlido 2 & 0.5 % inj kit</i>	4		
MARLIDO-25 1 & 0.25 % inj kit	4		
MARVONA SUIK 0.5 % cmb kit	4		
NUMBRINO 40 mg/ml nasal soln	4		
<i>pain relief maximum strength 4 % patch</i>	4	LIDOCARE	
<i>pain relieving lidocaine 4 % patch</i>	4	LIDOCARE	
<i>paingo kft 2.5-2.5-10-30 % ext kit</i>	4		
PHARMACIST CHOICE LIDOCAINE 4 % patch	4		
PHARMACIST CHOICE PAIN RELIEF 4 % patch	4		
PLIAGLIS 7-7 % ext kit	4		
PLIAGLIS 7-7 % crm	4		
POINT OF CARE LM-2.2 1 & 0.25 % inj kit	4		
POINT OF CARE LM-2.5 1 & 0.25 % inj kit	4		
<i>premium lidocaine 5 % oint</i>	2		
<i>premium scar 2-4-30 % patch</i>	4		
<i>prepi supply 2.5-2.5 & 0.9 % cmb kit</i>	4		
PRILO PATCH 2.5-2.5 & 5 % ext kit	4		
<i>prilovix 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix lite 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix lite plus 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix plus 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix ultralite 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovix ultralite plus 2.5-2.5 % ext kit</i>	4	EMLA/TEGADERM	
<i>prilovixil 2.5-2.5 % ext kit</i>	4		
<i>qc lidocaine pain relief 4 % patch</i>	4	LIDOCARE	
<i>ra lidocaine pain relieving 4 % patch</i>	4	LIDOCARE	
<i>ra pain relieving 4 % patch</i>	4	LIDOCARE	
READYSHARP-A 1 & 0.5 % inj kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
RELADOR PAK 2.5-2.5 % ext kit	4		
RELADOR PAK PLUS 2.5-2.5 % ext kit	4		
RE-LIEVED MAXIMUM STRENGTH 4 % patch	4		
<i>ropiv-clonidine-ketorolac 123-0.04-15 mg/50ml Periarticular Solution Prefilled Syringe</i>	6		
SALONPAS PAIN RELIEVING 4 % patch	4		
SENSORCAINE 0.25 % inj soln, 0.5 % inj soln	4		
SENSORCAINE-MPF 0.25 % inj soln, 0.5 % inj soln, 0.75 % inj soln	4		
SKYADERM-LP 2.5-2.5 % ext kit	4		
<i>solaravix 3 % ext pack</i>	4		
SOOTHEE 0.5-0.0375-5-2 % patch	4		
STERILE TOPICAL L.E.T. GEL 4-0.18-0.5 % gel	4		
SX1 MEDICATED POST-OPERATIVE 2 % ext kit	4		
SYNERA 70-70 mg patch	4		
<i>theracare lidocaine max str 4 % patch</i>	4	LIDOCARE	
<i>theracare pain relief 4 % patch</i>	4	LIDOCARE	
VENIPUNCTURE PX1 PHLEBOTOMY 2 % ext kit	4		
WELMATE LIDOCAINE PAIN RELIEV 4 % patch	4		
<i>wpr plus wound healing system 4 & 10-30 % ext pack</i>	4		
XARACOLL 3 x 100 mg implant	3		
XYLOCAINE 0.5 % inj soln, 1 % inj soln, 2 % inj soln	4		
XYLOCAINE-MPF 0.5 % inj soln, 1 % inj soln, 1.5 % inj soln, 2 % inj soln	4		
<i>zeruvia 4-1 % patch</i>	4		
ZINGO 0.5 mg i-dermal jet-inj	4		
<i>zionodil 3 % lot</i>	4	LIDAMANTLE	
<i>zionodil 100 3 % lot</i>	4	LIDAMANTLE	
ZTLIDO 1.8 % patch	4		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>BUPRENEX 0.3 mg/ml inj soln</i>	4		
<i>buprenorphine hcl 0.3 mg/ml inj soln</i>	1	BUPRENEX	
<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, 2-0.5 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>SUBOXONE 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	4		PA
<i>VIVITROL 380 mg im susp</i>	6		PA
<i>ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl</i>	4		PA
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
<i>KLOXXADO 8 mg/0.1ml nasal liq</i>	4		
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
<i>naloxone hcl 4 mg/0.1ml nasal liq</i>	2	NARCAN	
<i>naltrexone hcl 50 mg tab</i>	2	REVIA	PA
<i>NARCAN 4 mg/0.1ml nasal liq</i>	2		
<i>NARCAN 4 mg/0.1ml nasal liq</i>	4		
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>apo-varenicline 0.5 mg tab</i>	4	CHANTIX	PA, QL(120 / 365)
<i>apo-varenicline 1 mg tab</i>	4	CHANTIX	PA, QL(224 / 365)
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	2	ZYBAN	PA, QL(360 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>goodsense nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
HABITROL 21 mg/24hr td patch 24hr	4		PA, QL(84 / 365)
<i>hm nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>hm nicotine 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>hm nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
KLS QUIT2 2 mg m/t gum, 2 mg m/t lozg	4		PA, QL(2772 / 365)
KLS QUIT4 4 mg m/t gum, 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICODERM CQ 7 mg/24hr td patch 24hr	4		PA, QL(28 / 365)
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	4		PA, QL(84 / 365)
NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum	4		PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	2		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex mini 2 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(28 / 365)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
NICOTROL 10 mg inhaler	4		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)
<i>px stop smoking aid 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>sm nicotine 2 mg m/t lozg, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
THRIVE 2 mg m/t gum	4		PA, QL(2772 / 365)
varenicline tartrate 0.5 mg tab	1	CHANTIX	PA, QL(120 / 365)
varenicline tartrate 1 mg tab	1	CHANTIX	PA, QL(224 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>amikacin sulfate 500 mg/2ml inj soln</i>	1	AMIKIN	
ARIKAYCE 590 mg/8.4ml inh susp	6		
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	2	GARAMYCIN	
HUMATIN 250 mg cap	4		
<i>neomycin sulfate 500 mg tab</i>	1		
<i>neomycin-polymyxin b gu 40-200000 irrig soln</i>	1		
<i>streptomycin sulfate 1 gm im soln</i>	1		
ZEMDRI 500 mg/10ml iv soln	4		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ALTABAX 1 % oint	4		
ARZOL SILVER NIT APPLICATORS 75-25 % ext misc	4		
<i>benzalkonium chloride ext soln, 50 % ext soln</i>	1		
BETADINE OPHTHALMIC PREP 5 % ophth soln	4		
<i>chloramphenicol sod succinate 1 gm iv soln</i>	1	CHLOROMYCETIN	
CLEOCIN 150 mg cap, 300 mg cap, 75 mg cap	4		
CLEOCIN 75 mg/5ml soln	4		
CLEOCIN-T 1 % lot	4		
CLINDACIN ETZ 1 % swab	4		
CLINDACIN-P 1 % swab	4		
CLINDAGEL 1 % gel	4		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	4	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % gel</i>	4	CLEOCIN-T	ST
<i>clindamycin phosphate 1 % foam</i>	2	EVOCLIN	
<i>clindamycin phosphate in nacl 300-0.9 mg/50ml-% iv soln, 600-0.9 mg/50ml-% iv soln, 900-0.9 mg/50ml-% iv soln</i>	2	CLEOCIN	
<i>colistimethate sodium (cba) 150 mg inj soln</i>	5	COLY-MYCIN	
COLY-MYCIN M 150 mg inj soln	6		
CUBICIN RF 500 mg iv soln	6		
DALVANCE 500 mg iv soln	4		
<i>daptomycin 350 mg iv soln</i>	5		
<i>daptomycin 500 mg iv soln</i>	5	CUBICIN	
FEM PH 0.9-0.025 % vag gel	4		
FIRST-METRONIDAZOLE 50 mg/ml susp	4		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	4		PA
FLAGYL 375 mg cap	4		
<i>fosfomycin tromethamine 3 gm pckt</i>	2	MONUROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>glutaraldehyde 25 % ext soln</i>	1		
HIPREX 1 gm tab	4		
HYCLODEX 0.012 % ext soln	4		
<i>iodosorb 0.9 % gel</i>	4		
KIMYRSA 1200 mg iv soln	6		
LINCOCIN 300 mg/ml inj soln	4		
<i>lincomycin hcl 300 mg/ml inj soln</i>	1	LINCOCIN	
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA
<i>linezolid 600 mg/300ml iv soln</i>	5	ZYVOX	PA
<i>linezolid in sodium chloride 600-0.9 mg/300ml-% iv soln</i>	1	ZYVOX	
<i>lugols strong iodine 5-10 % ext soln</i>	4		
MACROBID 100 mg cap	4		
MACRODANTIN 100 mg cap, 25 mg cap, 50 mg cap	4		
<i>mafenide acetate 5 % ext pckt</i>	2	SULFAMYLON	
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	4		
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	2	FLAGYL	
METRONIDAZOLE BENZO+SYRSPEND 50 mg/ml susp	4		
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	2	BACTROBAN	
NEO-SYNALAR 0.5-0.025 % crm, 0.5-0.025 % ext kit	4		
<i>nitrofurantoin 25 mg/5ml susp</i>	2	FURADANTIN	
<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
ORBACTIV 400 mg iv soln	4		
<i>phenol liq</i>	1		
<i>polymyxin b sulfate 500000 unit inj soln</i>	1		
<i>povidone-iodine 5 % ophth soln</i>	1	BETADINE OPHTHALMIC PREP	
SILVADENE 1 % crm	4		
<i>silver nitrate 0.5 % ext soln</i>	1		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	

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SIVEXTRO 200 mg iv soln, 200 mg tab	5		PA
SSD 1 % crm	4		
SULFAMYLON 85 mg/gm crm	4		
<i>tigecycline 50 mg iv soln</i>	1	TYGACIL	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
TRIMO-SAN 0.025-0.01 % vag gel	4		
TYGACIL 50 mg iv soln	4		
URELLE 81 mg tab	4		
URETRON D/S 81.6 mg tab	4		
URIBEL 118 mg cap	4		
URIMAR-T 120 mg tab	4		
<i>urin ds 81.6 mg tab</i>	2		
<i>uro-458 81 mg tab</i>	2		
UROGESIC-BLUE 81.6 mg tab	4		
<i>uro-mp 118 mg cap</i>	2		
UTIRA-C 81.6 mg tab	4		
VANCOCIN 125 mg cap, 250 mg cap	4		
<i>vancomycin hcl 1000 mg/200ml iv soln, 1250 mg/250ml iv soln, 1500 mg/300ml iv soln, 1750 mg/350ml iv soln, 2000 mg/400ml iv soln, 500 mg/100ml iv soln, 750 mg/150ml iv soln</i>	1		
<i>vancomycin hcl 1.5 gm iv soln</i>	2		
<i>vancomycin hcl 25 mg/ml soln</i>	2		
<i>vancomycin hcl 250 mg/5ml soln</i>	1	FIRVANQ	PA
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	
<i>vancomycin hcl in nacl 1-0.9 gm/200ml-% iv soln</i>	1		
VANCOMYCIN+SYRSPEND SF 50 mg/ml susp	4		
VILAMIT MB 118 mg cap	4		
VILEVEV MB 81 mg tab	4		
XIFAXAN 200 mg tab, 550 mg tab	6		PA
ZYVOX 600 mg tab	4		PA
ZYVOX 100 mg/5ml susp	4		PA
ZYVOX 200 mg/100ml iv soln, 600 mg/300ml iv soln	6		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
AVYCAZ 2.5 (2-0.5) gm iv soln	4		
<i>ceftazidime 250 mg cap</i>	1	CECLOR	
<i>ceftazidime 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp</i>	1	CECLOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
cefaclor 500 mg cap	2	CECLOR	
cefaclor er 500 mg tab er 12 hr	2	CECLOR CD	
cefadroxil 500 mg cap	1	DURICEF	
cefadroxil 1 gm tab	2	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	
cefazolin sodium 1 gm inj soln, 10 gm inj soln	1	ANCEF	
cefazolin sodium-dextrose 2-4 gm/100ml-% iv soln	1		
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp	1	OMNICEF	
cefdinir 250 mg/5ml susp	2	OMNICEF	
cefepime hcl 100 gm iv soln	1		
cefepime hcl 2 gm iv soln	1	MAXIPIME	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	2	SUPRAX	
CEFOTAN 1 gm inj soln, 2 gm inj soln	4		
cefotaxime sodium 1 gm inj soln, 2 gm inj soln	1	CLAFORAN	
cefotetan disodium 1 gm inj soln, 2 gm inj soln	1	CEFOTAN	
cefoxitin sodium 10 gm iv soln	1		
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	2	VANTIN	
cefprozil 250 mg tab, 500 mg tab	2	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	2	CEFZIL	
ceftazidime 2 gm iv soln	1		
ceftazidime 1 gm inj soln, 6 gm inj soln	1	FORTAZ	
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	2	ROCEPHIN	
cefuroxime axetil 250 mg tab	1	CEFTIN	
cefuroxime axetil 500 mg tab	2	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	2		
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 750 mg cap	2	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TAZICEF 1 gm inj soln, 1 gm iv soln, 2 gm iv soln, 6 gm iv soln	4		
TEFLARO 400 mg iv soln, 600 mg iv soln	4		
ZERBAXA 1.5 (1-0.5) gm iv soln	4		
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin 250 mg tab chew	2	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	2	AUGMENTIN	
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	2	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	2	AUGMENTIN XR	
ampicillin 500 mg cap	2		
ampicillin-sulbactam sodium 3 (2-1) gm inj soln	1	UNASYN	
AUGMENTIN 500-125 mg tab	4		
AUGMENTIN 125-31.25 mg/5ml susp	4		
AUGMENTIN ES-600 600-42.9 mg/5ml susp	4		
BICILLIN C-R 1200000 unit/2ml im susp	4		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		
dicloxacillin sodium 250 mg cap, 500 mg cap	2	DYCILL	
FETROJA 1 gm iv soln	4		
naftillin sodium 10 gm iv soln	1		
naftillin sodium 1 gm inj soln	1	NALLPEN	

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<i>oxacillin sodium 1 gm inj soln, 10 gm iv soln</i>	1		
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	2	PFIZERPEN	
<i>penicillin g sodium 5000000 unit inj soln</i>	2		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
PFIZERPEN 5000000 unit inj soln	4		
<i>piperacillin sod-tazobactam so 4.5 (4-0.5) gm iv soln</i>	1	ZOSYN	
UNASYN 3 (2-1) gm inj soln	4		
Carbapenems- Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
<i>ertapenem sodium 1 gm inj soln</i>	5	INVANZ	
<i>imipenem-cilastatin 250 mg iv soln</i>	5	PRIMAXIN	
<i>meropenem 500 mg iv soln</i>	1	MERREM	
<i>meropenem-sodium chloride 1 gm/50ml iv soln, 500 mg/50ml iv soln</i>	1	MERREM	
RECARBRIO 1.25 gm iv soln	4		
VABOMERE 2 (1-1) gm iv soln	4		
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	
DIFICID 200 mg tab	4		
DIFICID 40 mg/ml susp	4		
E.E.S. 400 400 mg tab	4		
E.E.S. GRANULES 200 mg/5ml susp	4		
<i>ery 2 % pad</i>	2		
ERYGEL 2 % gel	4		
ERYPED 200 200 mg/5ml susp	4		
ERYPED 400 400 mg/5ml susp	4		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	4		
ERYTHROCIN STEARATE 250 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin 2 % ext soln</i>	2	ERYDERM	
<i>erythromycin 2 % gel</i>	2	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	2	ERYPED	
<i>ZITHROMAX 1 gm pckt, 250 mg tab, 500 mg tab</i>	4		
<i>ZITHROMAX 100 mg/5ml susp, 200 mg/5ml susp</i>	4		
<i>ZITHROMAX TRI-PAK 500 mg tab</i>	4		
<i>ZITHROMAX Z-PAK 250 mg tab</i>	4		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>BAXDELA 300 mg iv soln, 450 mg tab</i>	4		
<i>CIPRO 250 mg tab, 500 mg tab</i>	4		
<i>CIPRO 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp</i>	4		
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
<i>moxifloxacin hcl in nacl 400 mg/250ml iv soln</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	2	FLOXIN	
<i>XEPI 1 % crm</i>	4		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>BACTRIM 400-80 mg tab</i>	4		
<i>BACTRIM DS 800-160 mg tab</i>	4		
<i>KLARON 10 % lot</i>	4		
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		

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<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	2	ADOXA	
AVIDOXY DK 100 mg cmb kit	4		
BENZODOX 30 x 100 MG & 4.4% cmb pack, 60 x 100 MG & 4.4% cmb pack	4		
COREMINO 135 mg tab er 24 hr, 45 mg tab er 24 hr, 90 mg tab er 24 hr	4		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	2	DECLOMYCIN	
DORYX 50 mg tab dr	4		
DORYX MPC 120 mg tab dr	4		
DOXY 100 100 mg iv soln	4		
<i>doxycycline hyclate 50 mg tab, 80 mg tab dr</i>	1		
<i>doxycycline hyclate 150 mg tab, 75 mg tab</i>	1	ACTICLATE	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	2	DORYX	
<i>doxycycline hyclate 100 mg iv soln</i>	1	DOXY	
<i>doxycycline hyclate 20 mg tab</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>minocycline hcl er 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1		
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	SOLODYN	
MINOLIRA 105 mg tab er 24 hr, 135 mg tab er 24 hr	4		
MONDOXYNE NL 100 mg cap	4		
NUZYRA 150 mg tab	4		
NUZYRA 100 mg iv soln	6		
SEYSARA 100 mg tab, 150 mg tab, 60 mg tab	4		
SOLODYN 105 mg tab er 24 hr, 115 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 80 mg tab er 24 hr	4		
TARGADOX 50 mg tab	4		
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	2		
VIBRAMYCIN 100 mg cap	4		
VIBRAMYCIN 25 mg/5ml susp	4		
XERAVA 100 mg iv soln, 50 mg iv soln	6		
XIMINO 135 mg cap er 24 hr, 45 mg cap er 24 hr, 90 mg cap er 24 hr	4		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
BRIVIACT 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	4		
BRIVIACT 10 mg/ml soln, 50 mg/5ml iv soln	4		
<i>dexmedetomidine hcl-dextrose 200MCG/50ML -5% iv soln, 400MCG/100ML -5% iv soln</i>	2		
ELEPSIA XR 1000 mg tab er 24 hr, 1500 mg tab er 24 hr	4		
EPIDIOLEX 100 mg/ml soln	6		
FINTEPLA 2.2 mg/ml soln	4		
KEPPRA 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KEPPRA 100 mg/ml soln, 500 mg/5ml iv soln	4		
KEPPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	4		
<i>levetiracetam 500 mg/5ml iv soln</i>	1	KEPPRA	
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml soln</i>	2	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	2	KEPPRA XR	
NAYZILAM 5 mg/0.1ml nasal soln	4		
ROWEEPRA 500 mg tab	4		
SPRITAM 1000 mg tab disint sol, 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	4		
XCOPRI 100 mg tab, 14 x 12.5 MG & 14 x 25 mg tab pack, 14 x 150 MG & 14 x200 mg tab pack, 14 x 50 MG & 14 x100 mg tab pack, 150 mg tab, 200 mg tab, 50 mg tab	4		
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack	4		
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	4		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	4		
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
ZARONTIN 250 mg cap	4		
ZARONTIN 250 mg/5ml soln	4		
ZONEGRAN 100 mg cap, 25 mg cap	4		
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	2	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	4		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	4		
DIACOMIT 250 mg cap, 250 mg pckt, 500 mg cap, 500 mg pckt	6		
DIASTAT ACUDIAL 10 mg rect gel, 20 mg rect gel	4		
DIASTAT PEDIATRIC 2.5 mg rect gel	4		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	DEPAKOTE ER	
FANATREX FUSEPAQ 25 mg/ml susp	4		
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	2	NEURONTIN	QL(420 / 30)
KLONOPIN 0.5 mg tab, 1 mg tab, 2 mg tab	4		
MYSOLINE 250 mg tab, 50 mg tab	4		
NEURONTIN 800 mg tab	4		QL(120 / 30)
NEURONTIN 600 mg tab	4		QL(180 / 30)
NEURONTIN 400 mg cap	4		QL(270 / 30)
NEURONTIN 300 mg cap	4		QL(360 / 30)
NEURONTIN 250 mg/5ml soln	4		QL(420 / 30)
NEURONTIN 100 mg cap	4		QL(1080 / 30)
ONFI 10 mg tab, 20 mg tab	4		
ONFI 2.5 mg/ml susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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	
SABRIL 500 mg pckt, 500 mg tab	6		
SYMPAZAN 10 mg oral film, 20 mg oral film, 5 mg oral film	4		
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	2	GABITRIL	
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	2	DEPAKENE	
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	4		
VALTOCO 15 MG DOSE 7.5 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 20 MG DOSE 10 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	4		
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	5	SABRIL	PA
VIGADRONE 500 mg pckt	6		
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	
FELBATOL 400 mg tab, 600 mg tab	6		
FELBATOL 600 mg/5ml susp	6		
FYCOMPA 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FYCOMPA 0.5 mg/ml susp	4		
LAMICTAL 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 25 mg tab chew, 5 mg tab chew	4		
LAMICTAL ODT 100 mg tab disint, 200 mg tab disint, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab disint, 42 x 50 MG & 14x100 mg oral kit, 50 mg tab disint	4		
LAMICTAL STARTER 35 x 25 mg oral kit, 42 x 25 MG & 7 x 100 mg oral kit, 84 x 25 MG & 14x100 mg oral kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LAMICTAL XR 100 mg tab er 24 hr, 200 mg tab er 24 hr, 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 & 100 & 200 mg oral kit, 50 mg tab er 24 hr	4		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	2	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	LAMICTAL	
<i>lamotrigine starter kit-blue 35 x 25 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-green 84 x 25 MG & 14x100 mg oral kit</i>	1	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange 42 x 25 MG & 7 x 100 mg oral kit</i>	1	LAMICTAL STARTER	
QUDEXY XR 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	4		
SUBVENITE 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	4		
SUBVENITE STARTER KIT-BLUE 35 x 25 mg oral kit	4		
SUBVENITE STARTER KIT-GREEN 84 x 25 MG & 14x100 mg oral kit	4		
SUBVENITE STARTER KIT-ORANGE 42 x 25 MG & 7 x 100 mg oral kit	4		
TOPAMAX 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4		
TOPAMAX SPRINKLE 15 mg cap sprinkle, 25 mg cap sprinkle	4		
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	2	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle</i>	1	QUDEXY XR	
<i>topiramate er 200 mg cap er 24 hr</i>	2	TROKENDI XR	
TROKENDI XR 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr	4		
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
APTIOM 200 mg tab, 400 mg tab, 600 mg tab, 800 mg tab	4		
BANZEL 200 mg tab, 400 mg tab	4		
BANZEL 40 mg/ml susp	4		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	2	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
CEREBYX 500 mg pe/10ml inj soln	4		
DILANTIN 100 mg cap, 30 mg cap	4		
DILANTIN 125 mg/5ml susp	4		
DILANTIN INFATABS 50 mg tab chew	4		
EPITOL 200 mg tab	4		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	2	CEREBYX	
<i>lacosamide 10 mg/ml soln</i>	3	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
OXTELLAR XR 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr	4		
PHENYTEK 200 mg cap, 300 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	4		
<i>phenytoin sodium 50 mg/ml inj soln</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	
<i>rufinamide 200 mg tab, 400 mg tab</i>	1	BANZEL	PA
<i>rufinamide 40 mg/ml susp</i>	2	BANZEL	
TEGRETOL 200 mg tab	4		
TEGRETOL 100 mg/5ml susp	4		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	4		
TRILEPTAL 150 mg tab, 300 mg tab, 600 mg tab	4		
TRILEPTAL 300 mg/5ml susp	4		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ADUHELM 170 mg/1.7ml iv soln, 300 mg/3ml iv soln	6		
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	4		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ARICEPT 10 mg tab, 23 mg tab, 5 mg tab	4		
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	2	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	2	ARICEPT ODT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EXELON 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	4		
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	2	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	2	EXELON	
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	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]			
memantine hcl 10 mg tab, 5 mg tab	1	NAMENDA	
memantine hcl 28 x 5 MG & 21 x 10 mg tab	2	NAMENDA	
memantine hcl 2 mg/ml soln	2	NAMENDA	
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	2	NAMENDA XR	
NAMENDA 10 mg tab, 5 mg tab	4		
NAMENDA TITRATION PAK 28 x 5 MG & 21 x 10 mg tab	4		
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	4		
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	4		
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (sr) 200 mg tab er 12 hr	2	WELLBUTRIN SR	
bupropion hcl er (xl) 450 mg tab er 24 hr	2	FORFIVO XL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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	
FORFIVO XL 450 mg tab er 24 hr	4		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	2	REMERON	
REMERON 15 mg tab, 30 mg tab	4		
REMERON SOLTAB 15 mg tab disint, 30 mg tab disint, 45 mg tab disint	4		
SPRAVATO (56 MG DOSE) 28 mg/device Nasal Solution Therapy Pack	6		
SPRAVATO (84 MG DOSE) 28 mg/device Nasal Solution Therapy Pack	6		
WELLBUTRIN SR 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	4		
WELLBUTRIN XL 150 mg tab er 24 hr, 300 mg tab er 24 hr	4		
ZULRESSO 100 mg/20ml iv soln	6		
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	4		
MARPLAN 10 mg tab	4		
NARDIL 15 mg tab	4		
PARNATE 10 mg tab	4		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrirs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrssi/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
CELEXA 10 mg tab, 20 mg tab, 40 mg tab	4		
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	2	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	2	CELEXA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CYMBALTA 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	4		PA
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	KHEDEZLA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	PRISTIQ	
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 40 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	2	CYMBALTA	PA
<i>duloxetine hcl 40 mg cap dr prt</i>	1	IRENKA	
EFFEXOR XR 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	4		
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	2	LEXAPRO	
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	4		
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	2	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	2	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	2	LUVOX CR	
LEXAPRO 10 mg tab, 20 mg tab, 5 mg tab	4		
LYBALVI 10-10 mg tab, 15-10 mg tab, 20-10 mg tab, 5-10 mg tab	6		
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	2	SERZONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	2	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml susp</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	2	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	2	PAXIL CR	
<i>paroxetine mesylate 7.5 mg cap</i>	1	BRISDELLE	
PAXIL 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	4		
PAXIL 10 mg/5ml susp	4		
PAXIL CR 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	4		
PRISTIQ 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
PROZAC 10 mg cap, 20 mg cap, 40 mg cap	4		
<i>sertraline hcl 150 mg cap, 200 mg cap</i>	6		
<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	
SYMBYAX 3-25 mg cap, 6-25 mg cap	4		
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	2	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	4		
<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 tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 225 mg tab er 24 hr</i>	2		
<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	
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	4		
<i>vilazodone hcl 10 mg tab, 40 mg tab</i>	2	VIIBRYD	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZOLOFT 100 mg tab, 25 mg tab, 50 mg tab	4		
ZOLOFT 20 mg/ml oral conc	4		
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>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	2	ASENDIN	
<i>ANAFRANIL 25 mg cap, 50 mg cap, 75 mg cap</i>	4		
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	2	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	2	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	NORPRAMIN	
<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>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>NORPRAMIN 10 mg tab, 25 mg tab</i>	4		
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
<i>PAMELOR 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	4		
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	2	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
AKYNZEO 235-0.25 mg iv soln, 300-0.5 mg cap	5		
AKYNZEO (TO-BE-DILUTED) 235-0.25 mg/20ml iv soln	2		
ANTIVERT 25 mg tab chew, 50 mg tab	4		
BARHEMSYS 10 mg/4ml iv soln, 5 mg/2ml iv soln	6		
BONINE 25 mg tab chew	2		
BONJESTA 20-20 mg tab er	4		
<i>cvs motion sickness relief 25 mg tab chew</i>	2		
DICLEGIS 10-10 mg tab dr	4		
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	DICLEGIS	
DRAMAMINE MOTION SICKNESS 25 mg tab chew	2		
<i>meclizine hcl 25 mg tab chew</i>	2		
<i>meclizine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	ANTIVERT	
<i>motion sickness relief 25 mg tab chew</i>	2		
<i>motion-time 25 mg tab chew</i>	2		
PHENERGAN 25 mg/ml inj soln, 50 mg/ml inj soln	2		
<i>promethazine hcl 6.25 mg/5ml soln</i>	1		
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp</i>	2	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	2	PHENERGAN	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp	2		
PROMETHEGAN 50 mg rect supp	4		
<i>qc travel ease 25 mg tab chew</i>	2		
<i>ra motion sickness relief 25 mg tab chew</i>	2		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	2		
TRANSDERM-SCOP 1 mg/3days td patch 72 hr	2		
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	6		QL(1 / 30)
aprepitant 80 & 125 mg oral misc	1	EMEND	
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap	2	EMEND	
CINVANTI 130 mg/18ml iv emul	6		
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	2	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp, 150 mg iv soln, 80 mg cap	5		
EMEND TRI-PACK 80 & 125 mg cap	5		
fosaprepitant dimeglumine 150 mg iv soln	5	EMEND	
granisetron hcl 1 mg/ml iv soln, 4 mg/4ml iv soln	2	KYTRIL	
granisetron hcl 1 mg tab	2	KYTRIL	QL(6 / 30)
MARINOL 10 mg cap, 2.5 mg cap, 5 mg cap	2		QL(60 / 30)
metoclopramide hcl 5 mg/ml inj soln	1	REGLAN	
ondansetron 4 mg tab disint, 8 mg tab disint	2	ZOFRAN ODT	QL(9 / 30)
ondansetron hcl 4 mg/2ml inj soln pfs	2		
ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln	2	ZOFRAN	
ondansetron hcl 24 mg tab	2	ZOFRAN	QL(1 / 30)
ondansetron hcl 4 mg tab, 8 mg tab	2	ZOFRAN	QL(9 / 30)
palonosetron hcl 0.25 mg/2ml iv soln, 0.25 mg/5ml iv soln pfs	6		
palonosetron hcl 0.25 mg/5ml iv soln	5	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	4		
SUSTOL 10 mg/0.4ml Subcutaneous Prefilled Syringe	4		
SYNDROS 5 mg/ml soln	5		
VARUBI (180 MG DOSE) 2 x 90 mg tab pack	4		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
amphotericin b 50 mg iv soln	5	FUNGIZONE	
ANCOBON 250 mg cap, 500 mg cap	6		
BREXAFEMME 150 mg tab	4		
CANCIDAS 70 mg iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>caspofungin acetate 70 mg iv soln</i>	5	CANCIDAS	
CICLODAN 8 % ext soln	4		PA
<i>ciclopirox 0.77 % gel</i>	2	LOPROX	
<i>ciclopirox 1 % shampoo</i>	2	LOPROX	
<i>ciclopirox 8 % ext soln</i>	2	PENLAC	PA
<i>ciclopirox olamine 0.77 % crm</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	2	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	2	PENLAC	
<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	
CRESEMBA 186 mg cap, 372 mg iv soln	4		PA
DERMACINRX THERAZOLE PAK 1-0.05 & 20 % ext pack	4		
DERMAZENE 1-1 % crm	4		
DIFLUCAN 100 mg tab, 200 mg tab	4		
DIFLUCAN 40 mg/ml susp	4		
DIFLUCAN 150 mg tab	4		QL(2 / 28)
<i>difmetioxime 4-2-1-4 % ext soln</i>	4		
<i>econazole nitrate 1 % crm</i>	2	SPECTAZOLE	
ECOZA 1 % foam	4		
ERAXIS 100 mg iv soln	5		
ERTACZO 2 % crm	4		
EXELDERM 1 % crm	4		
EXELDERM 1 % ext soln	4		
EXODERM 25-1 % lot	4		
<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>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	2	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	2	GRIS-PEG	
<i>hixdefrima 8-1-1 % ext soln</i>	4		
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>imioxia 1-4 % crm</i>	4		
<i>iodoquimez-hc 1-1.9 % crm</i>	4	VYTONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	2	ALCORTIN A	
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % crm</i>	1	VYTONE	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	PA
<i>itraconazole 100 mg cap</i>	2	SPORANOX	PA
JUBLIA 10 % ext soln	4		
KERYDIN 5 % ext soln	4		
<i>ketoconazole 2 % foam</i>	2	EXTINA	
<i>ketoconazole 200 mg tab</i>	2	NIZORAL	
<i>ketoconazole 2 % crm</i>	2	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	2	NIZORAL	
KETODAN 2 % ext kit, 2 % foam	4		
LOPROX 0.77 % (susp) ext kit	4		
LOPROX 0.77 % ext susp	4		
<i>luliconazole 1 % crm</i>	1	LUZU	
LUZU 1 % crm	4		
<i>micafungin sodium 100 mg iv soln</i>	5	MYCAMINE	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	2	VUSION	
MYCAMINE 100 mg iv soln	6		
<i>naftifine hcl 1 % crm</i>	1	NAFTIN	
<i>naftifine hcl 2 % crm</i>	2	NAFTIN	
NAFTIN 1 % gel, 2 % gel	4		
NATACYN 5 % ophth susp	4		
NOXAFIL 300 mg/16.7ml iv soln, 40 mg/ml susp	4		
NOXAFIL 100 mg tab dr	6		
NYAMYC 100000 unit/gm ext pwdr	4		
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	2	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	2	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	4		
ONYCHO-MED 2-250 %-mg ext kit	4		
ORAVIG 50 mg bucc tab	4		
<i>oxiconazole nitrate 1 % crm</i>	2	OXISTAT	
OXISTAT 1 % crm	4		
OXISTAT 1 % lot	4		
<i>pedizolpak 2 & 2 % ext pack</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pheodooyo 1-2.5-2 % crm</i>	4		
<i>pheyo 2.5-2 % crm</i>	4		
<i>posaconazole 40 mg/ml susp</i>	5		
<i>posaconazole 100 mg tab dr</i>	5	NOXAFIL	
RECURA crm	4		
SPORANOX 100 mg cap	4		PA
SPORANOX 10 mg/ml soln	4		PA
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<i>sulconazole nitrate 1 % ext soln</i>	1	EXELDERM	
<i>tavaborole 5 % ext soln</i>	1	KERYDIN	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>tolsura 65 mg cap</i>	4		PA
VFEND 200 mg tab, 50 mg tab	6		PA
VFEND 40 mg/ml susp	6		PA
VFEND IV 200 mg iv soln	6		
<i>voriconazole 200 mg iv soln</i>	5	VFEND	
<i>voriconazole 200 mg tab, 50 mg tab</i>	6	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	6	VFEND	PA
VUSION 0.25-15-81.35 % oint	4		
VYTONE 1-1.9 % crm	4		
XOLEGEL COREPAK 2 & 1 % ext kit	4		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	4		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	4		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine 0.6 mg cap</i>	1	MITIGARE	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
COLCRYS 0.6 mg tab	4		
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	ULORIC	
GLOPERBA 0.6 mg/5ml soln	4		
MITIGARE 0.6 mg cap	4		
<i>probenecid 500 mg tab</i>	2	BENEMID	
ULORIC 40 mg tab, 80 mg tab	4		
ZYLOPRIM 100 mg tab, 300 mg tab	4		
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ANUSOL-HC 25 mg rect supp	4		
ANUSOL-HC 2.5 % crm	4		
HEMMOREX-HC 25 mg rect supp, 30 mg rect supp	4		
<i>hydrocortisone (perianal) 2.5 % crm</i>	2	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	2	PROCTOCORT	
<i>hydrocortisone acetate 25 mg rect supp</i>	2		
<i>hydrocortisone acetate 30 mg rect supp</i>	2	PROCTOCORT	
PROCTOCORT 30 mg rect supp	4		
PROCTOCORT 1 % crm	4		
PROCTO-MED HC 2.5 % crm	4		
PROCTOSOL HC 2.5 % crm	4		
PROCTOZONE-HC 2.5 % crm	4		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	4		
<i>ergotamine-cafeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	4		
MIGRANAL 4 mg/ml nasal soln	4		QL(8 / 30)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AIMOVIG 140 mg/ml sc soln auto-inj, 70 mg/ml sc soln auto-inj	4		PA
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	4		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA
NURTEC 75 mg tab disint	4		
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	6		
REYVOW 100 mg tab, 50 mg tab	4		
UBRELVY 100 mg tab, 50 mg tab	4		
VYEPTI 100 mg/ml iv soln	5		
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	2	AXERT	QL(6 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	2	RELPAX	QL(6 / 30)
FROVA 2.5 mg tab	4		QL(9 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	2	FROVA	QL(9 / 30)
IMITREX 20 mg/act nasal soln	4		QL(6 / 30)
IMITREX 100 mg tab, 25 mg tab, 50 mg tab	4		QL(9 / 30)
IMITREX 5 mg/act nasal soln	4		QL(12 / 30)
IMITREX STATDOSE REFILL 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	4		QL(2 / 30)
IMITREX STATDOSE SYSTEM 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	4		QL(2 / 30)
MAXALT 10 mg tab	4		QL(9 / 30)
MAXALT-MLT 10 mg tab disint	4		QL(9 / 30)
MIGRANOW 50 & 4-10 mg & % cmb pack	4		
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	2	AMERGE	QL(9 / 30)
ONZETRA XSAIL 11 mg/nosepc nasal exha pwdr	4		
RELPAX 20 mg tab, 40 mg tab	4		QL(6 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	2	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(9 / 30)
SUMANSETRON 50 & 4 mg tab pack	4		
<i>sumatriptan 20 mg/act nasal soln</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	2	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	2	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	3		
TREXIMET 85-500 mg tab	4		QL(9 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZEMBRACE SYMTOUCH 3 mg/0.5ml sc soln auto-inj	4		
zolmitriptan 5 mg tab, 5 mg tab disint	2	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln	2	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		QL(6 / 30)
ZOMIG 5 mg tab	4		QL(3 / 30)
ZOMIG 2.5 mg tab	4		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
BLOXIVERZ 10 mg/10ml iv soln, 5 mg/10ml iv soln	4		
FIRDAPSE 10 mg tab	6		
MESTINON 180 mg tab er, 60 mg tab	4		
MESTINON 60 mg/5ml soln	4		
neostigmine methylsulfate 5 mg/5ml iv soln pfs	1		
neostigmine methylsulfate 5 mg/5ml iv soln	6		
neostigmine methylsulfate 10 mg/10ml iv soln, 5 mg/10ml iv soln	1	BLOXIVERZ	
pyridostigmine bromide 30 mg tab	1		
pyridostigmine bromide 60 mg tab	2	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	2	MESTINON	
pyridostigmine bromide er 180 mg tab er	2	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	2		
MYCOBUTIN 150 mg cap	4		
pretomanid 200 mg tab	1		
rifabutin 150 mg cap	2	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	2		
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	2		
isoniazid 100 mg/ml inj soln, 50 mg/5ml syr	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MYAMBUTOL 400 mg tab	4		
PRIFTIN 150 mg tab	4		
<i>pyrazinamide 500 mg tab</i>	2		
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
RIFAMPIN+SYRSPEND SF 25 mg/ml susp	4		
SIRTURO 100 mg tab, 20 mg tab	5		
TRECTOR 250 mg tab	4		
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>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>cyclophosphamide 1 gm inj soln, 2 gm inj soln, 500 mg inj soln</i>	5		PA
<i>cyclophosphamide 25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab</i>	6		PA
<i>cyclophosphamide 1 gm/5ml iv soln, 500 mg/2.5ml iv soln</i>	6		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
PARAPLATIN 1000 mg/100ml iv soln	6		
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
Antiandrogens - Chemotherapy Agents [Antiandrógenos - Agentes De Quimioterapia]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	
<i>abiraterone acetate 500 mg tab</i>	6	ZYTIGA	
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
CASODEX 50 mg tab	6		PA
ERLEADA 60 mg tab	5		PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
XTANDI 40 mg tab, 80 mg tab	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XTANDI 40 mg cap	6		PA
YONSA 125 mg tab	6		
ZYTIGA 250 mg tab, 500 mg tab	6		
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	
<i>abiraterone acetate 500 mg tab</i>	6	ZYTIGA	
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
CASODEX 50 mg tab	6		PA
ERLEADA 60 mg tab	5		PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
NUBEQA 300 mg tab	5		PA
ZYTIGA 250 mg tab, 500 mg tab	6		
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
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	6		PA
FARESTON 60 mg tab	6		PA
SOLTAMOX 10 mg/5ml soln	6		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	6	NOLVADEX	
<i>toremifene citrate 60 mg tab</i>	6	FARESTON	PA
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		
EFUDEX 5 % crm	5		PA
<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
HYDREA 500 mg cap	6		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
PURIXAN 2000 mg/100ml susp	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SIKLOS 100 mg tab, 1000 mg tab	4		
TABLOID 40 mg tab	6		PA
TOLAK 4 % crm	5		
XELODA 150 mg tab, 500 mg tab	6		
Antineoplastics (combination Product) [Antineoplásicos (Productos En Combinación)]			
RITUXAN HYCELA 1400-23400 MG - ut/11.7ml sc soln, 1600-26800 MG - ut/13.4ml sc soln	6		
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ACTIMMUNE 100 mcg/0.5ml sc soln	6		PA
ALFERON N 5000000 unit/ml inj soln	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
arsenic trioxide 12 mg/6ml iv soln	5	TRISENOX	PA
bendamustine hcl 100 mg iv soln, 25 mg iv soln	5	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	5		PA
bleomycin sulfate 15 unit inj soln, 30 unit inj soln	6	BLENOXANE	PA
bortezomib 3.5 mg iv soln	5		PA
bortezomib 3.5 mg inj soln	5	VELCADE	PA
carmustine 100 mg iv soln	5	BICNU	PA
cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln	6		PA
cladribine 10 mg/10ml iv soln	6	LEUSTATIN	PA
clofarabine 1 mg/ml iv soln	5	CLOLAR	PA
cytarabine 20 mg/ml inj soln	6		PA
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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ELZONRIS 1000 mcg/ml iv soln	6		
floxuridine 0.5 gm inj soln	6	FUDR	PA
fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln	6		PA
fulvestrant 250 mg/5ml im soln pfs	5	FASLODEX	PA
gemcitabine hcl 2 gm iv soln	5		PA
gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln	5		PA
gemcitabine hcl 1 gm iv soln, 200 mg iv soln	5	GEMZAR	PA
HALAVEN 1 mg/2ml iv soln	6		PA
idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln	6	IDAMYCIN PFS	PA
IFEX 3 gm iv soln	6		PA
ifosfamide 1 gm iv soln, 3 gm iv soln	5	IFEX	PA
ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln	5	IFEX	PA
irinotecan hcl 500 mg/25ml iv soln	5		PA
irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln	5	CAMPTOSAR	PA
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	6		PA
JEVTANA 60 mg/1.5ml iv soln	6		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	6		PA
mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln	6	MUTAMYCIN	PA
MVASI 100 mg/4ml iv soln, 400 mg/16ml iv soln	6		PA
OPDIVO 120 mg/12ml iv soln	6		
oxaliplatin 100 mg iv soln, 50 mg iv soln	5	ELOXATIN	PA
oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln	5	ELOXATIN	PA
paclitaxel 100 mg/16.7ml iv conc	6	TAXOL	
paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc	6	TAXOL	PA
paclitaxel protein-bound part 100 mg iv susp	5	ABRAXANE	PA
PERJETA 420 mg/14ml iv soln	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PHOTOFRIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
TABLOID 40 mg tab	6		PA
TECARTUS 100000000 cells iv susp	6		
TICE BCG 50 mg i-vesic susp	4		PA
TIVDAK 40 mg iv soln	6		
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
<i>vincristine sulfate 1 mg/ml iv soln, 2 mg/2ml iv soln</i>	6	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	6	NAVELBINE	PA
ZEPZELCA 4 mg iv soln	6		
ZEVALIN Y-90 3.2 mg/2ml iv kit	6		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
ABECMA 460000000 cells iv susp	6		
ASPARLAS 3750 unit/5ml iv soln	6		
AZEDRA DOSIMETRIC 15 mci/ml iv soln	6		
AZEDRA THERAPEUTIC 15 mci/ml iv soln	6		
<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
DARZALEX FASPRO 1800-30000 mg-ut/15ml sc soln	6		
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	5		PA
<i>fludarabine phosphate 50 mg iv soln</i>	5	FLUDARA	PA
HYDREA 500 mg cap	6		PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
INQOVI 35-100 mg tab	6		
ISTODAX 10 mg iv soln	6		PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>leucovorin calcium 100 mg/10ml inj soln, 500 mg/50ml inj soln</i>	6		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	5	FUSILEV	PA
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	6		
LUTATHERA 370 mbq/ml iv soln	6		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
ONCASPAS 750 unit/ml inj soln	6		PA
ORGOVYX 120 mg tab	6		
PHESGO 60-60-2000 mg-mg-u/ml sc soln, 80-40-2000 mg-mg-u/ml sc soln	6		
TECARTUS 200000000 cells iv susp	6		
<i>valrubicin 40 mg/ml i-vesic soln</i>	5	VALSTAR	PA
VALSTAR 40 mg/ml i-vesic soln	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
XOFIGO 30 mcci/ml iv soln	6		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		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	
ARIMIDEX 1 mg tab	6		PA
AROMASIN 25 mg tab	6		PA
<i>exemestane 25 mg tab</i>	5	AROMASIN	PA
FEMARA 2.5 mg tab	6		PA
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	6		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	6		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	6		PA
<i>letrozole 2.5 mg tab</i>	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
<i>etoposide 50 mg cap</i>	5		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	5	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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]			
AFINITOR 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	6		PA
AFINITOR DISPERZ 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	6		
ALECENSA 150 mg cap	6		
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	6		PA
AYVAKIT 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	6		
BALVERSA 3 mg tab, 4 mg tab, 5 mg tab	6		
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
BRAFTOVI 75 mg cap	6		
BRUKINSA 80 mg cap	6		
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	6		
CALQUENCE 100 mg tab	6		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	6		
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	6		
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	6		
COPIKTRA 15 mg cap, 25 mg cap	6		
COTELLIC 20 mg tab	6		
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
DAURISMO 100 mg tab, 25 mg tab	6		
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml 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
<i>etoposide 50 mg cap</i>	5		PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
<i>everolimus 10 mg tab</i>	6	AFINITOR	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EXKIVITY 40 mg cap	6		
FOTIVDA 0.89 mg cap, 1.34 mg cap	6		
GAVRETO 100 mg cap	6		
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	6		
GLEEVEC 100 mg tab, 400 mg tab	6		
HYCANTIN 0.25 mg cap, 1 mg cap	6		PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	6		
IDHIFA 100 mg tab, 50 mg tab	6		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 70 mg cap	6		
INLYTA 1 mg tab, 5 mg tab	6		PA
INREBIC 100 mg cap	6		
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
KISQALI (200 MG DOSE) 200 mg tab pack	6		PA
KISQALI (400 MG DOSE) 200 mg tab pack	6		PA
KISQALI (600 MG DOSE) 200 mg tab pack	6		PA
KOSELUGO 10 mg cap, 25 mg cap	6		
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	6		
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	6		
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	6		
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	6		
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	6		
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	6		
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	6		
LORBRENA 100 mg tab, 25 mg tab	6		
LUMAKRAS 120 mg tab	6		
LYNPARZA 100 mg tab, 150 mg tab	6		PA
MEKINIST 0.5 mg tab, 2 mg tab	6		
MEKTOVI 15 mg tab	6		
NERLYNX 40 mg tab	6		PA
NEXAVAR 200 mg tab	6		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	6		
NUBEQA 300 mg tab	5		PA
ONUREG 200 mg tab, 300 mg tab	6		
<i>pazopanib hcl 200 mg tab</i>	5		PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	6		
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	6		
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	6		
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	6		
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	6		
QINLOCK 50 mg tab	6		PA
RETEVMO 40 mg cap, 80 mg cap	6		
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	6		PA
RYDAPT 25 mg cap	6		PA
SCSEMBLIX 20 mg tab, 40 mg tab	6		
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>	6	SUTENT	PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	6		PA
TABRECTA 150 mg tab, 200 mg tab	6		
TAFINLAR 50 mg cap, 75 mg cap	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TAGRISSO 40 mg tab, 80 mg tab	6		
TALZENNA 0.25 mg cap, 1 mg cap	6		
TARCEVA 100 mg tab, 150 mg tab	6		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
TAZVERIK 200 mg tab	6		
<i>temsirolimus 25 mg/ml iv soln</i>	5	TORISEL	PA
TEPMETKO 225 mg tab	6		
TIBSOVO 250 mg tab	6		
<i>topotecan hcl 4 mg/4ml iv soln</i>	6		PA
<i>topotecan hcl 4 mg iv soln</i>	6	HYCAMTIN	PA
TUKYSA 150 mg tab, 50 mg tab	6		
TYKERB 250 mg tab	6		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	6		
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	6		
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
VITRAKVI 100 mg cap, 25 mg cap	6		
VITRAKVI 20 mg/ml soln	6		
VIZIMPRO 15 mg tab, 30 mg tab, 45 mg tab	6		
VOTRIENT 200 mg tab	6		PA
WELIREG 40 mg tab	6		
XALKORI 200 mg cap, 250 mg cap	6		PA
XOSPATA 40 mg tab	6		
XPOVIO (100 MG ONCE WEEKLY) 50 mg tab pack	6		
XPOVIO (40 MG ONCE WEEKLY) 40 mg tab pack	6		
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	6		
XPOVIO (60 MG ONCE WEEKLY) 60 mg tab pack	6		
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	6		PA
XPOVIO (80 MG ONCE WEEKLY) 40 mg tab pack	6		
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZELBORAF 240 mg tab	6		PA
ZOLINZA 100 mg cap	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
BREYANZI 70000000 cells/ml iv susp	6		
COSELA 300 mg iv soln	6		
DANYELZA 40 mg/10ml iv soln	6		
ENHERTU 100 mg iv soln	6		
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
GAZYVA 1000 mg/40ml iv soln	6		PA
HERCEPTIN HYLECTA 600-10000 mg-unt/5ml sc soln	6		
HERZUMA 150 mg iv soln, 420 mg iv soln	6		
JEMPERLI 500 mg/10ml iv soln	6		
KANJINTI 150 mg iv soln, 420 mg iv soln	5		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
LIBTAYO 350 mg/7ml iv soln	6		
MARGENZA 250 mg/10ml iv soln	6		
MONJUVI 200 mg iv soln	6		
OGIVRI 150 mg iv soln, 420 mg iv soln	6		
ONTRUZANT 150 mg iv soln, 420 mg iv soln	6		
PADCEV 20 mg iv soln, 30 mg iv soln	6		
PERJETA 420 mg/14ml iv soln	5		PA
POLIVY 140 mg iv soln	6		
POLIVY 30 mg iv soln	6		PA
POTELIGEO 20 mg/5ml iv soln	6		
RIABNI 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		
RITUXAN 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
RYBREVANT 350 mg/7ml iv soln	6		
SARCLISA 100 mg/5ml iv soln, 500 mg/25ml iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TECENTRIQ 840 mg/14ml iv soln	6		
TRAZIMERA 150 mg iv soln, 420 mg iv soln	5		PA
TRODELVY 180 mg iv soln	6		
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
ZYNLONTA 10 mg iv soln	6		
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	PA
<i>bexarotene 1 % gel</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	6		PA
TARGRETIN 75 mg cap	6		
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]			
ELITEK 1.5 mg iv soln, 7.5 mg iv soln	6		PA
KEPIVANCE 6.25 mg iv soln	6		PA
<i>mesna 100 mg/ml iv soln</i>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
VORAXAZE 1000 unit iv soln	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	2	ALBENZA	
<i>benznidazole 100 mg tab, 12.5 mg tab</i>	1		
BILTRICIDE 600 mg tab	4		
EGATEN 250 mg tab	4		
EMVERM 100 mg tab chew	4		
<i>ivermectin 3 mg tab</i>	2	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
STROMECTOL 3 mg tab	4		
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 500 mg tab	4		
ALINIA 100 mg/5ml susp	4		QL(60 / 3)
ARAKODA 100 mg tab	4		
<i>artesunate 110 mg iv soln</i>	6		
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	4		
DARAPRIM 25 mg tab	6		PA
<i>hydroxychloroquine sulfate 100 mg tab, 300 mg tab, 400 mg tab</i>	1		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
IMPAVIDO 50 mg cap	5		
KRINTAFEL 150 mg tab	4		
LAMPIT 120 mg tab, 30 mg tab	4		
MALARONE 250-100 mg tab, 62.5-25 mg tab	4		
<i>mefloquine hcl 250 mg tab</i>	2		
MEPRON 750 mg/5ml susp	6		
NEBUPENT 300 mg inh soln	4		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
PENTAM 300 mg inj soln	4		
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM	
PLAQUENIL 200 mg tab	4		
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	5	DARAPRIM	PA
<i>pyrimethamine-leucovorin 12.5-2.5 mg cap, 25-10 mg cap, 25-5 mg cap, 50-10 mg cap, 50-20 mg cap, 50-25 mg cap, 75-25 mg cap</i>	1		
QUALAQUIN 324 mg cap	4		
<i>quinine sulfate 324 mg cap</i>	2	QUALAQUIN	
SOLOSEC 2 gm pckt	4		
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabificidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % lot	4		PA
<i>cvs ivermectin lice treatment 0.5 % lot</i>	1	SKLICE	PA
<i>eq ivermectin 0.5 % lot</i>	1	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	1	SKLICE	PA
<i>malathion 0.5 % lot</i>	2	OVIDE	PA
NATROBA 0.9 % ext susp	4		PA
OVIDE 0.5 % lot	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>permethrin 5 % crm</i>	2	ELIMITE	PA
SKLICE 0.5 % lot	1		PA
<i>spinosad 0.9 % ext susp</i>	2		PA
<i>sulfurated lime ext soln</i>	1		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	2		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	
COMTAN 200 mg tab	4		
<i>entacapone 200 mg tab</i>	2	COMTAN	
GOCOVRI 137 mg cap er 24 hr, 68.5 mg cap er 24 hr	4		
NOURIANZ 20 mg tab, 40 mg tab	5		
ONGENTYS 25 mg cap, 50 mg cap	4		
OSMOLEX ER 129 mg tab er 24 hr, 193 mg tab er 24 hr	4		
TASMAR 100 mg tab	6		PA
<i>tolcapone 100 mg tab</i>	5	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
APOKYN 30 mg/3ml sc soln cart	6		PA
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	2	PARLODEL	
MIRAPEX ER 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	4		
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr			
PARLODEL 2.5 mg tab, 5 mg cap	4		
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	1	MIRAPEX	
pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	2	MIRAPEX ER	
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	1	REQUIP	
ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr	2	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa 25 mg tab	2	LODOSYN	
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	2	PARCOPA	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	2	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	2	SINEMET CR	
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	2	STALEVO	
DUOPA 4.63-20 mg/ml enter susp	5		
LODOSYN 25 mg tab	4		
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	4		
SINEMET 10-100 mg tab, 25-100 mg tab	4		
STALEVO 100 25-100-200 mg tab	4		
STALEVO 125 31.25-125-200 mg tab	4		
STALEVO 150 37.5-150-200 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
STALEVO 200 50-200-200 mg tab	4		
STALEVO 50 12.5-50-200 mg tab	4		
STALEVO 75 18.75-75-200 mg tab	4		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
AZILECT 0.5 mg tab, 1 mg tab	4		
rasagiline mesylate 0.5 mg tab, 1 mg tab	2	AZILECT	
selegiline hcl 5 mg tab	2		
selegiline hcl 5 mg cap	2	ELDEPRYL	
XADAGO 100 mg tab, 50 mg tab	5		
ZELAPAR 1.25 mg tab disint	4		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ADASUVE 10 mg inh aer pwdr br act	4		
chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc	1		
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	2		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	THORAZINE	
COMPRO 25 mg rect supp	1		
fluphenazine decanoate 25 mg/ml inj soln	2	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	2	PROLIXIN	
HALDOL DECANOATE 100 mg/ml im soln, 50 mg/ml im soln	4		
haloperidol 0.5 mg tab, 20 mg tab	1	HALDOL	
haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	2	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	2	HALDOL	
haloperidol lactate 5 mg/ml inj soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc	2	HALDOL	
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	2	LOXITANE	
molindone hcl 10 mg tab, 25 mg tab, 5 mg tab	1	MOBAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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]			
ABILIFY 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	4		
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		
ABILIFY MYCITE MAINTENANCE KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	4		
ABILIFY MYCITE STARTER KIT 10 mg tab pack, 15 mg tab pack, 2 mg tab pack, 20 mg tab pack, 30 mg tab pack, 5 mg tab pack	4		
<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	
ARISTADA 1064 mg/3.9ml im pfs, 441 mg/1.6ml im pfs, 662 mg/2.4ml im pfs, 882 mg/3.2ml im pfs	5		
ARISTADA INITIO 675 mg/2.4ml im pfs	5		
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CAPLYTA 42 mg cap	4		
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FANAPT TITRATION PACK 1 & 2 & 4 & 6 mg tab	4		
GEODON 20 mg cap, 20 mg im soln, 40 mg cap, 60 mg cap, 80 mg cap	4		
INVEGA 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	5		
INVEGA 1.5 mg tab er 24 hr	6		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	6		
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	5		
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	4		
<i>lurasidone hcl 60 mg tab</i>	2	LATUDA	
NUPLAZID 10 mg tab, 34 mg cap	5		
<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	
PERSERIS 120 mg Subcutaneous Prefilled Syringe, 90 mg Subcutaneous Prefilled Syringe	5		
<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</i>	2	SEROQUEL XR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>			
REXULTI 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	5		
RISPERDAL 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	4		
RISPERDAL 1 mg/ml soln	4		
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	6		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	2	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	2	RISPERDAL	
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	3		
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	4		
SEROQUEL 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	4		
SEROQUEL XR 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	4		
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	5		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	4		
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZYPREXA ZYDIS 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	4		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	2	FAZACLO	
CLOZARIL 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4		
VERSACLOZ 50 mg/ml susp	4		
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 20000 mcg/20ml it soln, 50 mcg/ml Intrathecal Solution Prefilled Syringe	5	GABLOFEN	
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
baclofen 10 mg/20ml it soln, 40 mg/20ml it soln	5	LIORESAL	
baclofen (bulk) 500 mg/125ml soln	5		
DANTRIUM 25 mg cap	4		
dantrolene sodium 100 mg cap, 25 mg cap	1	DANTRIUM	
dantrolene sodium 50 mg cap	2	DANTRIUM	
enovarx-baclofen 1 % crm	4		
GABLOFEN 10000 mcg/20ml Intrathecal Solution Prefilled Syringe, 10000 mcg/20ml it soln, 20000 mcg/20ml Intrathecal Solution Prefilled Syringe, 20000 mcg/20ml it soln, 40000 mcg/20ml Intrathecal Solution Prefilled Syringe, 40000 mcg/20ml it soln, 50 mcg/ml Intrathecal Solution Prefilled Syringe	5		
LIORESAL 0.05 mg/ml it soln, 10 mg/20ml it soln, 10 mg/5ml it soln, 40 mg/20ml it soln	5		
OZOBAX 5 mg/5ml soln	5		
RYANODEX 250 mg iv susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	2	ZANAFLEX	
ZANAFLEX 2 mg cap, 4 mg cap, 4 mg tab, 6 mg cap	4		
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>cidofovir 75 mg/ml iv soln</i>	1	VISTIDE	
<i>foscarnet sodium 6000 mg/250ml iv soln</i>	1	FOSCAVIR	
FOSCAVIR 6000 mg/250ml iv soln	4		
<i>ganciclovir 500 mg/250ml iv soln</i>	5		
<i>ganciclovir sodium 500 mg/10ml iv soln</i>	5		
PREVYMIS 240 mg tab, 480 mg tab	6		
PREVYMIS 240 mg/12ml iv soln, 480 mg/24ml iv soln	6		
VALCYTE 450 mg tab	6		
VALCYTE 50 mg/ml soln	6		
<i>valganciclovir hcl 450 mg tab</i>	2	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	2	VALCYTE	
ZIRGAN 0.15 % ophth gel	4		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>adefovir dipivoxil 10 mg tab</i>	5	HEPSERA	PA
BARACLUDE 0.5 mg tab, 1 mg tab	6		
BARACLUDE 0.05 mg/ml soln	6		
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	PA
VEMLIDY 25 mg tab	6		
Anti-hepatitis C (hcv) Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc) - Medicamentos Para Hepatitis C]			
EPCLUSA 150-37.5 mg pckt, 200-50 mg pckt, 200-50 mg tab, 400-100 mg tab	5		PA
HARVONI 90-400 mg tab	6		
HARVONI 33.75-150 mg pckt, 45-200 mg pckt, 45-200 mg tab	6		PA
<i>ledipasvir-sofosbuvir 90-400 mg tab</i>	5	HARVONI	
MAVYRET 100-40 mg tab	5		PA
MAVYRET 50-20 mg pckt	6		
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ribavirin 200 mg tab</i>	5	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	5	REBETOL	PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	5	EPCLUSA	PA
SOVALDI 400 mg tab	6		
SOVALDI 150 mg pckt, 200 mg pckt, 200 mg tab	6		PA
VOSEVI 400-100-100 mg tab	6		
ZEPATIER 50-100 mg tab	6		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 % crm, 5 % oint</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	2	ZOVIRAX	
<i>acyclovir 200-10 mg-% cmb pack</i>	4		
DENAVIR 1 % crm	4		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	5	FAMVIR	
<i>penciclovir 1 % crm</i>	2	DENAVIR	
SITAVIG 50 mg bucc tab	4		
<i>trifluridine 1 % ophth soln</i>	2	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	VALTREX	
VALTREX 1 gm tab, 500 mg tab	4		
XERESE 5-1 % crm	4		
ZOVIRAX 5 % crm, 5 % oint	4		
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
ISENTRESS 100 mg pckt	4		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	5		PA
ISENTRESS HD 600 mg tab	5		PA
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	4		PA
TIVICAY PD 5 mg tab sol	4		PA
VOCABRIA 30 mg tab	4		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
EDURANT 25 mg tab	5		PA
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	5	SUSTIVA	PA
<i>etravirine 100 mg tab, 200 mg tab</i>	4	INTELENCE	PA
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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>	5	VIRAMUNE XR	PA
PIFELTRO 100 mg tab	4		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
<i>abacavir sulfate 20 mg/ml soln</i>	5	ZIAGEN	PA
<i>emtricitabine 200 mg cap</i>	4	EMTRIVA	PA
EMTRIVA 200 mg cap	6		PA
EMTRIVA 10 mg/ml soln	6		PA
EPIVIR 10 mg/ml soln	4		PA
EPIVIR 150 mg tab, 300 mg tab	6		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	5	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	5	EPIVIR	PA
RETROVIR 100 mg cap	4		PA
RETROVIR 50 mg/5ml syr	4		PA
RETROVIR 10 mg/ml iv soln	6		PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	5	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab, 300 mg tab	5		PA
VIREAD 40 mg/gm oral pwdr	5		PA
ZIAGEN 300 mg tab	4		PA
ZIAGEN 20 mg/ml soln	4		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</i>	5	SELZENTRY	PA
RUKOBIA 600 mg tab er 12 hr	4		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	5		PA
SELZENTRY 20 mg/ml soln	5		PA
TROGARZO 200 mg/1.33ml iv soln	4		PA
TYBOST 150 mg tab	4		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	6		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	5	REYATAZ	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>darunavir 600 mg tab, 800 mg tab</i>	5	PREZISTA	PA
<i>fosamprenavir calcium 700 mg tab</i>	2	LEXIVA	PA
LEXIVA 700 mg tab	4		PA
LEXIVA 50 mg/ml susp	5		PA
NORVIR 100 mg tab	4		PA
NORVIR 100 mg cap, 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
REYATAZ 200 mg cap, 300 mg cap, 50 mg pckt	4		PA
<i>ritonavir 100 mg tab</i>	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-hiv Combinations- Hiv Drugs [Combinaciones De Agentes Anti-Vih - Medicamentos Para Vih]			
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	5	EPZICOM	
BIKTARVY 50-200-25 mg tab	5		PA
CABENUVA 400 & 600 mg/2ml Intramuscular Suspension Extended Release, 600 & 900 mg/3ml Intramuscular Suspension Extended Release	4		PA
CIMDUO 300-300 mg tab	4		PA
COMBIVIR 150-300 mg tab	4		PA
COMPLERA 200-25-300 mg tab	6		PA
DELSTRIGO 100-300-300 mg tab	4		PA
DESCOVY 200-25 mg tab	4		PA
DOVATO 50-300 mg tab	5		PA
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	5	ATRIPLA	PA
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	4	SYMFI	PA
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>	4	SYMFI LO	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
EPZICOM 600-300 mg tab	4		PA
EVOTAZ 300-150 mg tab	4		PA
GENVOYA 150-150-200-10 mg tab	4		PA
JULUCA 50-25 mg tab	4		PA
KALETRA 400-100 mg/5ml soln	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KALETRA 100-25 mg tab, 200-50 mg tab	5		PA
lamivudine-zidovudine 150-300 mg tab	5	COMBIVIR	PA
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	4	KALETRA	PA
lopinavir-ritonavir 400-100 mg/5ml soln	5	KALETRA	PA
ODEFSEY 200-25-25 mg tab	4		PA
PREZCOBIX 800-150 mg tab	4		PA
STRIBILD 150-150-200-300 mg tab	6		PA
SYMFI 600-300-300 mg tab	4		PA
SYMFI LO 400-300-300 mg tab	4		PA
SYMTUZA 800-150-200-10 mg tab	4		PA
TRIUMEQ 600-50-300 mg tab	4		PA
TRIZIVIR 300-150-300 mg tab	4		PA
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	4		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 45 mg cap, 75 mg cap	2	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(120 / 180)
RAPIVAB 200 mg/20ml iv soln	4		
RELENZA DISKHALER 5 mg/act inh aer pwr br act	4		QL(20 / 180)
rimantadine hcl 100 mg tab	1	FLUMADINE	
TAMIFLU 45 mg cap, 75 mg cap	4		QL(10 / 180)
TAMIFLU 30 mg cap	4		QL(20 / 180)
TAMIFLU 6 mg/ml susp	4		QL(120 / 180)
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack	3		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
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
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	4		QL(30 / 5), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1	PRECEDEX	
<i>dexmedetomidine hcl in nacl 200 mcg/50ml iv soln, 200-0.9 mcg/50ml-% iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln</i>	1	PRECEDEX	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
PRECEDEX 1000 mcg/250ml iv soln, 200 mcg/2ml iv soln, 200 mcg/50ml iv soln, 400 mcg/100ml iv soln, 80 mcg/20ml iv soln	4		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	4		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	
ATIVAN 0.5 mg tab, 1 mg tab, 2 mg tab	4		
ATIVAN 2 mg/ml inj soln, 4 mg/ml inj soln	4		
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	BUSPAR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	2	TRANXENE	
<i>diazepam 10 mg/2ml im soln auto-inj, 5 mg/ml inj soln, 5 mg/ml oral conc</i>	2		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DIAZEPAM INTENSOL 5 mg/ml oral conc	4		
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<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	
LORAZEPAM INTENSOL 2 mg/ml oral conc	2		
LOREEV XR 1 mg cap er 24 hr sprinkle, 2 mg cap er 24 hr sprinkle, 3 mg cap er 24 hr sprinkle	6		
<i>midazolam hcl 2 mg/ml syr</i>	1		
<i>midazolam hcl-sodium chloride 100-0.8 mg/100ml-% iv soln, 100-0.9 mg/100ml-% iv soln, 50-0.8 mg/50ml-% iv soln, 50-0.9 mg/50ml-% iv soln</i>	1		
<i>midazolam hcl-sodium chloride 55-0.9 mg/55ml-% iv soln pfs</i>	2		
MIDAZOLAM+SYRSPEND SF 1 mg/ml susp	4		
<i>midazolam-sodium chloride 50-0.9 mg/50ml-% iv soln</i>	2		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	2	SERAX	
VALIUM 10 mg tab, 2 mg tab, 5 mg tab	4		
XANAX 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	4		
XANAX XR 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	4		
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]			
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
<i>lithium 8 meq/5ml soln</i>	2		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lithium carbonate er 450 mg tab er</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
LITHOBID 300 mg tab er	4		
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	
ACTOPLUS MET 15-850 mg tab	4		
ACTOS 15 mg tab, 30 mg tab, 45 mg tab	4		
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	4	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	4	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	4	OSENI	ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	3		PA
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	3		PA
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	3		PA
CYCLOSET 0.8 mg tab	4		
DUETACT 30-2 mg tab, 30-4 mg tab	4		
FARXIGA 10 mg tab, 5 mg tab	3		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr</i>	2	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	2	METAGLIP	
GLUCOTROL XL 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	4		
GLUMETZA 1000 mg tab er 24 hr, 500 mg tab er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYNASE 1.5 mg tab, 3 mg tab, 6 mg tab	4		
GLYXAMBI 10-5 mg tab, 25-5 mg tab	3		ST
INVOKAMET 150-1000 mg tab, 150-500 mg tab, 50-1000 mg tab, 50-500 mg tab	4		ST
INVOKAMET XR 150-1000 mg tab er 24 hr, 150-500 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	4		ST
INVOKANA 100 mg tab, 300 mg tab	4		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	3		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		ST
JARDIANCE 10 mg tab, 25 mg tab	3		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
KAZANO 12.5-1000 mg tab, 12.5-500 mg tab	4		ST
KOMBIGLYZE XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	4		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>metformin hcl er (mod) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	GLUMETZA	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj	3		PA
<i>nateglinide 120 mg tab, 60 mg tab</i>	2	STARLIX	
NESINA 12.5 mg tab, 25 mg tab, 6.25 mg tab	4		ST
ONGLYZA 2.5 mg tab, 5 mg tab	4		ST
OSENI 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab	4		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	3		PA
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		PA
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		PA
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	
QTERN 10-5 mg tab, 5-5 mg tab	4		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PRANDIN	
RIOMET 500 mg/5ml soln	4		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		PA
<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
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	4		ST
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	4		
STEGLATRO 15 mg tab, 5 mg tab	4		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	4		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	4		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	4		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
TRADJENTA 5 mg tab	3		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	3		ST
TRULICITY 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	3		PA
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	3		PA
VICTOZA 18 mg/3ml sc soln pen-inj	3		PA
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
XULTOPHY 100-3.6 unit-mg/ml sc soln pen-inj	4		
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	3		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
GLUCAGEN HYPOKIT 1 mg inj soln	4		
<i>glucagon emergency 1 mg/ml inj soln</i>	1		
<i>glucagon emergency 1 mg inj kit</i>	4	GLUCAGON EMERGENCY	
GVOKE HYPOPEN 1-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	4		
GVOKE HYPOPEN 2-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	4		
KORLYM 300 mg tab	4		
PROGLYCEM 50 mg/ml susp	4		
ZEGALOGUE 0.6 mg/0.6ml sc soln auto-inj, 0.6 mg/0.6ml sc soln pfs	4		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
ADMELOG 100 unit/ml inj soln	4		QL(20 / 30)
ADMELOG SOLOSTAR 100 unit/ml sc soln pen-inj	4		QL(15 / 30)
AFREZZA 12 unit inh pwdr, 4 unit inh pwdr, 60x4 & 60x8 & 60x12 unit inh pwdr, 8 unit inh pwdr, 90 x 4 UNIT & 90x8 unit inh pwdr, 90 x 8 UNIT & 90x12 unit inh pwdr	4		
APIDRA 100 unit/ml inj soln	4		
APIDRA SOLOSTAR 100 unit/ml sc soln pen-inj	4		
BASAGLAR KWIKPEN 100 unit/ml sc soln pen-inj	4		QL(15 / 30), ST
FIASP 100 unit/ml inj soln	4		
FIASP FLEXTOUCH 100 unit/ml sc soln pen-inj	4		
FIASP PENFILL 100 unit/ml sc soln cart	4		
HUMALOG 100 unit/ml inj soln	3		QL(20 / 30)
HUMALOG 100 unit/ml sc soln cart	4		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(15 / 30)
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(20 / 30)
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HUMULIN N 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	3		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(6 / 30)
<i>insulin asp prot & asp flexpen (70-30) 100 unit/ml sc susp pen-inj</i>	1	NOVOLOG MIX 70/30	
<i>insulin aspart 100 unit/ml inj soln</i>	1	NOVOLOG	
<i>insulin aspart flexpen 100 unit/ml sc soln pen-inj</i>	1	NOVOLOG FLEXPEN	
<i>insulin aspart penfill 100 unit/ml sc soln cart</i>	1	NOVOLOG PENFILL	
<i>insulin aspart prot & aspart (70-30) 100 unit/ml sc susp</i>	1	NOVOLOG MIX 70/30	
<i>insulin glargine 100 unit/ml sc soln</i>	1	LANTUS	QL(20 / 30)
<i>insulin glargine solostar 100 unit/ml sc soln pen-inj, 300 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)
LANTUS 100 unit/ml sc soln	3		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
LEVEMIR 100 unit/ml sc soln	3		QL(20 / 30)
LEVEMIR FLEXPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
LYUMJEV 100 unit/ml inj soln	4		
LYUMJEV KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	4		
MYXREDLIN 100-0.9 ut/100ml-% iv soln	4		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	4		QL(15 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	4		QL(15 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	4		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	4		QL(20 / 30)
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	4		
NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector	4		
NOVOLIN R RELION 100 unit/ml inj soln	4		QL(20 / 30)
NOVOLOG 100 unit/ml inj soln	4		
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	4		
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	4		
NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj	4		
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	4		
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	4		
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	4		
NOVOLOG PENFILL 100 unit/ml sc soln cart	4		
NOVOLOG RELION 100 unit/ml inj soln	4		
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	4		QL(15 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TRESIBA 100 unit/ml sc soln	3		QL(15 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TRESIBA FLEXTOUCH 100 unit/ml sc soln pen-inj, 200 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]			
ACD-A NOCLOT-50 0.73-2.45-2.2 gm/100ml in vitro soln	4		
ACTIVASE 100 mg iv soln, 50 mg iv soln	4		
<i>anticoagulant sodium citrate 4 % in vitro soln, 4 gm/100ml in vitro soln</i>	1		
BD HEPARIN POSIFLUSH 10 unit/ml iv soln, 100 unit/ml iv soln	1		
<i>bivalirudin rtu 250 mg/50ml iv soln</i>	6		
CATHFLO ACTIVASE 2 mg inj soln	4		
ELIQUIS 2.5 mg tab, 5 mg tab	3		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml 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
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	6	ARIXTRA	PA
FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	6		PA
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% iv soln, 2000-0.9 unit/l-% iv soln, 4000-0.9 unit/l-% iv soln</i>	1		
<i>heparin (porcine) in nacl 25000-0.45 ut/500ml-% iv soln, 500-0.9 ut/500ml-% iv soln, 5000-0.9 unit/l-% iv soln, 5000-0.9 ut/500ml-% iv soln</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
heparin na (pork) lock flsh pf 10 unit/ml iv soln, 100 unit/ml iv soln	1		
heparin sod (pork) lock flush 10 unit/ml iv soln, 100 unit/ml iv soln	1		
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/0.5ml inj soln pfs, 5000 unit/ml inj soln	1		
heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln, 5000 unit/ml inj soln	1		
hepmed 100&0.9&2.5-2.5 ut/ml&%&% cmb kit	4		
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab	3		
JANTOVEN 7.5 mg tab	4		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	4		
SAVAYSA 15 mg tab, 30 mg tab, 60 mg tab	4		
sodium citrate lock flush 120 mg/3ml iv soln pfs	2		
TRICITRASOL 46.7 % in vitro conc	4		
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	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]			
AGRYLIN 0.5 mg cap	4		
anagrelide hcl 0.5 mg cap, 1 mg cap	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln			
<i>azacitidine 100 mg inj susp</i>	6	VIDAZA	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	6		PA
LEUKINE 250 mcg inj soln	6		
MIRCERA 150 mcg/0.3ml inj soln pfs, 30 mcg/0.3ml inj soln pfs	6		
MOZOBIL 24 mg/1.2ml sc soln	6		PA
MULPLETA 3 mg tab	6		
NPLATE 125 mcg sc soln, 250 mcg sc soln, 500 mcg sc soln	4		PA
PROCRIT 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	6		PA
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
PROMACTA 12.5 mg pckt	6		
REBLOZYL 25 mg sc soln, 75 mg sc 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		
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>aminocaproic acid 1000 mg tab</i>	1	AMICAR	
<i>aminocaproic acid 0.25 gm/ml soln</i>	1	AMICAR	
<i>aminocaproic acid 500 mg tab</i>	2	AMICAR	QL(10 / 30)
ANDEXXA 200 mg iv soln	4		
ARTISS ext soln	4		
ASTRINGYN 259 mg/gm ext soln	4		
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA
CORIFACT 1000-1600 unit iv kit	6		
CYKLOKAPRON 1000 mg/10ml iv soln	6		
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA
ESPEROCT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	6		
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	5		PA
FIBRYGA iv soln	6		
GEL-FLOW ext kit	4		
GEL-FLOW NT External Prefilled Syringe	4		
GELFOAM-JMI POWDER ext kit	4		
GELFOAM-JMI SPONGE ext kit	4		
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3500 unit iv soln, 500 unit iv soln	6		
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
KCENTRA 1000 unit iv kit, 500 unit iv kit	6		
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 500 unit iv soln	5		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
<i>monsels ferric subsulfate ext soln</i>	4		
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	5		PA
<i>obizur 500 unit iv soln</i>	2		
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
REBINYN 1000 unit iv soln, 2000 unit iv soln, 500 unit iv soln	6		
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA
RECOTHROM 20000 unit ext soln, 5000 unit ext soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
RECOTHROM SPRAY KIT 20000 unit ext soln	4		
RIASTAP iv soln	6		
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA
SEVENFACT 1 mg iv soln, 5 mg iv soln	6		
THROMBIN-JMI 20000 unit ext kit, 5000 unit ext kit	4		
THROMBIN-JMI EPISTAXIS 5000 unit ext kit	4		
THROMBOGEN 1000 unit ext soln, 10000 unit ext kit, 10000 unit ext soln	4		
TISSEEL 10 ml ext kit, 2 ml ext kit, 4 ml ext kit	4		
TISSEEL ext soln	4		
<i>tranexamic acid 1000 mg/10ml iv soln</i>	5	CYKLOKAPRON	
<i>tranexamic acid 650 mg tab</i>	1	LYSTEDA	
<i>tranexamic acid-nacl 1000-0.7 mg/100ml-% iv soln</i>	1		
TRETEN 2500 unit iv soln	6		
VONVENDI 1300 unit iv soln, 650 unit iv soln	6		
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	5		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
AGGRASTAT 3.75 mg/15ml iv conc	6		
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
CABLIVI 11 mg inj kit	6		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	2	PERSANTINE	
DOPTELET 20 mg tab	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EFFIENT 10 mg tab, 5 mg tab	4		
PLAVIX 75 mg tab	4		
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	2	EFFIENT	
TAVALISSE 100 mg tab, 150 mg tab	6		
YOSPRALA 325-40 mg tab dr, 81-40 mg tab dr	4		
ZONTIVITY 2.08 mg tab	4		
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]			
AKOVAZ 50 mg/ml iv soln	4		
BIORPHEN 0.5 mg/5ml iv soln	6		
CATAPRES-TTS-1 0.1 mg/24hr tdwk patch	4		
CATAPRES-TTS-2 0.2 mg/24hr tdwk patch	4		
CATAPRES-TTS-3 0.3 mg/24hr tdwk patch	4		
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	2	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	2	CATAPRES	
EMERPHED 5 mg/ml iv soln	6		
<i>ephedrine sulfate (pressors) 25 mg/5ml iv soln pfs</i>	2		
<i>ephedrine sulfate (pressors) 50 mg/ml iv soln</i>	1	AKOVAZ	
<i>epinephrine hcl-nacl 4-0.9 mg/250ml-% iv soln, 8-0.9 mg/250ml-% iv soln</i>	2		
<i>epinephrine-dextrose 2-5 mg/250ml-% iv soln</i>	2		
<i>epinephrine-nacl 1-0.9 mg/10ml-% iv soln pfs, 2-0.9 mg/250ml-% iv soln</i>	2		
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	2	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	2	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	
<i>norepinephrine-dextrose 8-5 mg/500ml-% iv soln</i>	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>norepinephrine-sodium chloride 8-0.9 mg/500ml-% iv soln</i>	2		
<i>phenylephrine hcl 0.8 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs</i>	2		
<i>phenylephrine hcl 1 mg/10ml iv soln</i>	6		
<i>phenylephrine hcl (pressors) 0.4 mg/10ml iv soln pfs</i>	2		
<i>phenylephrine hcl (pressors) 0.8 mg/10ml iv soln</i>	6		
<i>phenylephrine hcl-nacl 1-0.9 mg/10ml-% iv soln pfs, 100-0.9 mcg/10ml-% iv soln pfs, 20-0.9 mg/50ml-% iv soln pfs, 5-0.9 mg/50ml-% iv soln pfs</i>	1		
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
DIBENZYLINE 10 mg cap	5		
MINIPRESS 1 mg cap, 2 mg cap, 5 mg cap	4		
<i>phenoxybenzamine hcl 10 mg cap</i>	2	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	2		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
ATACAND 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	4		
AVAPRO 150 mg tab, 300 mg tab, 75 mg tab	4		
BENICAR 20 mg tab, 40 mg tab, 5 mg tab	4		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	2	ATACAND	
COZAAR 100 mg tab, 25 mg tab, 50 mg tab	4		
DIOVAN 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	4		
EDARBI 40 mg tab, 80 mg tab	4		
<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	
MICARDIS 20 mg tab, 40 mg tab, 80 mg tab	4		

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	2	CORDARONE	
BETAPACE 120 mg tab, 160 mg tab, 80 mg tab	4		
BETAPACE AF 120 mg tab, 160 mg tab, 80 mg tab	4		
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	2	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	2	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	2	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	
MULTAQ 400 mg tab	3		
NEXTERONE 150-4.21 mg/100ml-% iv soln, 360-4.14 mg/200ml-% iv soln	5		
NORPACE 100 mg cap, 150 mg cap	4		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	4		
<i>procainamide hcl 100 mg/ml inj soln, 500 mg/ml inj soln</i>	1	PRONESTYL	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	2	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	2		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
RYTHMOL SR 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	4		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SOTYLIZE 5 mg/ml soln	4		
TIKOSYN 125 mcg cap, 250 mcg cap, 500 mcg cap	6		
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
ATENOLOL+SYRSPEND SF 1 mg/ml susp	4		
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	2	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	4		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	COREG CR	
COREG 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	4		
COREG CR 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		
CORGARD 20 mg tab, 40 mg tab	4		
<i>esmolol hcl 100 mg/10ml iv soln pfs</i>	1		
<i>esmolol hcl 2000 mg/100ml iv soln, 2500 mg/250ml iv soln</i>	2		
HEMANGEOL 4.28 mg/ml soln	5		
INDERAL LA 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
KAPSPARGO SPRINKLE 100 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	4		
<i>labetalol hcl 20 mg/4ml iv soln pfs</i>	6		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	2	NORMODYNE	
<i>labetalol hcl-dextrose 200-5 mg/200ml-% iv soln</i>	6		
<i>labetalol hcl-sodium chloride 100-0.72 mg/100ml-% iv soln, 200-0.72 mg/200ml-% iv soln, 300-0.72 mg/300ml-% iv soln</i>	6		
LOPRESSOR 100 mg tab, 50 mg tab	4		
<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 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	
<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	
TENORMIN 100 mg tab, 25 mg tab, 50 mg tab	4		
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
TOPROL XL 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
AMLODIPINE BES+SYRSPEND SF 1 mg/ml susp	4		
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDENE IV 20-0.86 mg/200ml-% iv soln, 40-0.83 mg/200ml-% iv soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CARDIZEM 120 mg tab, 30 mg tab, 60 mg tab	4		
CARDIZEM CD 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	4		
CARDIZEM LA 120 mg tab er 24 hr, 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	4		
CARTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	4		
CONJUPRI 2.5 mg tab, 5 mg tab	4		
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	2	CARDIZEM	
<i>diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	2		
<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>diltiazem hcl-dextrose 125-5 mg/125ml-% iv soln</i>	1		
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	2	DYNACIRC	
KATERZIA 1 mg/ml susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MATZIM LA 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	4		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	CARDENE	
<i>nicardipine hcl in nacl 1-0.9 mg/10ml-% iv soln pfs</i>	2		
<i>nicardipine hcl in nacl 20-0.9 mg/200ml-% iv soln, 40-0.9 mg/200ml-% iv soln</i>	6		
<i>nifedipine 10 mg cap, 20 mg cap</i>	2	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	2	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	2	SULAR	
NORVASC 10 mg tab, 2.5 mg tab, 5 mg tab	4		
NYMALIZE 6 mg/ml soln	4		
PROCARDIA XL 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	4		
SULAR 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr	4		
TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	3		
TAZTIA XT 360 mg cap er 24 hr	4		
TIADYL ER 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	4		
TIAZAC 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	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	2	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2	VERELAN	
VERELAN 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	4		
VERELAN PM 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardíacos Misceláneos]			
ABLYSINOL Intra-arterial Solution	6		
ACCURETIC 10-12.5 mg tab, 20-12.5 mg tab	4		
aliskiren fumarate 150 mg tab, 300 mg tab	2	TEKTURNA	
amiloride-hydrochlorothiazide 5-50 mg tab	2	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	2	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	2	EXFORGE	
amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	2	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	2	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	2	EXFORGE HCT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ATACAND HCT 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	4		
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	
atropine sulfate 0.4 mg/ml iv soln, 1 mg/ml iv soln	1		
atropine sulfate 8 mg/20ml inj soln	2		
AVALIDE 150-12.5 mg tab, 300-12.5 mg tab	4		
AZOR 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	4		
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	2	LOTENSIN HCT	
BENICAR HCT 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	4		
BIDIL 20-37.5 mg tab	4		
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	2	ZIAC	
CADUET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab	4		
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	2	ATACAND HCT	
captopril-hydrochlorothiazide 50-15 mg tab	1	CAPOZIDE	
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab	2	CAPOZIDE	
CORLANOR 5 mg tab, 7.5 mg tab	4		
CORLANOR 5 mg/5ml soln	4		
DEMSEER 250 mg cap	4		
digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab	2	LANOXIN	
digoxin 0.05 mg/ml soln	2	LANOXIN	
DIOVAN HCT 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	4		
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	4		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		
<i>ephedrine sulfate-nacl 50-0.9 mg/10ml-% iv soln pfs, 50-0.9 mg/5ml-% iv soln pfs</i>	1		
EXFORGE 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	4		
EXFORGE HCT 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	4		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	2	MONOPRIL-HCT	
GIAPREZA 2.5 mg/ml iv soln	5		
HYZAAR 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	4		
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
KERENDIA 10 mg tab, 20 mg tab	4		
LANOXIN 125 mcg tab, 250 mcg tab, 62.5 mcg tab	4		
<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	
LOTENSIN HCT 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
LOTREL 10-20 mg cap, 10-40 mg cap, 5-10 mg cap, 5-20 mg cap	4		
MAXZIDE 75-50 mg tab	4		
MAXZIDE-25 37.5-25 mg tab	4		
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	5	DEMSEER	
MICARDIS HCT 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	4		
<i>milrinone lactate 10 mg/10ml iv soln, 20 mg/20ml iv soln, 50 mg/50ml iv soln</i>	1		
<i>milrinone lactate in dextrose 20-5 mg/100ml-% iv soln, 40-5 mg/200ml-% iv soln</i>	1		
NEXLIZET 180-10 mg tab	4		
NIPRIDE RTU 20-0.9 mg/100ml-% iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	2	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
PRESTALIA 14-10 mg tab, 3.5-2.5 mg tab, 7-5 mg tab	4		
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	2	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	
<i>sure result o3d3 system 1 & 1000 gm & unit oral kit</i>	4		
TEKTURNA 150 mg tab, 300 mg tab	4		
TEKTURNA HCT 300-12.5 mg tab, 300-25 mg tab	3		
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	2	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	
TENORETIC 100 100-25 mg tab	4		
TENORETIC 50 50-25 mg tab	4		
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	2	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
TRIBENZOR 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	4		
<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	
VASERETIC 10-25 mg tab	4		
<i>vasopressin-dextrose 20-5 ut/100ml-% iv soln</i>	2		
VECAMYL 2.5 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	4		PA
ZESTORETIC 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	4		
ZIAC 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	4		
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	
BUMEX 0.5 mg tab	4		
EDECRIN 25 mg tab	4		
<i>ethacrynic acid 25 mg tab</i>	2	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>furosemide in sodium chloride 100-0.9 mg/100ml-% iv soln</i>	6		
LASIX 20 mg tab, 40 mg tab, 80 mg tab	4		
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
ALDACTONE 100 mg tab, 25 mg tab, 50 mg tab	4		
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
CAROSPIR 25 mg/5ml susp	4		
DYRENIUM 100 mg cap, 50 mg cap	4		
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSPRA	
INSPRA 25 mg tab, 50 mg tab	4		
<i>spironolactone 25 mg/5ml susp</i>	1		
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	2	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	2	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	HYGROTON	
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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	ZAROXOLYN	
THALITONE 15 mg tab	4		
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	2	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	2	LIPOFEN	
<i>fenofibrate 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<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	
FENOGLIDE 120 mg tab, 40 mg tab	4		
FIBRICOR 105 mg tab, 35 mg tab	4		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
LOPID 600 mg tab	4		
TRICOR 145 mg tab, 48 mg tab	4		
TRILIPIX 135 mg cap dr, 45 mg cap dr	4		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	4		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
CRESTOR 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	4		
EZALLOR SPRINKLE 10 mg cap sprinkle, 20 mg cap sprinkle, 40 mg cap sprinkle, 5 mg cap sprinkle	4		
<i>flolipid 20 mg/5ml susp, 40 mg/5ml susp</i>	4		
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	2	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
LESCOL XL 80 mg tab er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LIPITOR 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	4		
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	4		
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab	2		
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	2	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	1	ZOCOR	
ZOCOR 10 mg tab, 20 mg tab, 40 mg tab	4		
ZYPITAMAG 2 mg tab, 4 mg tab	4		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	2	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	2	QUESTRAN	
cholestyramine light 4 gm pckt	2	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwdr	2	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	2	WELCHOL	
COLESTID 1 gm tab, 5 gm pckt	4		
COLESTID 5 gm oral gr	4		
COLESTID FLAVORED 5 gm pckt	4		
COLESTID FLAVORED 5 gm oral gr	4		
colestipol hcl 1 gm tab, 5 gm pckt	2	COLESTID	
colestipol hcl 5 gm oral gr	2	COLESTID	
EVKEEZA 1200 mg/8ml iv soln	6		
ezetimibe 10 mg tab	2	ZETIA	
ezetimibe-rosuvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab	1	ROSZET	
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	2	VYTORIN	
icosapent ethyl 1 gm cap	1	VASCEPA	
JUXTAPID 10 mg cap, 20 mg cap, 30 mg cap, 5 mg cap	6		
LOVAZA 1 gm cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
NEXLETOL 180 mg tab	4		
<i>niacin (antihyperlipidemic) 500 mg tab</i>	2	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	
NIACOR 500 mg tab	4		
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	5		PA
PREVALITE 4 gm pckt	4		
PREVALITE 4 gm/dose oral pwdr	4		
QUESTRAN 4 gm pckt	4		
QUESTRAN 4 gm/dose oral pwdr	4		
QUESTRAN LIGHT 4 gm/dose oral pwdr	4		
REPATHA 140 mg/ml sc soln pfs	4		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	4		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	4		PA
ROSZET 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-5 mg tab	4		
VASCEPA 0.5 gm cap, 1 gm cap	4		
VYTORIN 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	4		
WELCHOL 3.75 gm pckt, 625 mg tab	4		
ZETIA 10 mg tab	4		
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<i>papaverine hcl 30 mg/ml inj soln</i>	1		
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
ISORDIL TITRADOSE 40 mg tab, 5 mg tab	4		
<i>isosorbide dinitrate 40 mg tab</i>	1	ISORDIL TITRADOSE	
<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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	
NITRO-BID 2 % td oint	4		
NITRO-DUR 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.3 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	4		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	2	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	2	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	2	NITROSTAT	
NITROLINGUAL 0.4 mg/spray tl soln	4		
NITROSTAT 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	4		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	4		
CATHARTICS AND LAXATIVES [PURGANTES Y LAXANTES]			
Cathartics And Laxatives [Purgantes Y Laxantes]			
<i>sorbitol candy base misc</i>	2		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
ADDERALL 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	4		
ADDERALL XR 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	4		
ADZENYS XR-ODT 12.5 mg Oral Tablet Extended Release Disintegrating, 15.7 mg Oral Tablet Extended Release Disintegrating, 18.8 mg Oral Tablet Extended Release Disintegrating, 3.1 mg Oral Tablet Extended Release Disintegrating, 6.3	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating			
<i>amphetamine sulfate 10 mg tab, 5 mg tab</i>	1		
<i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ADDERALL	
AZSTARYS 26.1-5.2 mg cap, 39.2-7.8 mg cap, 52.3-10.4 mg cap	4		
DESOXYN 5 mg tab	4		
DEXEDRINE 10 mg cap er 24 hr	4		
<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 15 mg tab, 20 mg tab, 30 mg tab</i>	1	ZENZEDI	
<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	
DYANAVEL XR 2.5 mg/ml susp er	4		
EVEKEO 10 mg tab, 5 mg tab	4		
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap, 30 mg tab chew, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	2		
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
MYDAYIS 12.5 mg cap er 24 hr, 25 mg cap er 24 hr, 37.5 mg cap er 24 hr, 50 mg cap er 24 hr	4		
PROCENTRA 5 mg/5ml soln	4		
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZENZEDI 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	4		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
APTENSIO XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr	4		
<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	
CONCERTA 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	4		
COTEMPLA XR-ODT 17.3 mg Oral Tablet Extended Release Disintegrating, 25.9 mg Oral Tablet Extended Release Disintegrating, 8.6 mg Oral Tablet Extended Release Disintegrating	4		
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	FOCALIN XR	
FOCALIN 10 mg tab, 2.5 mg tab, 5 mg tab	4		
FOCALIN XR 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	4		
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	2	INTUNIV	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
INTUNIV 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	4		
JORNAY PM 100 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	4		
KAPVAY 0.1 mg tab er 12 hr	4		
METHYLIN 10 mg/5ml soln, 5 mg/5ml soln	4		
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	2	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	2	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	2		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	2	METADATE CD	
<i>methylphenidate hcl er (la) 60 mg cap er 24 hr</i>	1	RITALIN LA	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	2	RITALIN LA	
<i>methylphenidate hcl er (osm) 72 mg tab er</i>	1		
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
<i>methylphenidate hcl er (xr) 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	APTENSIO XR	
QELBREE 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	4		
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	4		
RELEXXII 72 mg tab er	4		
RITALIN 10 mg tab, 20 mg tab, 5 mg tab	4		
RITALIN LA 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr	4		
STRATTERA 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	4		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
ADDYI 100 mg tab	4		
AUSTEDO 12 mg tab, 6 mg tab, 9 mg tab	6		
<i>caffeine citrate 20 mg/ml soln, 60 mg/3ml soln</i>	1		
CONVENIENCE PAK 600 & 5 mg & % cmb pack	4		
EXSERVAN 50 mg oral film	5		
<i>gabapentin (once-daily) 300 mg tab</i>	1		
<i>gabapentin (once-daily) 600 mg tab</i>	2		
GRALISE 300 (9) & 600(24) mg oral misc, 300 mg tab, 600 mg tab	4		
HORIZANT 300 mg tab er, 600 mg tab er	4		
INGREZZA 40 & 80 mg cap pack, 40 mg cap, 60 mg cap, 80 mg cap	5		
NUDEXTA 20-10 mg cap	4		
PLENITY cap	6		
PLENITY WELCOME KIT cap	6		
RADICAVA 30 mg/100ml iv soln	6		
RILUTEK 50 mg tab	6		PA
<i>riluzole 50 mg tab</i>	6	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	XENAZINE	PA
TIGLUTIK 50 mg/10ml susp	5		
VYLEESI 1.75 mg/0.3ml sc soln auto-inj	4		
XENAZINE 12.5 mg tab, 25 mg tab	6		
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
LYRICA 20 mg/ml soln	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LYRICA 225 mg cap, 300 mg cap	4		PA, QL(60 / 30)
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	4		PA, QL(90 / 30)
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		PA, QL(30 / 30)
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap</i>	2	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	2	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	4		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	4		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AMPYRA 10 mg tab er 12 hr	5		
AUBAGIO 14 mg tab, 7 mg tab	5		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA
BAFIERTAM 95 mg cap dr	6		
BETASERON 0.3 mg sc kit	5		PA
COPAXONE 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	5		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	5	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	5	TECFIDERA STARTER PACK	PA
EXTAVIA 0.3 mg sc kit	6		
<i>fingolimod hcl 0.5 mg cap</i>	5	GILENYA	PA
GILENYA 0.25 mg cap	5		
GILENYA 0.5 mg cap	5		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	5	COPAXONE	PA
GLATOPA 40 mg/ml sc soln pfs	5		PA
<i>glatopa 20 mg/ml sc soln pfs</i>	5	COPAXONE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA
LEMTRADA 12 mg/1.2ml iv soln	6		
MAVENCLAD (10 TABS) 10 mg tab pack	6		
MAVENCLAD (4 TABS) 10 mg tab pack	6		
MAVENCLAD (5 TABS) 10 mg tab pack	6		
MAVENCLAD (6 TABS) 10 mg tab pack	6		
MAVENCLAD (7 TABS) 10 mg tab pack	6		
MAVENCLAD (8 TABS) 10 mg tab pack	6		
MAVENCLAD (9 TABS) 10 mg tab pack	6		
MAYZENT 0.25 mg tab, 2 mg tab	5		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	5		PA
PONVORY 20 mg tab	6		
PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 mg tab pack	6		
REBIF 22 mcg/0.5ml sc soln pfs, 44 mcg/0.5ml sc soln pfs	6		
REBIF REBIDOSE 22 mcg/0.5ml sc soln auto-inj, 44 mcg/0.5ml sc soln auto-inj	6		
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 mcg sc soln auto-inj	6		
REBIF TITRATION PACK 6X8.8 & 6X22 mcg sc soln pfs	6		
TECFIDERA 120 & 240 mg cap dr pack, 120 mg cap dr, 240 mg cap dr	5		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	5	AUBAGIO	PA
TYSABRI 300 mg/15ml iv conc	5		PA
VUMERITY 231 mg cap dr	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZEPOSIA 0.92 mg cap	5		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	5		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92mg(21) cap pack	5		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	4		
ARESTIN 1 mg dental misc	5		
BOCASAL m/t pckt	4		
cevimeline hcl 30 mg cap	2	EVOXAC	
EVOXAC 30 mg cap	4		
FIRST-MOUTHWASH BLM m/t susp	4		
lidocaine hcl 4 % m/t soln	1	XYLOCAINE	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
MUGARD m/t liq	5		
NUMOISYN m/t liq	4		
ORALONE 0.1 % m/t paste	4		
pilocarpine hcl 5 mg tab, 7.5 mg tab	2	SALAGEN	
SALAGEN 5 mg tab, 7.5 mg tab	4		
SALIVAMAX m/t pckt	4		
silatrix 10 % m/t gel	6		
triamcinolone acetonide 0.1 % m/t paste	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatitis And Pruritus Agent- Drugs To Treat Skin Conditions [Agentes Para La Dermatitis Y Pruritus - Medicamentos Para Tratar Condiciones De La Piel]			
ADVANCED ALLERGY COLLECTION 2.5 % ext kit	4		
ALA SCALP 2 % lot	4		
ala-cort 1 % crm	1	ALA-CORT	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	2	ACLOVATE	
amcinonide 0.1 % crm, 0.1 % oint	1	CYCLOCORT	
amcinonide 0.1 % lot	1	CYCLOCORT	
APEXICON E 0.05 % crm	4		
betamethasone dipropionate 0.05 % crm, 0.05 % oint	2	DIPROSONE	
betamethasone dipropionate 0.05 % lot	2	DIPROSONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	2	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	2	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	2	LUXIQ	
BRYHALI 0.01 % lot	4		
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp</i>	1	TACLONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % oint</i>	2	TACLONEX	
CAPEX 0.01 % shampoo	4		
<i>chlooxia 0.05-4 % crm, 0.05-4 % oint</i>	4		
<i>chlooxia 0.05-4 % ext soln</i>	4		
<i>clobetasol prop emollient base 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	2	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	2	OLUX-E	
<i>clobetavix 0.05 % ext kit</i>	4		
CLOBEX 0.05 % lot, 0.05 % shampoo	4		
CLOBEX SPRAY 0.05 % ext liq	4		
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
CLODAN 0.05 % ext kit	4		
CLODAN 0.05 % shampoo	4		
CLODERM 0.1 % crm	4		
CORDRAN 4 mcg/sqcm tape	4		
CORTANE-B 10-10-1 mg/ml lot	4		
DERMA-SMOOTH/FS BODY 0.01 % ext oil	4		
DERMA-SMOOTH/FS SCALP 0.01 % ext oil	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	2	DESOWEN	
<i>desonide 0.05 % lot</i>	2	DESOWEN	
DESOWEN 0.05 % crm	4		
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	2	TOPICORT	
<i>desoximetasone 0.25 % ext liq</i>	1	TOPICORT SPRAY	
DESRX 0.05 % gel	4		
<i>difflorasona diacetate 0.05 % crm, 0.05 % oint</i>	2	PSORCON	
<i>diochloy 0.005-0.05 % ext soln</i>	4		
DIPROLENE 0.05 % oint	4		
DUOBRII 0.01-0.045 % lot	4		
ENSTILAR 0.005-0.064 % foam	4		
EPIFOAM 1-1 % foam	4		
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	2	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	2	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	2	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	2	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	2	LIDEX	
<i>fluocinonide 0.1 % crm</i>	2	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	2	LIDEX-E	
FLUOPAR 0.1 & 5 % ext kit	4		
<i>fluovix 0.1 % ext pack</i>	4		
<i>fluovix plus 0.1 % ext pack</i>	4		
<i>flurandrenolide 0.05 % crm</i>	2	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	2	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	2	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	2	CUTIVATE	
<i>halcinonide 0.1 % crm</i>	1	HALOG	
<i>halobetasol propionate 0.05 % foam</i>	4		
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	2	ULTRAVATE	
HALOG 0.1 % crm, 0.1 % oint	4		
HALOG 0.1 % ext soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	2	HYTONE	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	2	PRAMOSONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	2	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	2	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	2	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	2	WESTCORT	
IMPOYZ 0.025 % crm	4		
KENALOG 0.147 mg/gm ext aer soln	4		
LEXETTE 0.05 % foam	4		
<i>lidocaine-hydrocortisone ace 1-1 % crm</i>	1		
LOCOID 0.1 % lot	4		
LOCOID LIPOCREAM 0.1 % crm	4		
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
NUCORT 2 % lot	4		
NUTRIARX CREAMPAK 0.1 & 5 % ext kit	4		
OLUX-E 0.05 % foam	4		
PANDEL 0.1 % crm	4		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % crm, 1-2.5 % oint	4		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	4		
PROGRAF 1 mg pckt	6		
QUINIXIL 0.1 & 5 % ext pack	4		
RADIAURA 3-0.5 % crm	4		
<i>sanadermr skin repair 0.1 & 5 % ext kit</i>	4		
SCALACORT DK 2 & 2-2 % ext kit	4		
SCARZEN SKIN REPAIR 0.1 & 5 % (lotion) ext kit	4		
SERNIVO 0.05 % ext emul	4		
SILA III 0.1 % ext pack	4		
SYNALAR 0.025 % crm, 0.025 % oint	4		
SYNALAR 0.01 % ext soln	4		
SYNALAR (CREAM) 0.025 % ext kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SYNALAR (OINTMENT) 0.025 % ext kit	4		
SYNALAR TS 0.01 % ext kit	4		
TACLONEX 0.005-0.064 % ext susp, 0.005-0.064 % oint	4		
TEXACORT 2.5 % ext soln	4		
TOPICORT 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	4		
TOPICORT SPRAY 0.25 % ext liq	4		
TOVET 0.05 % ext kit, 0.05 % foam	4		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	2	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	2	TRIANEX	
TRIANEX 0.05 % oint	4		
TRIDERM 0.5 % crm	4		
TRIDESILON 0.05 % crm	4		
TRITOCIN 0.05 % oint	4		
TRIVIX 0.1 & 5 % ext kit	4		
ULTRAVATE 0.05 % lot	4		
VANOS 0.1 % crm	4		
VERDESO 0.05 % foam	4		
WYNZORA 0.005-0.064 % crm	4		
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ABSORICA 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	4		
ABSORICA LD 16 mg cap, 24 mg cap, 32 mg cap, 8 mg cap	4		
ACANYA 1.2-2.5 % gel	4		ST
ACCUTANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		
<i>acioxiay 15-4 % crm</i>	4		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	
ACZONE 5 % gel, 7.5 % gel	4		
<i>adainzde 0.3-2.5-1 % gel</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>adainzoxia 0.3-2.5-4 % gel</i>	4		
<i>adapalene 0.1 % ext soln</i>	1		
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	2	DIFFERIN	
<i>adapalene 0.1 % gel</i>	4	DIFFERIN	
<i>adapalene 0.1 % pad</i>	1	PLIXDA	
<i>adapalene treatment 0.1 % gel</i>	4	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % pad</i>	1		
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	
<i>adeinzde 0.1-2.5-1 % gel</i>	4		
AKLIEF 0.005 % crm	3		
<i>alevamax crm</i>	4		
ALTRENO 0.05 % lot	3		
AMELUZ 10 % gel	4		
AMNESTEEM 10 mg cap, 20 mg cap, 40 mg cap	4		
AMZEEQ 4 % foam	4		
ANA-LEX 2-2 % rect kit	4		
ANALPRAM HC 2.5-1 % crm	4		
ANALPRAM HC SINGLES 2.5-1 % crm	4		
ANALPRAM-HC 1-1 % crm	4		
ANALPRAM-HC 2.5-1 % lot	4		
ARAZLO 0.045 % lot	4		
ATRALIN 0.05 % gel	3		
AVAR CLEANSER 10-5 % ext liq	4		
AVAR LS CLEANSER 10-2 % ext liq	4		
AVAR-E EMOLLIENT 10-5 % crm	4		
AVAR-E GREEN 10-5 % crm	4		
AVAR-E LS 10-2 % crm	4		
<i>aveidaoxia 1-1-4 % gel</i>	4		
AVITA 0.025 % crm	4		PA
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	4		
<i>balsam peru-castor oil oint</i>	1		
<i>bensal hp 3 % oint</i>	4		
BENZAMYCIN 5-3 % gel	4		ST
BENZEPRO 5.8 % ext misc	4		
BENZEPRO 5.2 % foam, 5.3 % foam, 9.7 % foam	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BENZEPRO 6.8 % ext liq	4		
BENZEPRO CREAMY WASH 7 % ext liq	4		
BENZEPRO FOAMING CLOTHS 6 % ext misc	4		
<i>benzoin External Tincture</i>	1		
<i>benzoin compound External Tincture</i>	1		
<i>benzoyl perox-hydrocortisone 5-0.5 % lot</i>	1		
<i>benzoyl peroxide 6.5 % gel</i>	1		
<i>benzoyl peroxide 9.8 % foam</i>	1	BENZEFOAMULTRA	
<i>benzoyl peroxide 8 % gel</i>	2	BREVOXYL	
<i>benzoyl peroxide forte- hc 7.5-1 % lot</i>	1		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	2	BENZAMYCIN	
<i>boric acid External Granules</i>	1		
BOTOX 200 unit inj soln	6		PA
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp cleansing wash 10-4 % ext emul</i>	1		
<i>bpc oint</i>	4		
<i>bpo 4 % gel</i>	4		
<i>bpo 8 % gel</i>	4	BREVOXYL	
<i>brimonidine tartrate 0.33 % gel</i>	2	MIRVASO	
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	2	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>calcipotriene 0.005 % foam</i>	1	SORILUX	
CALCITRENE 0.005 % oint	4		
<i>calcitriol 3 mcg/gm oint</i>	2	VECTICAL	
CEM-UREA 45 % ext soln	4		
CERACADE ext emul	4		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		
CLENIA PLUS 9-4.25 % ext susp	4		
CLINDACIN ETZ 1 % ext kit	4		
CLINDACIN PAC 1 % ext kit	4		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	2	ZIANA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>clindavix 1 & 1.8-2 % ext kit</i>	4		
CLINOIN 1.25-0.025-1 % crm	4		
<i>coal tar 20 % ext soln</i>	1		
CONDYLOX 0.5 % gel	4		
COPASIL gel	4		
<i>cvs adapalene 0.1 % gel</i>	4	DIFFERIN	
<i>dapsone 5 % gel, 7.5 % gel</i>	2	ACZONE	
DELUO ext soln	4		
<i>deoxia 1-4 % gel, 1-4 % lot</i>	4		
DERMACINRX CLORHEXACIN 4 & 2 & 5 % (oint) ext kit	4		
<i>dermacinrx surgical combopak cmb kit</i>	4		
DERMELLE gel	4		
DEXERYL crm	4		
<i>diadimaxia 6-2-5 % gel</i>	4		
<i>diaoxia 6-4 % gel</i>	4		
<i>diasdimaxia 8.5-2-5 % gel</i>	4		
<i>diasoxia 8.5-4 % gel</i>	4		
DIFFERIN 0.1 % crm, 0.1 % gel, 0.3 % gel	4		
DIFFERIN 0.1 % lot	4		
<i>dimoxia 4-5 % gel</i>	4		
<i>doxepin hcl 5 % crm</i>	1	PRUDOXIN	
<i>doxycycline 40 mg cap dr</i>	2	ORACEA	
<i>draxacey 2-8 % ext susp</i>	4		
<i>drixece 5-10 % ext susp</i>	4		
DRYSOL 20 % ext soln	4		
DYSPORT 300 unit im soln, 500 unit im soln	4		
<i>eceoxia 4-10 % crm</i>	4		
ELESTONE crm	4		
EMULSION SB ext emul	4		
EPICERAM ext emul	4		
EPIDUO 0.1-2.5 % gel	3		
EPIDUO FORTE 0.3-2.5 % gel	3		
ESKATA 40 % ext soln	6		
<i>ethoxia 4-0.05 % crm</i>	4		
EUCRISA 2 % oint	5		
FABIOR 0.1 % foam	4		
FINACEA 15 % foam, 15 % gel	4		
<i>formaldehyde 10 % ext soln, 37 % ext soln</i>	1		
GENADUR cmb kit	4		

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GORDOFILM 16.7-16.7 % ext soln	4		
HALUCORT gel	4		
HPR PLUS crm	4		
HPR PLUS HYDROGEL ext kit	4		
HYDRO 40 40 % foam	4		
hydrocortisone ace-pramoxine 1-1 % crm	2	ANALPRAM HC	
hydrocort-pramoxine (perianal) 2.5-1 % crm	2	ANALPRAM HC	
HYLATOPIC PLUS crm	4		
imiquimod 5 % crm	2	ALDARA	
imiquimod 3.75 % crm	1	ZYCLARA	PA
imiquimod pump 3.75 % crm	1	ZYCLARA	PA
imiquimod pump 3.75 % crm	2	ZYCLARA	PA
INOVA 4 & 5 % ext kit, 8 & 5 % ext kit	4		
INOVA 4/1 ACNE CONTROL THERAPY 4 & 1 & 5 % ext kit	4		
INOVA 8/2 ACNE CONTROL THERAPY 8 & 2 & 5 % ext kit	4		
isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	1	ABSORICA	
ithoxia 4-0.1 % crm	4		
ivermectin 1 % crm	1	SOOLANTRA	
KAMDOY ext emul	4		
KERALYT 6 % gel	4		
KERALYT 6 % shampoo	4		
KERALYT SCALP 6 % ext kit	4		
KIVIK ext emul	4		
KLISYRI 1 % oint	6		
lactic acid 10 % lot	1	LACTINOL	
lactic acid e 10-3500 %-unt/30gm crm	1		
lavare wound wash gel	4		
LEVULAN KERASTICK 20 % ext soln	4		
lidocaine-hydrocort (perianal) 3-0.5 % crm	2	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	2	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	2	PERANEX HC	
lidocaine-hydrocortisone ace 2.8-0.55 % rect gel	2	RECTAGEL HC	
LIDOCORT 3-0.5 % crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
METROCREAM 0.75 % crm	4		
METROGEL 1 % gel	4		
METROLOTION 0.75 % lot	4		
<i>metronidazole 0.75 % crm</i>	2	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	2	METROGEL	
<i>metronidazole 0.75 % lot</i>	2	METROLOTION	
MIMYX crm	4		
MIRVASO 0.33 % gel	4		
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	6		PA
NEOSALUS crm	4		
NEOSALUS lot	4		
NEUAC 1.2-5 % gel	4		
<i>nitroglycerin 0.4 % rect oint</i>	1		
NORITATE 1 % crm	4		
NUCARACLINPAK 1 % ext kit	4		
NUCARARXPAK 1-2.5 % ext kit	4		
NUSURGEPAK SURGICAL PREP/CARE 4 & 2 & 5 % (oint) ext kit	4		
NUVAIL ext soln	4		
ONEXTON 1.2-3.75 % gel	3		
<i>onzdeoxia 1-5-4 % gel</i>	4		
ORACEA 40 mg cap dr	4		
OVACE PLUS 10 % crm	4		
<i>oxianujo 4-0.1 % crm, 4-0.1 % oint</i>	4		
<i>oxiatar 4-0.025 % crm</i>	4		
<i>oxiavarry 4-0.05 % crm</i>	4		
<i>oxiazar 4-0.1 % crm</i>	4		
PENLEN ext emul	4		
PHLAG SPRAY ext emul	4		
PLEXION 9.8-4.8 % crm, 9.8-4.8 % lot	4		
PLEXION CLEANSER 9.8-4.8 % ext liq	4		
PLEXION CLEANSING CLOTH 9.8-4.8 % pad	4		
PODOCON-25 25 % ext soln	4		
<i>podofilox 0.5 % gel</i>	2		
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	
PR BENZOYL PEROXIDE 6.9 % ext liq	4		
PR BENZOYL PEROXIDE WASH 7 % ext liq	4		
PR BENZOYL PEROXIDE WASH 7 % ext liq	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PR CREAM ext kit	4		
PROCORT 1.85-1.15 % crm	4		
PROCTOFOAM HC 1-1 % foam	4		
PROMISEB crm	4		
PROSILK gel	4		
PRUCLAIR crm	4		
PRUDOXIN 5 % crm	4		
PRUMYX crm	4		
<i>pyrogalllic acid 25-2 % oint</i>	1		
QBREXZA 2.4 % pad	4		
<i>quihoxvar 5-1-0.05 % gel</i>	4		
RECEDO gel	4		
RECTIV 0.4 % rect oint	4		
REGENECARE 2 % gel	4		
REGENECARE 2 % gel	4		
REGRANEX 0.01 % gel	4		
<i>remigen crm</i>	4		
<i>resorcinol-sulfur 2-5 % lot</i>	1		
RETIN-A 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	3		PA
RETIN-A MICRO 0.04 % gel, 0.1 % gel	3		PA
RETIN-A MICRO PUMP 0.04 % gel, 0.1 % gel	3		PA
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	4		PA
REXASIL PATCH & VITAMIN E LIQ ext kit	4		
RHOFADE 1 % crm	4		
<i>roaoxia 3-4 % gel</i>	4		
<i>salicylic acid 6 % foam, 6 % gel</i>	1		
<i>salicylic acid 26 % ext soln, 6 % shampoo</i>	1		
<i>salicylic acid er 28.5 % ext soln</i>	1		
<i>salicylic acid wart remover 27.5 % ext liq</i>	4		
<i>salicylic acid-cleanser 6 % cream ext kit</i>	1		
<i>salimez 6 % crm</i>	4		
<i>salimez forte 10 % crm</i>	4		
SALVAX 6 % foam	4		
SALVAX DUO PLUS 6 & 35 % ext kit	4		
SANTYL 250 unit/gm oint	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SCARCARE GEL-PAD KIT/LARGE ext kit	4		
scarcin ext liq	2		
scarcin gel	4		
scarsilk gel	4		
selenium sulfide 2.25 % shampoo	2		
selenium sulfide 2.5 % lot	1	SELSUN	
sm benzoin tincture External Tincture	1		
sm benzoin tincture nfxi External Tincture	1		
sodium sulfacetamide 10 % shampoo	1		
SOOLANTRA 1 % crm	4		
SORILUX 0.005 % foam	4		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
STELARA 130 mg/26ml iv soln	5		PA
STERI-STRIP COMPOUND BENZOIN External Tincture	1		
STRATA CTX gel	4		
STRATA MARK gel	4		
STRATA TRIZ gel	4		
STRATA XRT gel	4		
sulfacetamide sodium 10 % ext liq	2		
sulfacetamide sodium (cleans) 10 % gel	2		
sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot	2		
sulfacetamide sodium-sulfur 10-2 % ext liq	1	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 10-2 % crm	1	AVAR-E LS	
sulfacetamide sodium-sulfur 9.8-4.8 % pad	1	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % crm, 9.8-4.8 % lot	1	PLEXION	
sulfacetamide sodium-sulfur 10-5 % crm	2	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % ext liq	1	PLEXION CLEANSER	
sulfacetamide sodium-sulfur 9-4.5 % ext liq	2	SUMADAN WASH	
sulfacetamide sodium-sulfur 10-4 % pad	2	SUMAXIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	2	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	2	SUMAXIN WASH	
<i>sulfacetamide sod-sulfur wash 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sod-sulfur wash 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	2	ROSULA CLEANSER	
SULFACLEANSE 8/4 8-4 % ext susp	4		
<i>sulfamez wash 10-1 % ext emul</i>	4		
SUMADAN 9-4.5 % ext kit	4		
SUMADAN WASH 9-4.5 % ext liq	4		
SUMADAN XLT 9-4.5 % ext kit	4		
SUMAXIN 10-4 % pad	4		
SUMAXIN CP 10-4 % ext kit	4		
SYNERDERM ext emul	4		
<i>tardeoxia 1-4-0.025 % crm</i>	4		
<i>tardimaxia 2-5-0.025 % gel</i>	4		
<i>taroxia 4-0.025 % crm</i>	4		
<i>tazarotene 0.1 % foam</i>	1	FABIOR	
<i>tazarotene 0.1 % crm</i>	2	TAZORAC	
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		
TAZORAC 0.1 % crm	4		
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	2	RETIN-A	PA
ULTRASAL-ER 28.5 % ext soln	4		
UMECTA MOUSSE 40 % foam	4		
URAMAXIN 45 % gel	4		
<i>urea 35 % foam, 39 % crm, 40 % crm, 41 % crm, 45 % crm, 47 % crm</i>	1		
<i>urea 40 % lot</i>	1	CARMOL 40	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>urea hydrating 35 % foam</i>	4		
<i>urea nail 45 % gel</i>	4		
UREDEB 39 % crm	4		
<i>uremez-40 40 % crm</i>	4		
URESOL 42.5 % crm	4		
VANIQA 13.9 % crm	4		
VANOXIDE-HC 5-0.5 % lot	4		
<i>vardimaxia 2-5-0.05 % gel</i>	4		
<i>varoxia 4-0.05 % crm, 4-0.05 % gel</i>	4		
VECTICAL 3 mcg/gm oint	4		
VENELEX oint	4		
VEREGEN 15 % oint	4		
VIRASAL 27.5 % ext liq	4		
WINLEVI 1 % crm	4		
XALIX 28 % ext soln	4		
XERAC AC 6.25 % ext soln	4		
XERALUX crm	4		
XIAFLEX 0.9 mg inj soln	6		
<i>xurea 39 % crm</i>	4		
ZACARE 4 & 0.2 % ext kit, 8 & 0.2 % ext kit	4		
<i>zaclir cleansing 8 % lot</i>	1		
ZENATANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4		
ZIANA 1.2-0.025 % gel	4		ST
ZILXI 1.5 % foam	4		
ZITHRANOL 1 % shampoo	4		
ZONALON 5 % crm	4		
ZYCLARA 3.75 % crm	4		
ZYCLARA PUMP 2.5 % crm, 3.75 % crm	4		
Topical Anti-infectives- Drug To Treat Skin Conditions [Anti-Infectivos Tópicos- Medicamento Para Tratar Condiciones De La Piel]			
CLEOCIN 100 mg vag supp	4		
CLEOCIN 2 % vag crm	4		
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
CLINDESSE 2 % vag crm	4		
GYNAZOLE-1 2 % vag crm	4		
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	
<i>miconazole 3 200 mg vag supp</i>	2	MONISTAT	
NUVESSA 1.3 % vag gel	4		
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	2	TERAZOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>terconazole 80 mg vag supp</i>	2	TERAZOL 3	
VANDAZOLE 0.75 % vag gel	4		
DEVICES [DISPOSITIVOS]			
Medical/surgical Device [Dispositivos Médicos/Quirúrgicos]			
HYRONAN 1 & 2 % inj kit	6		
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>ferrous sulfate 220 (44 Fe) mg/5ml soln, 300 mg/6.8ml soln</i>	1		QL(51 / 30), AL
<i>iron supplement 220 (44 Fe) mg/5ml soln</i>	1		QL(51 / 30), AL
ONE VITE FERROUS SULFATE 220 (44 Fe) mg/5ml soln	1		QL(51 / 30), AL
Vitamins [Vitaminas]			
ACTIVNUTRIENTS tab chew	1		AL
ALIVE GUMMIES FOR CHILDREN tab chew	1		AL
ALIVE MULTI-VITAMIN CHILDRENS tab chew	1		AL
CENTRUM FLAVOR BURST KIDS tab chew	1		AL
CENTRUM KIDS tab chew	1		AL
<i>childrens gummies tab chew</i>	1		AL
<i>cvs gummy dinos tab chew</i>	1		AL
<i>cvs gummy multivitamin kids tab chew</i>	1		AL
EMERGEN-C KIDZ tab chew	1		AL
<i>emergen-c kidz immune+ tab chew</i>	1		AL
<i>eq multivitamin gummies tab chew</i>	1		AL
<i>eq multivitamins gummy child tab chew</i>	1		AL
<i>eql gummies childrens tab chew</i>	1		AL
FLINTSTONES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES tab chew	1		AL
FLINTSTONES GUMMIES BONE BUILD tab chew	1		AL
FLINTSTONES GUMMIES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES-IMMUNITY tab chew	1		AL
FLINTSTONES SOUR GUMMIES tab chew	1		AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FLINTSTONES TODDLER tab chew	1		AL
FLINTSTONES-IMMUNITY SUPPORT tab chew	1		AL
<i>gnp multi childrens tab chew</i>	1		AL
GUMMI BEAR MULTIVITAMIN/MIN tab chew	1		AL
<i>just 4 kidz multivit/probiotic tab chew</i>	1		AL
<i>multivitamin childrens gummies tab chew</i>	1		AL
<i>multivit-min gummies childrens tab chew</i>	1		AL
MVW COMPLETE FORMULATION tab chew	1		AL
MVW COMPLETE FORMULATION D3000 tab chew	1		AL
MVW COMPLETE FORMULATION D5000 tab chew	1		AL
ONE-A-DAY JOLLY RANCHER tab chew	1		AL
SMARTY PANTS KIDS COMPLETE tab chew	1		AL
SPONGEBOB SQUAREPANTS GUMMIES tab chew	1		AL
<i>vitachew multiple vitamin tab chew</i>	1		AL
VITALETS CHILDRENS tab chew	1		AL
YUMVSKIDS MULTI ZERO tab chew	1		AL
ZOO FRIENDS MULTI GUMMIES tab chew	1		AL
ELECTROLYTES/MINERALS/METALS/VITAMINS- VITAMIN, MINERAL AND BODY FLUID DEFICIENCY DRUGS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>clinimix e/dextrose (8/10) 8 % iv soln</i>	6		
<i>clinimix e/dextrose (8/14) 8 % iv soln</i>	6		
<i>clinimix/dextrose (6/5) 6 % iv soln</i>	6		
<i>clinimix/dextrose (8/10) 8 % iv soln</i>	6		
<i>clinimix/dextrose (8/14) 8 % iv soln</i>	6		
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ACCRUFER 30 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BPROTECTED PEDIA IRON 75 (15 Fe) mg/ml soln	4		QL(18 / 30), AL
<i>calcium gluconate-nacl 1-0.8 gm/100ml-% iv soln, 2-0.675 gm/100ml-% iv soln</i>	6		
CARBAGLU 200 mg tab sol	4		
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	4		
FERAHEME 510 mg/17ml iv soln	6		
FER-IN-SOL 75 (15 Fe) mg/ml soln	4		QL(18 / 30), AL
FERRLECIT 12.5 mg/ml iv soln	4		
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	QL(18 / 30), AL
<i>ferumoxytol 510 mg/17ml iv soln</i>	5	FERAHEME	
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
FLORIVA 0.25-400 mg-unit/ml liq	4		
GALZIN 25 mg cap, 50 mg cap	4		
ICAR 15 mg/1.25ml susp	1		AL
INFED 50 mg/ml inj soln	4		PA
INJECTAFER 750 mg/15ml iv soln	4		
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
<i>iron supplement 15 mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
IRON UP 15 mg/0.5ml liq	4		AL
ISOLYTE-S iv soln	4		
JYNARQUE 15 mg tab pack, 30 & 15 mg tab pack	5		
JYNARQUE 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	6		
<i>kcl (in nacl 0.9%) 40 meq/500ml iv soln</i>	2		
<i>kcl-lidocaine-nacl 10-10 MEQ-MG /100ml iv soln</i>	1		
KLOR-CON 20 meq pckt	3		
KLOR-CON 8 meq tab er	4		
KLOR-CON 10 10 meq tab er	4		
KLOR-CON M10 10 meq tab er	3		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KLOR-CON/EF 25 meq tab eff	3		
K-PHOS 500 mg tab	4		
K-PHOS NO 2 305-700 mg tab	4		
K-PHOS-NEUTRAL 155-852-130 mg tab	4		
K-PRIME 25 meq tab eff	4		
K-TAB 10 meq tab er, 20 meq tab er	4		
<i>magnesium sulfate 2 gm/50ml iv soln, 20 gm/500ml iv soln, 4 gm/100ml iv soln, 4 gm/50ml iv soln, 40 gm/1000ml iv soln, 50 % inj soln</i>	1		
MONOFERRIC 1000 mg/10ml iv soln	5		
MULTRYIS 60-3-6-1000 mcg/ml iv soln	6		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	
NOVAFERRUM 125 mg/5ml liq	4		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	4		AL
ORACIT 490-640 mg/5ml soln	4		
<i>pc pediatric iron drops 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	QL(18 / 30), AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	4		
<i>phosphorous 155-852-130 mg tab</i>	1		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	4		
PLASMA-LYTE 148 iv soln	4		
PLASMA-LYTE A iv soln	4		
<i>pot & sod cit-cit ac 550-500-334 mg/5ml soln</i>	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	2	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 15 meq tab 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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	2	MICRO-K	
<i>potassium chloride in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln, 40-0.9 meq/l-% iv soln</i>	1		
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	2	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	2		
<i>potassium phosphates(71 meq k) 45 mmole/15ml iv soln</i>	6		
SAMSCA 15 mg tab, 30 mg tab	6		
<i>selenious acid 60 mcg/ml iv soln</i>	6		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	2	SHOHL'S MODIFIED	
<i>sodium bicarbonate 4.2 % iv soln, 7.5 % iv soln, 8.4 % iv soln</i>	1		
<i>sodium bicarbonate-dextrose 150-5 meq/l-% iv soln</i>	6		
<i>sodium chloride 0.45 % iv soln, 0.9 % iv soln, 2.5 meq/ml inj soln, 3 % iv soln, 4 meq/ml iv soln, 5 % iv soln</i>	1		
<i>sodium chloride (pf) 0.9 % inj soln</i>	1		
<i>sodium fluoride 1.1 (0.5 F) mg tab, 2.2 (1 F) mg tab, 2.2 (1 F) mg tab chew</i>	1		
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
THE LIQUILIFT TRACE 10-1000-500-60 mcg/ml iv kit	6		
<i>tolvaptan 15 mg tab</i>	6	JYNARQUE	
<i>tolvaptan 30 mg tab</i>	6	SAMSCA	
TRALEMENT 300-55-60-3000 mcg/ml iv soln	6		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
UROCIT-K 10 10 MEQ (1080 mg) tab er	4		
UROCIT-K 15 15 MEQ (1620 mg) tab er	4		
UROCIT-K 5 5 MEQ (540 mg) tab er	4		
VENOFER 20 mg/ml iv soln	4		
<i>wee care 15 mg/1.25ml susp</i>	1		AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
zinc sulfate 3 mg/ml iv soln	6		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
cardioplegia del nido formula perfusion soln	4		
cardioplegia ind plasma high k perfusion soln	4		
cardioplegia ind plasma-tromet perfusion soln	4	PLEGISOL	
cardioplegia induction high k perfusion soln	4	PLEGISOL	
cardioplegia induction low dex perfusion soln	4	PLEGISOL	
cardioplegia induction non-enr perfusion soln	4	PLEGISOL	
cardioplegia main low dextrose perfusion soln	4	PLEGISOL	
cardioplegia main low trometha perfusion soln	4	PLEGISOL	
cardioplegia main plasma-trome perfusion soln	4	PLEGISOL	
cardioplegia maintenance perfusion soln	4	PLEGISOL	
cardioplegia reperfusate 4:1 perfusion soln	4	PLEGISOL	
CHEMET 100 mg cap	4		PA
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	5	EXJADE	PA
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	5	JADENU	PA
deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA
deferiprone 500 mg tab	5	FERRIPROX	PA
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	6		PA
FERRIPROX 1000 mg tab, 500 mg tab	5		PA
FERRIPROX 100 mg/ml soln	5		PA
FERRIPROX TWICE-A-DAY 1000 mg tab	5		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	5		PA
KIONEX 15 gm/60ml susp	4		
LOKELMA 10 gm pckt, 5 gm pckt	5		
<i>microplegia msa-msg perfusion soln</i>	4	PLEGISOL	
<i>phoxillum b22k4/0 22-4-1 meq-mmol/l Extracorporeal Solution</i>	4		
<i>phoxillum bk4/2.5 32-4-2.5-1 meq-mmol/l Extracorporeal Solution</i>	4		
PRISMASOL B22GK 4/0 22-4 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 0/2.5 32-2.5 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 2/0 32-2 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 2/3.5 32-2-3.5 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 4/0/1.2 32-4-1.2 meq/l Extracorporeal Solution	4		
PRISMASOL BGK 4/2.5 32-4-2.5 meq/l Extracorporeal Solution	4		
PRISMASOL BK 0/0/1.2 32-1.2 meq/l Extracorporeal Solution	4		
REGIOCIT 0.529 % Extracorporeal Solution	4		
<i>sodium polystyrene sulfonate oral pwr</i>	2	KAYEXALATE	
SPS 15 gm/60ml susp	4		
VELTASSA 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
AURYXIA 1 GM 210 mg(fe) tab	4		
<i>calcium acetate 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg tab</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
FOSRENOL 500 mg tab chew	4		
FOSRENOL 1000 mg pckt, 1000 mg tab chew, 750 mg pckt, 750 mg tab chew	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	2	FOSRENOL	
RENVELA 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	4		
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt</i>	1	RENVELA	
<i>sevelamer carbonate 800 mg tab</i>	2	RENVELA	
<i>sevelamer hcl 400 mg tab</i>	1	RENAGEL	
<i>sevelamer hcl 800 mg tab</i>	2	RENAGEL	
VELPHORO 500 mg tab chew	4		
Vitamins- Vitamin, Mineral And Body Fluid Deficiency Drugs [Vitaminas- Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABANEU-SL 600-600 mcg tab subl	4		
ABATRON liq	4		AL
<i>active fe 75-1.25 mg tab</i>	4		
AIRAVITE 2.5-25-1 mg tab	4		
ATABEX EC 29-1 mg tab dr	4		
ATABEX OB 29-1 mg tab	4		
<i>azesco 13-1 mg tab</i>	4		
<i>b-6 folic acid 8.333-100-1 mg cap</i>	1		
BENTIVITE 35-1 mg tab	4		
<i>bp vit 3 1 mg cap</i>	4		
BPROTECTED PEDIA POLY-VITE/FE 10 mg/ml soln	1		AL
CALCIFOL 1342-1.6 mg oral wafer	4		
CENFOL 2.3-24.5-2 mg tab	4		
CENTRATEX 106-1 mg cap	4		
CEROVITE JR 18 mg tab chew	1		AL
<i>childrens animal shapes 18 mg tab chew</i>	1		AL
<i>cholecal df 1-3800 mg-unit tab</i>	4		
CIFEREX 1-3775 mg-unit cap	4		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	4		
CITRANATAL BLOOM 90-1 mg tab	4		
CITRANATAL HARMONY 27-1-260 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CITRANATAL MEDLEY 27-1-200 mg cap	4		
<i>c-nate dha 28-1-200 mg cap</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	1		
CO-NATAL FA tab	4		
CONCEPT DHA 53.5-38-1 mg cap	4		
CONCEPT OB 130-92.4-1 mg cap	4		
CORVITA 150 150-1.25 mg tab	4		
CORVITE 150 tab, 150-1.25 mg tab	4		
<i>corvite fe tab</i>	4		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cyanocobalamin 1000 mcg/ml inj soln, 2000 mcg/ml inj soln</i>	1		
DERMACINRX PRETRATE 1 mg tab	4		
DRISDOL 1.25 MG (50000 ut) cap	3		
DUET DHA 400 25-1 & 400 mg oral misc	4		
DUET DHA BALANCED 25-1 & 267 mg oral misc	4		
ELITE-OB 50-1.25 mg tab	4		
ENBRACE HR cap	4		
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eql child multivit/minerals 18 mg tab chew</i>	1		AL
<i>ergocalciferol 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
FA-8 0.8 mg cap	1		QL(30 / 30), AL
<i>fabb 2.2-25-1 mg tab</i>	4		
<i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i>	1		
<i>feonyx tab</i>	4		
FERIVA 21/7 75-1 mg tab	4		
FERIVAFA 110-1 mg cap	4		
<i>ferocon cap</i>	4		
<i>ferotinsic cap</i>	4		
FERRALET 90 90-1 mg tab	4		
FERROCITE PLUS 106-1 mg tab	4		
FERRO-PLEX 115-1 mg tab	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FLINTSTONES COMPLETE 18 mg tab chew	1		AL
FLINTSTONES PLUS EXTRA IRON 18 mg tab chew	1		AL
FLINTSTONES W/IRON 18 mg tab chew	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30)
<i>folbee 2.5-25-1 mg tab</i>	4		
FOLDITAM 1-10000 mg-unit tab	4		
FOLGARD RX 2.2-25-1 mg tab	4		
<i>folic acid 5 mg/ml inj soln</i>	1		
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30)
<i>folic d3 1-3775 mg-unit cap</i>	4		
FOLI-D 1-2000 mg-unit tab	4		
<i>folite tab</i>	4		
FOLIVANE-F 125-1 mg cap	4		
FOLIVANE-OB 85-1 mg cap	4		
FOLIVANE-PLUS cap	4		
FOLIXAPURE 1-5000 mg-unit tab	4		
<i>folplex 2.2 2.2-25-0.5 mg tab</i>	4		
FOLTRATE 500-1 mcg-mg tab	4		
FOLTREXYL 1-5000 mg-unit tab	4		
<i>foltrin cap</i>	4		
FOLVITE-D 1-3775 mg-unit tab	4		
<i>fruity chews/iron tab chew</i>	1		AL
<i>ft folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
FUSION PLUS cap	4		
GENICIN VITA-D 1-3775 mg-unit tab	4		
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30)
<i>hematinic plus vit/minerals 106-1 mg tab</i>	4		
<i>hematinic/folic acid 324-1 mg tab</i>	4		
HEMATOGEN FA 200-250-0.01-1 mg cap	4		
HEMOCYTE PLUS 106-1 mg cap	4		
<i>hm folic acid 400 mcg tab</i>	1		QL(30 / 30)
ICAR-C PLUS 100-250-0.025-1 mg tab	4		
IFEREX 150 FORTE 150-25-1 mg-mcg-mg cap	4		
INATAL GT tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
INTEGRA F 125-1 mg cap	4		
INTEGRA PLUS cap	4		
IROSPAN 24/6 oral misc	4		
<i>jenliva prenatal/postnatal 1 mg cap</i>	4		
<i>kosher prenatal plus iron 30-1 mg tab</i>	4		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30)
K-TAN PLUS 162-115.2-1 mg cap	4		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
MAXFE 160-1.7 mg tab	4		
MULTIGEN 70 mg tab	4		
MULTIGEN FOLIC 70-150-2-1 mg tab	4		
MULTIGEN PLUS 50-101-1 mg tab	4		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
NASCOBAL 500 mcg/0.1ml nasal soln	4		
NATACHEW 28-1 mg tab chew	4		
NATALVIT tab	4		
NEEVO DHA 27-1.13 mg cap	4		
<i>neonatal + dha 29-1 & 200 mg oral misc</i>	4		
<i>neonatal 19 1 mg tab</i>	4		
<i>neonatal complete 29-1 mg tab</i>	4		
<i>neonatal fe 90-1 mg tab</i>	4		
NEPHRON FA tab	4		
NESTABS 32-1 mg tab	4		
NESTABS DHA 32-1 mg oral misc	4		
NESTABS ONE 38-1-225 mg cap	4		
<i>neurin-sl 600-600 mcg tab subl</i>	2		
NIFEREX tab	4		
NIVA-PLUS 27-1 mg tab	4		
NUFOL 2.5-25-1 mg tab	4		
OB COMPLETE 50-1.25 mg tab	4		
OB COMPLETE ONE 50-1-476 mg cap	4		
OB COMPLETE PETITE 35-5-1-200 mg cap	4		
OB COMPLETE PREMIER 30-20-1 mg tab	4		
OB COMPLETE/DHA 30-10-1-200 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
OBSTETRIX DHA 29-1 & 350 mg oral misc	4		
<i>ortho df 1-3775 mg-unit cap</i>	4		
OVEEZA 0.5 mg cap	4		
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
<i>physicians ez use b-12 1000 mcg/ml inj kit</i>	4		
<i>pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc</i>	4		
<i>pnv tabs 20-1 20-1 mg tab</i>	4		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	2		
<i>poly-iron 150 forte 150-25-1 mg-mcg-mg cap</i>	4		
<i>polysaccharide iron forte 150-25-1 mg-mcg-mg cap</i>	4		
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>pregen dha 28-1-35 mg cap</i>	4		
<i>pregenna 20-1 mg tab</i>	4		
PREMESISRX 1 mg tab	4		
<i>prena 1 true 30-1.4 & 300 mg oral misc</i>	4		
<i>prena1 1.4 mg tab chew</i>	4		
<i>prena1 pearl 30-1.4-200 mg cap er</i>	4		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 29-1 mg tab</i>	2		
<i>prenatal plus 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	4		
PRENATE 0.6-0.4 mg tab chew	4		
PRENATE AM 1 mg tab	4		
PRENATE DHA 18-0.6-0.4-300 mg cap	4		
PRENATE ELITE 20-0.6-0.4 mg tab	4		
PRENATE ENHANCE 28-0.6-0.4-400 mg cap	4		
PRENATE ESSENTIAL 18-0.6-0.4-300 mg cap	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PRENATE MINI 18-0.6-0.4-350 mg cap	4		
PRENATE PIXIE 10-0.6-0.4-200 mg cap	4		
PRENATE RESTORE 27-0.6-0.4-400 mg cap	4		
<i>prenatvite complete 1 mg tab</i>	4		
<i>prenatvite plus 1 mg tab</i>	4		
<i>prenatvite rx 0.8 mg tab</i>	4		
PRIMACARE 30-1-470 mg cap	4		
PROVIDA OB 20-20-1.25 mg cap	4		
<i>purevit dualfe plus 162-115.2-1 mg cap</i>	4		
PX CHILDRENS VITAMIN 18 mg tab chew	1		AL
<i>px folic acid 400 mcg tab</i>	1		QL(30 / 30)
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30)
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30)
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
<i>relnate dha 28-1-200 mg cap</i>	4		
SELECT-OB 29-0.6-0.4 mg tab chew, 29-1 mg tab chew	4		
SELECT-OB+DHA 29-1 & 250 mg oral misc	4		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
<i>se-tan plus 162-115.2-1 mg cap</i>	4		
<i>sm animal shapes complete 18 mg tab chew</i>	1		AL
<i>sm folic acid 400 mcg tab</i>	1		QL(30 / 30)
TALIVA 1 mg cap	4		
TANDEM PLUS 162-115.2-1 mg cap	4		
<i>taron forte cap</i>	4		
TARON-C DHA 35-1 mg cap	4		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	4		
TRICON cap	4		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	4		
<i>tristart dha 31-0.6-0.4-200 mg cap</i>	4		
<i>true folic acid 400 mcg tab</i>	1		QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	4		
VINATE II 29-1 mg tab	4		
VINATE ONE 60-1 mg tab	4		
VITAFOL FE+ 90-0.6-0.4-200 mg cap	4		
VITAFOL GUMMIES 3.33-0.333-34.8 mg tab chew	4		
VITAFOL STRIPS 1 mg oral film	4		
VITAFOL ULTRA 29-0.6-0.4-200 mg cap	4		
VITAFOL-NANO 18-0.6-0.4 mg tab	4		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	4		
VITAMEDMD REDICHEW RX 1.4 mg tab chew	4		
VITAMEZ 1 mg cap	4		
<i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap</i>	1	DRISDOL	
<i>vitamin deficiency system-b12 1000 mcg/ml inj kit</i>	4		
VITAPEARL 30-1.4-200 mg cap er	4		
VITATRUE 30-1.4 & 300 mg oral misc	4		
VIVA DHA 28-1-200 mg cap	4		
<i>westab one 2.5-25-1 mg tab</i>	4		
<i>westgel dha 31-0.6-0.4-200 mg cap</i>	4		
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30)
<i>zalvit 13-1 mg tab</i>	4		
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		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
ANASPAZ 0.125 mg tab disint	4		
ATROPEN 0.25 mg/0.3ml im soln auto-inj, 0.5 mg/0.7ml im soln auto-inj, 1 mg/0.7ml im soln auto-inj, 2 mg/0.7ml im soln auto-inj	4		
atropine sulfate 0.8 mg/2ml iv soln pfs	1		
atropine sulfate 0.25 mg/5ml inj soln pfs, 0.5 mg/5ml inj soln pfs, 1 mg/10ml inj soln pfs, 1 mg/2.5ml iv soln pfs, 1.2 mg/3ml iv soln pfs	2		
belladonna alkaloids-opium 16.2-30 mg rect supp, 16.2-60 mg rect supp	1		
chlordiazepoxide-clidinium 5-2.5 mg cap	2	LIBRAX	
CUVPOSA 1 mg/5ml soln	4		
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	
dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln	2	BENTYL	
DONNATAL 16.2 mg tab	4		
DONNATAL 16.2 mg/5ml oral elix	4		
GLYCATE 1.5 mg tab	4		
glycopyrrolate 0.6 mg/3ml inj soln pfs, 0.6 mg/3ml iv soln pfs, 1 mg/5ml inj soln pfs, 1 mg/5ml iv soln pfs	1		
glycopyrrolate 1 mg/5ml soln	2	CUVPOSA	PA
glycopyrrolate 1.5 mg tab	1	GLYCATE	
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	
glycopyrrolate pf 0.2 mg/ml inj soln pfs, 0.4 mg/2ml inj soln pfs	1		
GLYRX-PF 0.6 mg/3ml inj soln pfs, 1 mg/5ml inj soln pfs	4		
GLYRX-PF 0.4 mg/2ml inj soln	6		
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	2		
hyoscyamine sulfate 0.125 mg tab disint	2	ANASPAZ	
hyoscyamine sulfate 0.125 mg tab	2	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	2	LEVSIN/SL	
hyoscyamine sulfate er 0.375 mg tab er 12 hr	2	LEVBIID	
hyosyne 0.125 mg/5ml oral elix	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>hyosyne 0.125 mg/ml soln</i>	2		
LEVBID 0.375 mg tab er 12 hr	4		
LEVSIN 0.125 mg tab	4		
LEVSIN/SL 0.125 mg tab subl	4		
LIBRAX 5-2.5 mg cap	4		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	2	PAMINE	
NULEV 0.125 mg tab disint	4		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	2	LEVSIN/SL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	DONNATAL	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg/5ml oral elix</i>	1	DONNATAL	
PHENOHYTRO 16.2 mg tab	4		
PHENOHYTRO 16.2 mg/5ml oral elix	4		
ROBINUL 1 mg tab	4		
ROBINUL-FORTE 2 mg tab	4		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
AEMCOLO 194 mg tab dr	4		
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	2		QL(336 / 365)
<i>anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
CHENODAL 250 mg tab	4		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	GASTROCROM	
DERMACINRX PROBITRAN cap	4		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	2	LOMOTIL	
ENTEREG 12 mg cap	4		
<i>eq loperamide hcl 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
EVIVO liq	6		
<i>ft anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
GASTROCROM 100 mg/5ml oral conc	4		
GATTEX 5 mg sc kit	6		
GIMOTI 15 mg/act nasal soln	4		
<i>gnp loperamide hcl 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
<i>goodsense anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
HELIDAC THERAPY oral misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>hm anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
IMODIUM A-D 1 mg/7.5ml soln	6		
LACTEROL cap	4		
LOMOTIL 2.5-0.025 mg tab	4		
<i>loperamide hcl 2 mg cap</i>	2	IMODIUM	
<i>loperamide hcl 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
<i>metoclopramide hcl 5 mg tab disint</i>	2	METOSOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	4		ST
MOTOFEN 1-0.025 mg tab	4		
MYTESI 125 mg tab dr	5		PA
OMECLAMOX-PAK 500-500-20 mg oral misc	4		
<i>opium 10 MG/ML (1%) oral tinct</i>	1		
<i>probichew tab chew</i>	4		
PROBINATE cap	4		
<i>promella in prebiotic cap</i>	4		
PYLERA 140-125-125 mg cap	4		QL(91 / 91)
REGLAN 10 mg tab, 5 mg tab	4		
RELISTOR 150 mg tab	4		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	4		ST
RELTONE 200 mg cap, 400 mg cap	4		
RESTORA RX 60-1.25 mg cap	4		
<i>sm anti-diarrheal 1 mg/7.5ml soln</i>	6	IMODIUM A-D	
SYMPROIC 0.2 mg tab	3		ST
TALICIA 250-12.5-10 mg cap dr	4		
TRULANCE 3 mg tab	4		ST
URSO 250 250 mg tab	4		
URSO FORTE 500 mg tab	4		
<i>ursodiol 200 mg cap, 400 mg cap</i>	1		
<i>ursodiol 300 mg cap</i>	2	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
URSODIOL+SYRSPEND SF 30 mg/ml susp	4		
VISBIOME pckt	4		
XERMELO 250 mg tab	6		
<i>zelac cap</i>	4		
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	2	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	2	TAGAMET	
<i>famotidine 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>famotidine (pf) 20 mg/2ml iv soln</i>	5	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	2	AXID	
PEPCID 40 mg tab	4		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
AMITIZA 24 mcg cap, 8 mcg cap	4		ST
BYLVAY 1200 mcg cap, 400 mcg cap	4		
BYLVAY (PELLETS) 200 mcg cap sprinkle, 600 mcg cap sprinkle	4		
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		ST
LIVMARLI 9.5 mg/ml soln	4		
LOTRONEX 0.5 mg tab, 1 mg tab	4		
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	
VIBERZI 100 mg tab, 75 mg tab	4		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
CLEARLAX 17 gm/scoop oral pwdr	1		
<i>constulose 10 gm/15ml soln</i>	2	CONSTULOSE	
CVS PURELAX 17 gm pckt	1		
CVS PURELAX 17 gm/scoop oral pwdr	1		
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
EQ CLEARLAX 17 gm/scoop oral pwdr	1		
<i>eq laxative 17 gm pckt</i>	1	MIRALAX	
EQL CLEARLAX 17 gm/scoop oral pwdr	1		
<i>ft clearlax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>gavilax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
GAVILYTE-C 240 gm soln	4		
GAVILYTE-G 236 gm soln	4		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	4		
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>gentlelax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
GIALAX oral kit	4		
GLYCOLAX 17 gm/scoop oral pwdr	1		
GNP CLEARLAX 17 gm pckt	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
GNP CLEARLAX 17 gm/scoop oral pwdr	1		
GOLYTELY 236 gm soln	4		
GOODSENSE CLEARLAX 17 gm/scoop oral pwdr	1		
HEALTHYLAX 17 gm pckt	1		
HM CLEARLAX 17 gm/scoop oral pwdr	1		
KLS LAXACLEAR 17 gm/scoop oral pwdr	1		
KRISTALOSE 10 gm pckt, 20 gm pckt	4		
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose 10 gm pckt</i>	1	KRISTALOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>mineral oil heavy oral oil</i>	1		
MIRALAX 17 gm pckt, 17 gm/scoop oral pwdr	1		
MIRALAX 17 gm/scoop oral pwdr	1		
MIRALAX MIX-IN PAX 17 gm pckt	1		
MM CLEARLAX 17 gm/scoop oral pwdr	1		
MOVANTIK 12.5 mg tab, 25 mg tab	3		ST
MOVIPREP 100 gm soln	4		
<i>peg 3350 17 gm pckt</i>	1	MIRALAX	
<i>peg 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat 100 gm soln</i>	4	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm soln</i>	1	MOVIPREP	
PEG-PREP 5-210 mg-gm oral kit	4		
PLENVU 140 gm soln	4		
<i>polyethylene glycol 3350 17 gm pckt</i>	1	MIRALAX	
<i>polyethylene glycol 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>polyethylene glycol 8000 oint</i>	1		
<i>qc natura-lax 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>ra laxative 17 gm/scoop oral pwdr</i>	1	MIRALAX	
<i>sb polyethylene glycol 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
SM CLEARLAX 17 gm/scoop oral pwdr	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SMOOTH LAX 17 gm pckt	1		
SMOOTH LAX 17 gm/scoop oral pwdr	1		
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	4		
<i>true laxative 17 gm/scoop oral pwdr</i>	1	MIRALAX	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
CARAFATE 1 gm tab	4		
CARAFATE 1 gm/10ml susp	4		
CYTOTEC 100 mcg tab, 200 mcg tab	4		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	2	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
ACIPHEX 20 mg tab dr	4		
DEXILANT 30 mg cap dr, 60 mg cap dr	3		ST
<i>dexlansoprazole 30 mg cap dr</i>	2		ST
<i>dexlansoprazole 60 mg cap dr</i>	2	DEXILANT	ST
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	NEXIUM	ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg pckt, 40 mg pckt</i>	2	NEXIUM	ST
<i>esomeprazole sodium 40 mg iv soln</i>	1	NEXIUM	
FIRST-LANSOPRAZOLE 3 mg/ml susp	4		
FIRST-OMEPRAZOLE 2 mg/ml susp	4		
<i>lansoprazole 30 mg cap dr</i>	2	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	2	PREVACID SOLUTAB	
NEXIUM 10 mg pckt, 20 mg pckt, 40 mg cap dr, 40 mg pckt	4		
NEXIUM 2.5 mg pckt, 5 mg pckt	4		ST
NEXIUM I.V. 40 mg iv soln	4		
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
OMEPRAZOLE+SYRSPEND SF ALKA 2 mg/ml susp	4		
<i>omeprazole-sodium bicarbonate 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	2	ZEGERID	QL(90 / 365)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
<i>pantoprazole sodium 40 mg pckt</i>	2	PROTONIX	
<i>pantoprazole sodium 20 mg tab dr</i>	4	PROTONIX	
PREVACID 30 mg cap dr	4		
PREVACID SOLUTAB 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	4		
PRILOSEC 10 mg pckt, 2.5 mg pckt	4		ST
PROTONIX 20 mg tab dr, 40 mg tab dr	4		
PROTONIX 40 mg pckt	4		ST
<i>rabeprazole sodium 20 mg tab dr</i>	2	ACIPHEX	ST
<i>rabeprazole sodium 10 mg cap sprinkle</i>	1	ACIPHEX SPRINKLE	
ZEGERID 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	4		QL(90 / 365)
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO, ENZIMÁTICO O PROTEINICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic, Enzyme, Or Protein Disorder: Replacement, Modifiers, Treatment [Trastornos Genético, Enzimático O Proteinico: Reemplazo, Modificadores, Tratamiento]			
ADAKVEO 100 mg/10ml iv soln	6		
ALDURAZYME 2.9 mg/5ml iv soln	6		
AMMONUL 10-10 % iv soln	6		
ARALAST NP 1000 mg iv soln, 500 mg iv soln	6		
BRINEURA 2 X 150 mg/5ml Intraventricular Kit	6		
BUPHENYL 500 mg tab	5		PA
CERDELGA 84 mg cap	6		
CEREZYME 400 unit iv soln	6		
CHOLBAM 250 mg cap, 50 mg cap	6		
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		
CRYSVITA 10 mg/ml sc soln, 20 mg/ml sc soln, 30 mg/ml sc soln	6		
CYSTADANE oral pwdr	5		
CYSTADROPS 0.37 % ophth soln	6		
CYSTAGON 150 mg cap, 50 mg cap	4		
ELAPRASE 6 mg/3ml iv soln	5		
ELELYSO 200 unit iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EVRYSDI 0.75 mg/ml soln	6		
EXONDYS 51 100 mg/2ml iv soln, 500 mg/10ml iv soln	6		
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		
GALAFOLD 123 mg cap	6		
GIVLAARI 189 mg/ml sc soln	6		
GLASSIA 1000 mg/50ml iv soln	5		
KANUMA 20 mg/10ml iv soln	6		
KUVAN 100 mg pckt, 100 mg tab, 500 mg pckt	5		
LUMIZYME 50 mg iv soln	6		
MEPSEVII 10 mg/5ml iv soln	6		
<i>miglustat 100 mg cap</i>	5	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	6		
NEXVIAZYME 100 mg iv soln	6		
<i>nitisinone 5 mg cap</i>	5	ORFADIN	
NITYR 10 mg tab, 2 mg tab, 5 mg tab	6		
NULIBRY 9.5 mg iv soln	6		
OCALIVA 10 mg tab, 5 mg tab	6		
ONPATTRO 10 mg/5ml iv soln	6		
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	6		
ORFADIN 4 mg/ml susp	6		
PALYNZIQ 10 mg/0.5ml sc soln pfs, 2.5 mg/0.5ml sc soln pfs, 20 mg/ml sc soln pfs	6		
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	4		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	4		ST
PROCYSBI 300 mg pckt, 75 mg pckt	4		
PROLASTIN-C 1000 mg/20ml iv soln	5		
RAVICTI 1.1 gm/ml liq	5		
<i>sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt</i>	5	KUVAN	
SCENESSE 16 mg sc implant	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
sod benz-sod phenylacet 10-10 % iv soln	1	AMMONUL	
sodium phenylbutyrate 3 gm/tsp oral powdr	5	BUPHENYL	
sodium phenylbutyrate 500 mg tab	5	BUPHENYL	PA
SPINRAZA 12 mg/5ml it soln	6		
STRENSIQ 18 mg/0.45ml sc soln, 28 mg/0.7ml sc soln, 40 mg/ml sc soln, 80 mg/0.8ml sc soln	6		
TEGSEDI 284 mg/1.5ml sc soln pfs	6		
VILTEPSO 250 mg/5ml iv soln	6		
VIMIZIM 5 mg/5ml iv soln	5		
VIOKACE 10440-39150 unit tab, 20880-78300 unit tab	4		ST
VPRIV 400 unit iv soln	6		
VYNDAMAX 61 mg cap	6		
VYNDAQEL 20 mg cap	6		
VYONDYS 53 100 mg/2ml iv soln	6		
XURIDEN 2 gm pckt	6		
ZAVESCA 100 mg cap	6		PA
ZEMAIRA 1000 mg iv soln	5		
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt	3		
ZENPEP 40000-126000 unit cap dr prt	4		
ZOLGENSMA 10.1-10.5 KG 7x8.3 ml iv kit	6		
ZOLGENSMA 10.6-11.0 KG 2x5.5ML & 6x8.3ml iv kit	6		
ZOLGENSMA 11.1-11.5 KG 1x5.5ML & 7x8.3ml iv kit	6		
ZOLGENSMA 11.6-12.0 KG 8x8.3 ml iv kit	6		
ZOLGENSMA 12.1-12.5 KG 2x5.5ML & 7x8.3ml iv kit	6		
ZOLGENSMA 12.6-13.0 KG 1x5.5ML & 8x8.3ml iv kit	6		
ZOLGENSMA 13.1-13.5 KG 9x8.3 ml iv kit	6		
ZOLGENSMA 2.6-3.0 KG 2x8.3 ml iv kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZOLGENSMA 3.1-3.5 KG 2x5.5ML & 1x8.3ml iv kit	6		
ZOLGENSMA 3.6-4.0 KG 1x5.5ML & 2x8.3ml iv kit	6		
ZOLGENSMA 4.1-4.5 KG 3x8.3 ml iv kit	6		
ZOLGENSMA 4.6-5.0 KG 2x5.5ML & 2x8.3ml iv kit	6		
ZOLGENSMA 5.1-5.5 KG 1x5.5ML & 3x8.3ml iv kit	6		
ZOLGENSMA 5.6-6.0 KG 4x8.3 ml iv kit	6		
ZOLGENSMA 6.1-6.5 KG 2x5.5ML & 3x8.3ml iv kit	6		
ZOLGENSMA 6.6-7.0 KG 1x5.5ML & 4x8.3ml iv kit	6		
ZOLGENSMA 7.1-7.5 KG 5x8.3 ml iv kit	6		
ZOLGENSMA 7.6-8.0 KG 2x5.5ML & 4x8.3ml iv kit	6		
ZOLGENSMA 8.1-8.5 KG 1x5.5ML & 5x8.3ml iv kit	6		
ZOLGENSMA 8.6-9.0 KG 6x8.3 ml iv kit	6		
ZOLGENSMA 9.1-9.5 KG 2x5.5ML & 5x8.3ml iv kit	6		
ZOLGENSMA 9.6-10.0 KG 1x5.5ML & 6x8.3ml iv kit	6		
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	2	ENABLEX	
DETROL 1 mg tab, 2 mg tab	4		
DETROL LA 2 mg cap er 24 hr, 4 mg cap er 24 hr	4		
<i>flavoxate hcl 100 mg tab</i>	2		
GELNIQUE 10 % td gel	4		
GEMTESA 75 mg tab	4		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	4		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	4		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	2	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	2	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	2	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>tropium chloride 20 mg tab</i>	2	SANCTURA	
<i>tropium chloride er 60 mg cap er 24 hr</i>	2	SANCTURA XR	
VESICARE 10 mg tab, 5 mg tab	4		
VESICARE LS 5 mg/5ml susp	4		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
AVODART 0.5 mg cap	4		
CARDURA 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	4		
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	4		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	2	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	2	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
FLOMAX 0.4 mg cap	4		
JALYN 0.5-0.4 mg cap	4		
PROSCAR 5 mg tab	4		PA
RAPAFLO 4 mg cap, 8 mg cap	4		
<i>silodosin 4 mg cap, 8 mg cap</i>	2	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
UROXATRAL 10 mg tab er 24 hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
<i>bi-mix 150-5 mg i-cavern soln</i>	4		
CUPRIMINE 250 mg cap	6		
DEPEN TITRATABS 250 mg tab	4		
ELMIRON 100 mg cap	4		
ENCARE 100 mg vag supp	4		QL(12 / 30)
<i>glycine 1.5 % irrig soln</i>	1		
<i>glycine urologic 1.5 % irrig soln</i>	1		
LITHOSTAT 250 mg tab	4		
OPTIONS GYNOL II	4		QL(81 / 30)
CONTRACEPTIVE 3 % vag gel	4		
OXLUMO 94.5 mg/0.5ml sc soln	6		
<i>penicillamine 250 mg cap</i>	5	CUPRIMINE	
<i>penicillamine 250 mg tab</i>	5	DEPEN TITRATABS	
<i>pentosan polysulfate sodium 150 mg cap dr, 200 mg cap dr</i>	1		
PHENAZO 200 mg tab	4		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>phenylephrine hcl 2 mg/2ml Intracavernosal Solution</i>	1		
PHEXXI 1.8-1-0.4 % vag gel	4		
PYRIDIUM 100 mg tab, 200 mg tab	4		
<i>quad-mix 150-10-0.1-1 mg i-cavern soln</i>	4		
RENACIDIN irrig soln	4		
RIMSO-50 50 % i-vesic soln	4		
<i>super bi-mix 150-10 mg i-cavern soln</i>	4		
<i>super quad-mix 150-20-0.2-2 mg i-cavern soln</i>	4		
<i>super tri-mix 150-10-100 mg-mg-mcg i-cavern soln</i>	4		
THIOLA 100 mg tab	4		
THIOLA EC 100 mg tab dr, 300 mg tab dr	6		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	4		QL(12 / 30)
<i>trientine hcl 250 mg cap</i>	5	SYPRINE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tri-mix 150-5-50 mg-mg-mcg i-cavern soln</i>	4		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		QL(18 / 30)
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	4		QL(25.5 / 30)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
DEPO-MEDROL 40 mg/ml inj susp, 80 mg/ml inj susp	4		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 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	
MEDROL 16 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	4		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	2	SOLU-MEDROL	
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALKINDI SPRINKLE 0.5 mg cap sprinkle, 1 mg cap sprinkle, 2 mg cap sprinkle, 5 mg cap sprinkle	4		
<i>beta 1 kit 30 mg/5ml inj kit</i>	4		
BETALAN SUIK 30 mg/5ml cmb kit	4		
<i>betamethasone combo 7 (4-3) mg/ml inj susp</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>betamethasone combo 6 (3-3) mg/ml inj susp</i>	4	CELESTONE SOLUSPAN	
<i>betamethasone sod phos & acet 7 (4-3) mg/ml inj susp</i>	1		
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	2	CELESTONE SOLUSPAN	
<i>bsp 0820 30 mg/5ml inj kit</i>	4		
CELESTONE SOLUSPAN 6 (3-3) mg/ml inj susp	4		
CONTRAST ALLERGY PREMEDIATION PACK 3 x 50 MG & 1 x 50 mg oral kit	4		
CORTEF 10 mg tab, 20 mg tab, 5 mg tab	4		
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp, 40 mg/ml inj susp, 80 mg/ml inj susp	4		
<i>dexabliss 1.5 mg (39) tab pack</i>	4		
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	2		
<i>dexamethasone 0.5 mg/5ml soln</i>	2		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	4		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln pfs</i>	2		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	2		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
DEXONTO 0.4% 20 mg/5ml Iontophoresis Solution	4		
DMT SUIK 10 mg/ml cmb kit	4		
DOUBLEDEX 10 mg/ml inj kit	4		
DYURAL-40 40 & 0.25 & 1 mg/ml-%-% inj kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DYURAL-80 80 & 0.25 & 1 mg/ml-%- % inj kit	4		
DYURAL-L 40 & 1 mg/ml-% inj kit	4		
DYURAL-LM 40 & 0.25 & 1 mg/ml-%- % inj kit	4		
EMFLAZA 18 mg tab, 30 mg tab, 36 mg tab, 6 mg tab	6		
EMFLAZA 22.75 mg/ml susp	6		
<i>fludrocortisone acetate 0.1 mg tab</i>	2	FLORINEF	
HEMADY 20 mg tab	4		
HIDEX 6-DAY 1.5 mg (21) tab pack	4		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
INTRAROSA 6.5 mg vag insert	4		
KENALOG-10 10 mg/ml inj susp	4		
KENALOG-40 40 mg/ml inj susp	4		
KENALOG-80 80 mg/ml inj susp	4		
<i>lidocidex i 5-10 mg/1.5ml inj soln</i>	6		
<i>lidolog 40 & 2 mg/ml-% inj kit</i>	1		
MAS CARE-PAK 10 mg/ml inj kit	4		
MEDROL 16 mg tab, 2 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	4		
MEDROLOAN II SUIK 40 mg/ml cmb kit	4		
MEDROLOAN SUIK 40 mg/ml cmb kit	4		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	2		
<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>methylprednisolone-bupivacaine 40-5 mg/ml inj susp, 80-5 mg/ml inj susp</i>	2		
MILLIPRED 5 mg tab	4		
<i>mlk f1 40 & 0.5 & 2 mg/ml-%- % inj kit</i>	4		
<i>mlk f2 40 & 0.5 & 2 mg/ml-%- % inj kit</i>	4		
<i>mlk f3 40 & 0.5 & 2 mg/ml-%- % inj kit</i>	4		
MLK F4 40 & 0.5 & 2 mg/ml-%- % inj kit	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>multi-specialty 40 & 1 mg/ml-% inj kit</i>	4		
ORAPRED ODT 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	4		
ORTIKOS 6 mg cap er 24 hr, 9 mg cap er 24 hr	4		
<i>p-care k40 40 mg/ml inj kit</i>	4		
<i>p-care k40g 40 mg/ml cmb kit</i>	4		
<i>p-care k40mx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	4		
<i>p-care k80 2 X 40 mg/ml inj kit</i>	4		
<i>p-care k80g 40 mg/ml cmb kit</i>	4		
<i>p-care k80mx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	4		
PEDIAPRED 6.7 (5 Base) mg/5ml soln	4		
<i>physicians ez use joint/tunnel 40-1 mg/ml-% cmb kit</i>	4		
<i>physicians ez use m-pred 40-0.5 mg/ml-% inj kit</i>	4		
<i>pod-care 100c 30 mg/5ml inj kit</i>	4		
<i>pod-care 100cg 30 mg/5ml cmb kit</i>	4		
<i>pod-care 100k 40 mg/ml inj kit</i>	4		
<i>pod-care 100kg 40 mg/ml cmb kit</i>	4		
<i>pod-care 100kmx 40 & 0.5 & 1 mg/ml-%-% inj kit</i>	4		
POINT OF CARE L.2 40 & 1 mg/ml-% inj kit	4		
POINT OF CARE L.5 40 & 1 mg/ml-% inj kit	4		
POINT OF CARE LM DEP 2 40 & 0.25 & 1 mg/ml-%-% inj kit	4		
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	2	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	2	PEDIAPRED	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	2	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	2		
<i>prednisone 5 mg/5ml soln</i>	2		
PREDNISONE INTENSOL 5 mg/ml oral conc	4		
PRO-C-DURE 5 2 X 40 mg/ml inj kit	4		
PRO-C-DURE 6 3 X 40 mg/ml inj kit	4		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	4		
READYSHARP ANESTH + METHYLPRED 80 & 0.5 & 1 mg/ml-%- % inj kit	4		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	4		
SOLU-MEDROL 2 gm inj soln	4		
TAPERDEX 12-DAY 1.5 mg (49) tab pack	4		
TAPERDEX 6-DAY 1.5 mg (21) tab pack, 1.5 mg tab pack	4		
TAPERDEX 7-DAY 1.5 mg (27) tab pack	4		
<i>topidex 10 mg/ml inj kit</i>	4		
<i>triamcinolone acetonide 50 mg/ml inj susp</i>	1		
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	2	KENALOG	
<i>triamcinolone-bupivacaine 40-5 mg/ml inj susp</i>	6		
TRILOAN II SUIK 40 mg/ml cmb kit	4		
TRILOAN SUIK 40 mg/ml cmb kit	4		
ZILRETTA 32 mg Intra-articular Suspension Reconstituted ER	4		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
DDAVP 4 mcg/ml inj soln	4		
DDAVP 0.1 mg tab, 0.2 mg tab	4		PA
DDAVP PF 4 mcg/ml inj soln	4		
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	2	MINIRIN	PA
<i>desmopressin acetate 1.5 mg/ml nasal soln</i>	1		PA
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	PA
<i>desmopressin acetate pf 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2	DDAVP	PA
GENOTROPIN 12 mg sc cart, 5 mg sc cart	5		PA
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	5		PA
INCRELEX 40 mg/4ml sc soln	5		
MYCAPSSA 20 mg cap dr	6		
NOC DURNA 27.7 mcg tab subl, 55.3 mcg tab subl	4		
NORDITROPIN FLEXPOR 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml sc soln pen-inj, 30 mg/3ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj	5		PA
NOVAREL 5000 unit im soln	5		
<i>octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs</i>	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	5	SANDOSTATIN	
PREGNYL 10000 unit im soln	5		
SANDOSTATIN 100 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	6		
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	6		PA
SIGNIFOR LAR 10 mg Intramuscular Suspension Reconstituted ER, 20 mg Intramuscular Suspension Reconstituted ER, 30 mg Intramuscular Suspension Reconstituted ER, 40 mg Intramuscular Suspension Reconstituted ER, 60 mg Intramuscular Suspension Reconstituted ER	6		PA
SKYTROFA 11 mg sc cart, 13.3 mg sc cart, 3 mg sc cart, 3.6 mg sc cart, 4.3 mg sc cart, 5.2 mg sc cart, 6.3 mg sc cart, 7.6 mg sc cart, 9.1 mg sc cart	6		
VASOSTRICT 20 unit/ml iv soln	5		
ZOMACTON 5 mg sc soln	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CERVIDIL 10 mg vag insert	4		
MIFEPREX 200 mg tab	4		
<i>mifepristone 200 mg tab</i>	1		
PREPIDIL 0.5 mg/3gm vag gel	4		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	4		PA
AVEED 750 mg/3ml im soln	5		
danazol 100 mg cap, 200 mg cap, 50 mg cap	2	DANOCRINE	
DEPO-TESTOSTERONE 100 mg/ml im soln, 200 mg/ml im soln	4		PA
ec-rx testosterone 0.2 % td crm, 0.4 % td crm, 10 % td crm, 20 % td crm	4		
FORTESTA 10 MG/ACT (2%) td gel	4		
JATENZO 158 mg cap, 198 mg cap, 237 mg cap	4		
methitest 10 mg tab	4		
methyltestosterone 10 mg cap	1	TESTRED	
NATESTO 5.5 mg/act nasal gel	4		
TESTIM 50 MG/5GM (1%) td gel	4		PA
TESTONE CIK 200 mg/ml im kit	4		
TESTOPEL 75 mg implant pellet	5		
testosterone 100 mg implant pellet, 200 mg implant pellet, 25 mg implant pellet, 50 mg implant pellet	2		
testosterone 1.62 % td gel, 40.5 MG/2.5GM (1.62%) td gel	1	ANDROGEL	PA
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	2	ANDROGEL	PA
testosterone 30 mg/act td soln	2	AXIRON	PA
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	2	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	3		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		PA
XYOSTED 100 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln auto-inj	4		
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ACTIVELLA 1-0.5 mg tab	4		
AFIRMELLE 0.1-20 mg-mcg tab	4		QL(28 / 28)
ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
ALTAVERA 0.15-30 mg-mcg tab	4		QL(28 / 28)
<i>alyacen 1/35 1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	4		
AMETHIA 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
AMETHYST 90-20 mcg tab	4		QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	4		
ANNOVERA 0.013-0.15 mg/24hr vag ring	4		
APRI 0.15-30 mg-mcg tab	4		QL(28 / 28)
ARANELLE 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
ASHLYNA 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
AUBRA EQ 0.1-20 mg-mcg tab	4		QL(28 / 28)
AUROVELA 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
AUROVELA 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
AUROVELA 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
AUROVELA FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
AUROVELA FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
AVIANE 0.1-20 mg-mcg tab	4		QL(28 / 28)
AYUNA 0.15-30 mg-mcg tab	4		QL(28 / 28)
AZURETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
BALCOLTRA 0.1-20 mg-mcg(21) tab	4		
BALZIVA 0.4-35 mg-mcg tab	4		QL(28 / 28)
BEYAZ 3-0.02-0.451 mg tab	4		QL(28 / 28)
BIJUVA 1-100 mg cap	4		
BLISOVI 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
BLISOVI FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
BLISOVI FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
CAMRESE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
CAMRESE LO 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
CHARLOTTE 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CHATEAL EQ 0.15-30 mg-mcg tab	4		QL(28 / 28)
CLIMARA 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.06 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch	4		
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	4		
COMBIPATCH 0.05-0.14 mg/day tdkw patch, 0.05-0.25 mg/day tdkw patch	4		
COVARYX 1.25-2.5 mg tab	4		
COVARYX HS 0.625-1.25 mg tab	4		
CRYSELLE-28 0.3-30 mg-mcg tab	4		QL(28 / 28)
CYRED EQ 0.15-30 mg-mcg tab	4		QL(28 / 28)
DASETTA 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
DASETTA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
DAYSEE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
DELESTROGEN 10 mg/ml im oil, 20 mg/ml im oil, 40 mg/ml im oil	4		
DELYLA 0.1-20 mg-mcg tab	4		QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	4		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	4		
DIVIGEL 1 mg/gm td gel, 1.25 mg/1.25gm td gel	4		
DOLISHALE 90-20 mcg tab	4		QL(28 / 28)
DOTTI 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch	4		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	2	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	2	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	2	YAZ	QL(28 / 28)
DUAVEE 0.45-20 mg tab	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ec-rx estradiol 0.4 % td crm, 0.6 % td crm	4		
EEMT 1.25-2.5 mg tab	4		
EEMT HS 0.625-1.25 mg tab	4		
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	4		
ELINEST 0.3-30 mg-mcg tab	4		QL(28 / 28)
ELURYNG 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
ENPRESSE-28 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
ENSKYCE 0.15-30 mg-mcg tab	4		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		
ESTARYLLA 0.25-35 mg-mcg tab	4		QL(28 / 28)
ESTRACE 0.5 mg tab, 1 mg tab, 2 mg tab	4		
ESTRACE 0.1 mg/gm vag crm	4		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	1		
estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	2	CLIMARA	
estradiol 0.1 mg/gm vag crm	1	ESTRACE	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	2	ESTRACE	
estradiol 10 mcg vag tab	2	VAGIFEM	
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2	VIVELLE-DOT	
estradiol valerate 10 mg/ml im oil	1		
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	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab	2	DEMULEN	QL(28 / 28)
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	4		
FALMINA 0.1-20 mg-mcg tab	4		QL(28 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	4		
GEMMILY 1-20 mg-mcg(24) cap	4		
HAILEY 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
HAILEY 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
HAILEY FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
HAILEY FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
ICLEVIA 0.15-0.03 mg tab	4		QL(91 / 91)
IMVEXXY MAINTENANCE PACK 10 mcg vag insert, 4 mcg vag insert	4		
IMVEXXY STARTER PACK 10 mcg vag insert, 4 mcg vag insert	4		
INTROVALE 0.15-0.03 mg tab	4		QL(91 / 91)
ISIBLOOM 0.15-30 mg-mcg tab	4		QL(28 / 28)
JAIMIESS 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
JASMIEL 3-0.02 mg tab	4		QL(28 / 28)
JINTELI 1-5 mg-mcg tab	4		
JOLESSA 0.15-0.03 mg tab	4		QL(91 / 91)
JULEBER 0.15-30 mg-mcg tab	4		QL(28 / 28)
JUNEL 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
JUNEL 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
JUNEL FE 24 1-20 mg-mcg(24) tab	4		QL(28 / 28)
KAITLIB FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)
KALLIGA 0.15-30 mg-mcg tab	4		QL(28 / 28)
KARIVA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
KELNOR 1/35 1-35 mg-mcg tab	4		QL(28 / 28)
KELNOR 1/50 1-50 mg-mcg tab	4		QL(28 / 28)
KURVELO 0.15-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LARIN 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LARIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LARIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LAYOLIS FE 0.8-25 mg-mcg tab chew	4		QL(28 / 28)
LEENA 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
LESSINA 0.1-20 mg-mcg tab	4		QL(28 / 28)
LEVONEST 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
levonorgest-eth est & eth est 42-21-21-7 days tab	2	QUARTETTE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	LOSEASONIQUE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	SEASONALE	QL(91 / 91)
levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab	2	SEASONIQUE	QL(91 / 91)
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	ALESSE	QL(28 / 28)
levonorgestrel-ethinyl estrad 90-20 mcg tab	2	AMETHYST 28 DAY	QL(28 / 28)
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	QL(28 / 28)
LEVORA 0.15/30 (28) 0.15-30 mg-mcg tab	4		QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	4		QL(28 / 28)
LOESTRIN 1.5/30 (21) 1.5-30 mg-mcg tab	4		QL(28 / 28)
LOESTRIN 1/20 (21) 1-20 mg-mcg tab	4		QL(28 / 28)
LOESTRIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
LOESTRIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
LOJAIMIESS 0.1-0.02 & 0.01 mg tab	4		QL(91 / 91)
LORYNA 3-0.02 mg tab	4		QL(28 / 28)
LOW-OGESTREL 0.3-30 mg-mcg tab	4		QL(28 / 28)
LO-ZUMANDIMINE 3-0.02 mg tab	4		QL(28 / 28)
LUTERA 0.1-20 mg-mcg tab	4		QL(28 / 28)
LYLLANA 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	4		
marlissa 0.15-30 mg-mcg tab	1	NORDETTE	QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab, 2.5 mg tab	4		
MENOSTAR 14 mcg/24hr tdkw patch	4		
MERZEE 1-20 mg-mcg(24) cap	4		
MIBELAS 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MICROGESTIN 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN 24 FE 1-20 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1.5/30 1.5-30 mg-mcg tab	4		QL(28 / 28)
MICROGESTIN FE 1/20 1-20 mg-mcg tab	4		QL(28 / 28)
MILI 0.25-35 mg-mcg tab	4		QL(28 / 28)
MIMVEY 1-0.5 mg tab	4		
MINASTRIN 24 FE 1-20 mg-mcg(24) tab chew	4		QL(28 / 28)
MINIVELLE 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch, 0.05 mg/24hr tdkw patch, 0.075 mg/24hr tdkw patch, 0.1 mg/24hr tdkw patch	4		
MIRCETTE 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
MONO-LINYAH 0.25-35 mg-mcg tab	4		QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	3		QL(28 / 28)
NECON 0.5/35 (28) 0.5-35 mg-mcg tab	4		QL(28 / 28)
NEXTSTELLIS 3-14.2 mg tab	4		
NIKKI 3-0.02 mg tab	4		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg tab</i>	1	LOESTRIN FE	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>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	1	TAYTULLA	
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	1	LOESTRIN	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2	FEMHRT	
norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew	2	FEMCON FE	QL(28 / 28)
norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew	2	GENERESS FE	QL(28 / 28)
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	QL(28 / 28)
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	QL(28 / 28)
NORTREL 0.5/35 (28) 0.5-35 mg-mcg tab	4		QL(28 / 28)
NORTREL 1/35 (21) 1-35 mg-mcg tab	4		QL(28 / 28)
NORTREL 1/35 (28) 1-35 mg-mcg tab	4		QL(28 / 28)
NORTREL 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
NYLIA 7/7/7 0.5/0.75/1-35 mg-mcg tab	4		QL(28 / 28)
NYMYO 0.25-35 mg-mcg tab	4		QL(28 / 28)
OCELLA 3-0.03 mg tab	4		QL(28 / 28)
PHILITH 0.4-35 mg-mcg tab	4		QL(28 / 28)
PIMTREA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
PORTIA-28 0.15-30 mg-mcg tab	4		QL(28 / 28)
PREFEST 1/1-0.09 mg (15/15) tab	4		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	3		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	3		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		
QUARTETTE 42-21-21-7 days tab	4		QL(91 / 91)
RECLIPSEN 0.15-30 mg-mcg tab	4		QL(28 / 28)
RIVELSA 42-21-21-7 days tab	4		QL(91 / 91)
SAFYRAL 3-0.03-0.451 mg tab	4		QL(28 / 28)
SEASONIQUE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
SETLAKIN 0.15-0.03 mg tab	4		QL(91 / 91)
SIMLIYA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
SIMPESSE 0.15-0.03 & 0.01 mg tab	4		QL(91 / 91)
SPRINTEC 28 0.25-35 mg-mcg tab	4		QL(28 / 28)

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SRONYX 0.1-20 mg-mcg tab	4		QL(28 / 28)
SYEDA 3-0.03 mg tab	4		QL(28 / 28)
TARINA 24 FE 1-20 mg-mcg(24) tab	4		QL(28 / 28)
TARINA FE 1/20 EQ 1-20 mg-mcg tab	4		QL(28 / 28)
TAYSOFY 1-20 mg-mcg(24) cap	4		
TAYTULLA 1-20 mg-mcg(24) cap	4		
TILIA FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI-ESTARYLLA 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LEGEST FE 1-20/1-30/1-35 mg-mcg tab	4		QL(28 / 28)
TRI-LINYAH 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-LO-ESTARYLLA 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-MARZIA 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-MILI 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-LO-SPRINTEC 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TRI-MILI 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-NYMYO 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-SPRINTEC 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRIVORA (28) 50-30/75-40/ 125-30 mcg tab	4		QL(28 / 28)
TRI-VYLIBRA 0.18/0.215/0.25 mg-35 mcg tab	4		QL(28 / 28)
TRI-VYLIBRA LO 0.18/0.215/0.25 mg-25 mcg tab	4		QL(28 / 28)
TWIRLA 120-30 mcg/24hr tdkw patch	4		
TYBLUME 0.1-20 mg-mcg tab chew	4		
TYDEMY 3-0.03-0.451 mg tab	4		QL(28 / 28)
VAGIFEM 10 mcg vag tab	4		
VELIVET 0.1/0.125/0.15 -0.025 mg tab	4		QL(28 / 28)
VESTURA 3-0.02 mg tab	4		QL(28 / 28)
VIENVA 0.1-20 mg-mcg tab	4		QL(28 / 28)
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
VIVELLE-DOT 0.025 mg/24hr tdkw patch, 0.0375 mg/24hr tdkw patch,	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch			
VOLNEA 0.15-0.02/0.01 mg (21/5) tab	4		QL(28 / 28)
VYFEMLA 0.4-35 mg-mcg tab	4		QL(28 / 28)
VYLIBRA 0.25-35 mg-mcg tab	4		QL(28 / 28)
WERA 0.5-35 mg-mcg tab	4		QL(28 / 28)
WYMZYA FE 0.4-35 mg-mcg tab chew	4		QL(28 / 28)
XULANE 150-35 mcg/24hr tdwk patch	4		QL(28 / 28)
YASMIN 28 3-0.03 mg tab	4		QL(28 / 28)
YAZ 3-0.02 mg tab	4		QL(28 / 28)
YUVAFEM 10 mcg vag tab	3		
ZAFEMY 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
ZOVIA 1/35 (28) 1-35 mg-mcg tab	4		QL(28 / 28)
ZUMANDIMINE 3-0.03 mg tab	4		QL(28 / 28)
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AFTERA 1.5 mg tab	4		
AFTERPILL 1.5 mg tab	4		QL(28 / 28)
AYGESTIN 5 mg tab	4		
CAMILA 0.35 mg tab	4		QL(28 / 28)
CRINONE 4 % vag gel	4		PA
CRINONE 8 % vag gel	5		
CURAE 1.5 mg tab	4		QL(28 / 28)
DEBLITANE 0.35 mg tab	4		QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	4		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	4		QL(1 / 90)
ECONTRA ONE-STEP 1.5 mg tab	4		
<i>ec-rx progesterone 10 % td crm, 20 % td crm</i>	4		
ELLA 30 mg tab	4		
ENDOMETRIN 100 mg vag insert	5		
ERRIN 0.35 mg tab	4		QL(28 / 28)
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	4		PA
HEATHER 0.35 mg tab	4		QL(28 / 28)
HER STYLE 1.5 mg tab	4		QL(28 / 28)
INCASSIA 0.35 mg tab	4		QL(28 / 28)
JENCYCLA 0.35 mg tab	4		QL(28 / 28)
KYLEENA 19.5 mg iud	5		
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>levonorgestrel 1.5 mg tab</i>	4	PLAN B ONE-STEP	QL(28 / 28)
LILETTA (52 MG) 20.1 mcg/day iud	5		
LYLEQ 0.35 mg tab	4		QL(28 / 28)
LYZA 0.35 mg tab	4		QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	2	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	5		QL(1 / 2555)
MY CHOICE 1.5 mg tab	4		
MY WAY 1.5 mg tab	4		
NEW DAY 1.5 mg tab	4		QL(0 / 0)
NEXPLANON 68 mg sc implant	4		QL(1 / 1095)
NORA-BE 0.35 mg tab	4		QL(28 / 28)
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	
NORLYROC 0.35 mg tab	4		QL(28 / 28)
OPCICON ONE-STEP 1.5 mg tab	4		
OPTION 2 1.5 mg tab	4		
PLAN B ONE-STEP 1.5 mg tab	4		QL(28 / 28)
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
<i>progesterone micronized 10 % td crm</i>	1		
PROMETRIUM 100 mg cap, 200 mg cap	4		PA
PROVERA 10 mg tab, 2.5 mg tab, 5 mg tab	4		
REACT 1.5 mg tab	4		
SHAROBEL 0.35 mg tab	4		QL(28 / 28)
SKYLA 13.5 mg iud	5		
SLYND 4 mg tab	4		
TAKE ACTION 1.5 mg tab	4		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
EVISTA 60 mg tab	4		
OSPHENA 60 mg tab	4		
<i>raloxifene hcl 60 mg tab</i>	2	EVISTA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	4		
EUTHYROX 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
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 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap</i>	1	TIROSINT	
LEVOXYL 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4		
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	4		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
THYQUIDITY 100 mcg/5ml soln	4		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap, 75 mcg cap, 88 mcg cap	4		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	4		
UNITHROID 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		
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 (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
ISTURISA 1 mg tab, 5 mg tab	5		
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
FENSOLVI (6 MONTH) 45 mg sc kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FIRMAGON 80 mg sc soln	6		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	6		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	6	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit, 30 mg im kit	5		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		PA
MYFEMBREE 40-1-0.5 mg tab	4		
ORIAHNN 300-1-0.5 & 300 mg cap pack	4		
ORILISSA 150 mg tab, 200 mg tab	5		PA
SUPPRELIN LA 50 mg sc kit	6		
SYNAREL 2 mg/ml nasal soln	5		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	6		
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		
<i>sodium iodide i-131 1000 mci/ml soln</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			
BERINERT 500 unit iv kit	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CINRYZE 500 unit iv soln	6		
FIRAZYR 30 mg/3ml sc soln pfs	6		
HAEGARDA 2000 unit sc soln, 3000 unit sc soln	6		
icatibant acetate 30 mg/3ml sc soln pfs	6		
KALBITOR 10 mg/ml sc soln	6		
ORLADEYO 110 mg cap, 150 mg cap	5		PA
RUCONEST 2100 unit iv soln	6		
TAKHZYRO 300 mg/2ml sc soln	6		
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
adalimumab-adbm (2 pen) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
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	5		PA
adalimumab-adbm(cd/uc/hs strt) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
adalimumab-adbm(ps/uv starter) 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
AMJEVITA 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	5		PA
AMJEVITA-PED 10KG TO <15KG 10 mg/0.2ml sc soln pfs	5		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs	5		PA
AVSOLA 100 mg iv soln	6		PA
AZASAN 100 mg tab, 75 mg tab	4		PA
azathioprine 100 mg tab, 75 mg tab	1	AZASAN	PA
azathioprine 50 mg tab	2	IMURAN	PA
azathioprine sodium 100 mg inj soln	1	IMURAN	PA
CIMZIA 2 X 200 mg sc kit	6		PA
CIMZIA (2 SYRINGE) 200 mg/ml sc pfs kit	6		PA
CIMZIA STARTER KIT 6 X 200 mg/ml sc pfs kit	6		PA
cyclosporine 100 mg cap, 25 mg cap	5	SANDIMMUNE	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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 (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO (2 SYRINGE) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs 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
ELIDEL 1 % crm	4		
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	5		PA
ENBREL MINI 50 mg/ml sc soln cart	5		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA
<i>everolimus 1 mg tab</i>	5	ZORTRESS	
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	5	ZORTRESS	PA
GENGRAF 100 mg cap, 25 mg cap	6		PA
GENGRAF 100 mg/ml soln	6		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	5		PA
HADLIMA PUSH TOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	5		PA
HUMIRA (2 PEN) 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40mg/0.4ml sc pfs kit	5		PA
HUMIRA-PED>=40KG CROHNS START 80 mg/0.8ml sc pfs kit	5		PA
HUMIRA-PED>=40KG UC STARTER 80 mg/0.8ml sc pen-inj kit	5		PA
HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	5		PA
IMURAN 50 mg tab	4		PA
INFLECTRA 100 mg iv soln	6		PA
<i>infliximab 100 mg iv soln</i>	5		PA
LUPKYNIS 7.9 mg cap	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
OLUMIANT 1 mg tab, 2 mg tab	6		PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
OTREXUP 10 mg/0.4ml sc soln auto-inj, 12.5 mg/0.4ml sc soln auto-inj, 15 mg/0.4ml sc soln auto-inj, 17.5 mg/0.4ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.4ml sc soln auto-inj, 25 mg/0.4ml sc soln auto-inj	5		
<i>pimecrolimus 1 % crm</i>	2	ELIDEL	
PROGRAF 0.2 mg pckt	6		
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj			
REDITREX 10 mg/0.4ml sc soln pfs, 12.5 mg/0.5ml sc soln pfs, 15 mg/0.6ml sc soln pfs, 17.5 mg/0.7ml sc soln pfs, 20 mg/0.8ml sc soln pfs, 22.5 mg/0.9ml sc soln pfs, 25 mg/ml sc soln pfs, 7.5 mg/0.3ml sc soln pfs	5		
REMICADE 100 mg iv soln	6		PA
RENFLEXIS 100 mg iv soln	5		PA
REZUROCK 200 mg tab	6		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	5		PA
SANDIMMUNE 100 mg/ml soln	4		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	6		PA
SIMPONI ARIA 50 mg/4ml iv soln	6		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	5	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	6	PROGRAF	PA
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	2	PROTOPIC	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	6		
XATMEP 2.5 mg/ml soln	6		PA
XELJANZ 1 mg/ml soln	5		
XELJANZ 10 mg tab, 5 mg tab	5		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA
ZORTRESS 1 mg tab	6		
Immunoglobulins- Immune System Drugs [Inmunoglobulinas - Medicamentos Para El Sistema Inmune]			
ANAVIP iv soln	4		
<i>antivenin Iatrodoctus mactans inj kit</i>	5		
<i>antivenin micrurus fulvius iv soln</i>	5		
ASCENIV 5 gm/50ml iv soln	6		
CROFAB iv soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CUTAQUIG 1 gm/6ml sc soln, 1.65 gm/10ml sc soln, 2 gm/12ml sc soln, 3.3 gm/20ml sc soln, 4 gm/24ml sc soln, 8 gm/48ml sc soln	6		
CUVITRU 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	6		
<i>dust mite mixed allergen ext 10000 au/ml sc soln</i>	6		
HEPAGAM B 312 unit/ml inj soln	6		
HIZENTRA 1 gm/5ml sc soln, 1 gm/5ml sc soln pfs, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 2 gm/10ml sc soln pfs, 4 gm/20ml sc soln, 4 gm/20ml sc soln pfs	6		
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln	6		
HYPERRAB 1500 unit/5ml inj soln, 300 unit/ml inj soln, 900 unit/3ml inj soln	6		
HYPERTET 250 unit/ml im soln pfs	6		
IMOGAM RABIES-HT 300 unit/2ml inj soln	6		
<i>kedrab 300 unit/2ml inj soln</i>	6		
<i>mixed feathers 1:20 sc soln</i>	6		
NABI-HB 312 unit/ml im soln	6		
OCTAGAM 30 gm/300ml iv soln	6		
ODACTRA 12 sq-hdm tab subl	6		
ORALAIR 300 ir tab subl	6		
ORALAIR ADULT STARTER PACK 300 ir tab subl	6		
ORALAIR CHILDRENS STARTER PACK 100 ir tab subl	6		
PANZYGA 1 gm/10ml iv soln, 10 gm/100ml iv soln, 2.5 gm/25ml iv soln, 20 gm/200ml iv soln, 30 gm/300ml iv soln, 5 gm/50ml iv soln	6		
THYMOGLOBULIN 25 mg iv soln	4		PA
VARIZIG 125 unit/1.2ml im soln	6		
XEMBIFY 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	6		
Immunological Agents, Other- Immune System Drugs [Agentes Inmunológicos, Otros Medicamentos Para El Sistema Inmunitario]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ARCALYST 220 mg sc soln	6		PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA
COSENTYX 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	5		
EMPAVELI 1080 mg/20ml sc soln	5		
GAMIFANT 10 mg/2ml iv soln, 100 mg/20ml iv soln, 50 mg/10ml iv soln	6		
ILARIS 150 mg/ml sc soln	4		PA
ILUMYA 100 mg/ml sc soln pfs	6		
KINERET 100 mg/0.67ml sc soln pfs	6		
<i>methoxsalen rapid 10 mg cap</i>	6	OXSORALEN-ULTRA	
NUDERMRXPAK 120 0.005-5 % ext pack	4		
NUDERMRXPAK 60 0.005-5 % ext pack	4		
OPZELURA 1.5 % crm	6		
SAPHNELO 300 mg/2ml iv soln	6		
SILIQ 210 mg/1.5ml sc soln pfs	6		
SKYRIZI 150 mg/ml sc soln pfs	5		
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		
SOLIRIS 300 mg/30ml iv soln	6		
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		
SYLVANT 100 mg iv soln, 400 mg iv soln	6		
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	6		
TAVNEOS 10 mg cap	6		
TREMFYA 100 mg/ml sc soln pen-inj, 100 mg/ml sc soln pfs	6		
ULTOMIRIS 1100 mg/11ml iv soln, 300 mg/3ml iv soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XOLAIR 150 mg sc soln	5		
XOLAIR 150 mg/ml sc soln pfs, 75 mg/0.5ml sc soln pfs	5		
ZOKINVY 50 mg cap, 75 mg cap	6		
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	6		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	6		PA
ARAVA 10 mg tab, 20 mg tab	4		
ENTYVIO 300 mg iv soln	6		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	6		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	6		PA
PROVENGE 50000000 cells iv susp	6		PA
RIDAURA 3 mg cap	4		
SIMULECT 10 mg iv soln, 20 mg iv soln	4		PA
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	6		PA
ZINPLAVA 1000 mg/40ml iv soln	5		
Immunostimulants- Immune System Drugs [Inmunoestimulantes - Medicamentos Para El Sistema Inmunitario]			
FULPHILA 6 mg/0.6ml sc soln pfs	6		
GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml sc soln	6		
NEULASTA 6 mg/0.6ml sc soln pfs	6		PA
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	6		
NEUPOGEN 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	6		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA
NYVEPRIA 6 mg/0.6ml sc soln pfs	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UDENYCA 6 mg/0.6ml sc soln pfs	6		
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
ZIEXTENZO 6 mg/0.6ml sc soln pfs	5		PA
Vaccines [Vacunas]			
<i>bcg vaccine 50 mg inj soln</i>	5		
BIOTHRAX im susp	4		
COMIRNATY 30 mcg/0.3ml im susp, 30 mcg/0.3ml im susp pfs	4		
FLUAD 0.5 ml im susp pfs	4		
FLUAD QUADRIVALENT 0.5 ml im pfs	4		
FLUBLOK QUADRIVALENT 0.5 ml im soln pfs	4		
FLUCELVAX QUADRIVALENT im susp	4		
IMOVAX RABIES 2.5 unit/ml im susp	4		
IXIARO im susp	4		
MENQUADFI im soln	4		
<i>novavax covid-19 vaccine 5 mcg/0.5ml im susp</i>	4		
SPIKEVAX 50 mcg/0.5ml im susp, 50 mcg/0.5ml im susp pfs	4		
TYPHIM VI 25 mcg/0.5ml im soln, 25 mcg/0.5ml im soln pfs	4		
VAXCHORA susp	4		
VAXELIS im susp, im susp pfs	6		
VIVOTIF cap dr	4		
YF-VAX sc inj	4		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
APRISO 0.375 gm cap er 24 hr	4		
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
CANASA 1000 mg rect supp	4		
COLAZAL 750 mg cap	4		
DELZICOL 400 mg cap dr	4		
DIPENTUM 250 mg cap	4		
LIALDA 1.2 gm tab dr	4		
<i>mesalamine 800 mg tab dr</i>	2	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1	APRISO	
<i>mesalamine er 500 mg cap er</i>	2	PENTASA	
PENTASA 250 mg cap er, 500 mg cap er	4		
ROWASA 4 gm rect kit	4		
SFROWASA 4 gm/60ml rect enema	4		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 2 mg/act rect foam</i>	1		
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	PA
<i>budesonide er 9 mg tab er 24 hr</i>	1	UCERIS	
CORTENEMA 100 mg/60ml rect enema	4		
CORTIFOAM 10 % foam	4		
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
UCERIS 9 mg tab er 24 hr	4		
UCERIS 2 mg/act rect foam	4		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
AZULFIDINE 500 mg tab	4		
AZULFIDINE EN-TABS 500 mg tab dr	4		
<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)]			
ACTONEL 150 mg tab, 35 mg tab	4		
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	
ATELVIA 35 mg tab dr	4		
BINOSTO 70 mg tab eff	4		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	2	MIACALCIN	
<i>calcitonin (salmon) 200 unit/ml inj soln</i>	5	MIACALCIN	
<i>calcitriol 1 mcg/ml iv soln</i>	1	CALCIJEX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	2	ROCALTROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	2	SENSIPAR	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	2	HECTOROL	
<i>doxercalciferol 4 mcg/2ml iv soln</i>	2	HECTOROL	
EVENITY 105 mg/1.17ml sc soln pfs	6		
FORTEO 600 mcg/2.4ml sc soln pen-inj	6		PA
FOSAMAX 70 mg tab	4		
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	4		
HECTOROL 4 mcg/2ml iv soln	5		
<i>ibandronate sodium 150 mg tab</i>	2	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	5	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	6		
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	6		PA
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
PARSABIV 10 mg/2ml iv soln, 2.5 mg/0.5ml iv soln, 5 mg/ml iv soln	6		
PROLIA 60 mg/ml sc soln pfs	6		PA
RAYALDEE 30 mcg cap er	4		
RECLAST 5 mg/100ml iv soln	6		
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	2	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	2	ATELVIA	ST
ROCALtrol 0.25 mcg cap, 0.5 mcg cap	4		
ROCALtrol 1 mcg/ml soln	4		
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	4		
<i>teriparatide 600 mcg/2.4ml sc soln pen-inj</i>	5		PA
<i>teriparatide (recombinant) 600 mcg/2.4ml sc soln pen-inj</i>	5		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	6		PA
XGEVA 120 mg/1.7ml sc soln	6		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZEMPLAR 2 mcg/ml iv soln, 5 mcg/ml iv soln	4		
ZEMPLAR 1 mcg cap, 2 mcg cap	4		PA
zoledronic acid 5 mg/100ml iv soln	5	RECLAST	PA
zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc	5	ZOMETA	PA
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ml misc	1		
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
14-count warmer misc	4		
1st base crm	4		
1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
3-in-1 bedside toilet misc	4		
ABOUTTIME PEN NEEDLE 30G X 8 MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ACCU-CHEK LINKASSIST misc	4		
ACCU-CHEK PLASTIC CARTRIDGE misc	4		
ACCU-CHEK SPIRIT CARTRIDGE misc	4		
ACCU-CHEK TENDER 1 INFUSION kit	4		
ACCU-CHEK TENDER I SET 24" misc	4		
ACCU-CHEK TENDER I SET 31" misc	4		
ACCU-CHEK ULTRAFLEX INF SET misc	4		
ACCU-CHEK ULTRAFLEX-1 INF SET misc	4		
ACE AEROSOL CLOUD ENHANCER misc	4		
aceso ag 4"X4" pad	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ACTIFOAM COLLAGEN SPONGE ext misc	4		
ACTIMARIS WOUND gel	4		
ACU-LIFE CRUSHER/CONTAINER misc	4		
ADA shampoo	4		
<i>adapter cap misc</i>	1		
ADD-VANTAGE ADDAPTOR CONNECTOR misc	4		
<i>adjust bath/shower seat misc</i>	4		
<i>adjust bath/shower seat/back misc</i>	4		
<i>adjust fold cane/york handle misc</i>	4		
<i>adjustable aluminum cane misc</i>	4		
<i>adjustable aluminum cane 3/4" misc</i>	4		
<i>adjustable aluminum cane 5/8" misc</i>	4		
<i>adjustable aluminum cane 7/8" misc</i>	4		
<i>adjustable commode 3-in-1 misc</i>	4		
<i>adjustable folding cane misc</i>	4		
<i>adult mask dev</i>	1		
<i>adult push button alum crutch misc</i>	4		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	2		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
AEROCHAMBER PLUS FLO-VU misc	4		
AEROCHAMBER PLUS FLO-VU LARGE misc	4		
AEROCHAMBER PLUS FLO-VU SMALL misc	4		
AEROCHAMBER PLUS FLO-VU W/MASK misc	4		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
ALCOH-GLOVE CONTOURED WIPE pad	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>alcoh-wipe sheet</i>	4		
ALEVE TENS REFILL PADS misc	4		
ALL-BODY MASSAGE misc	4		
<i>aloe vera oil</i>	1		
ALPAWASH oint	4		
ALPHAMOP FOAM REPLACEMENT PADS misc	4		
ALTADERM crm	4		
<i>aluminum blanket support misc</i>	4		
<i>aluminum flip off seals 13mm misc</i>	1		
<i>aluminum flip off seals 20mm misc</i>	1		
<i>amber glass bottle misc</i>	1		
<i>amber glass vials 2ml misc</i>	1		
<i>amber glass vials 2ml/13mm misc</i>	1		
<i>amber glass vials 30ml/20mm misc</i>	1		
AMEDA ADAPTER CAP misc	4		
AMEDA BREAST FLANGE INSERT misc	4		
AMEDA CUSTOMFIT BREAST FLANGE misc	4		
AMEDA DIAPHRAGMS misc	4		
AMEDA DUAL HYGIENIKIT SYSTEM misc	4		
AMEDA DUAL HYGIENIKIT W/ADAPT misc	4		
AMEDA ELITE BREAST PUMP misc	4		
AMEDA FINESSE BREAST PUMP misc	4		
AMEDA FLEXISHIELD misc	4		
AMEDA MYA JOY BREAST PUMP misc	4		
AMEDA MYA JOY BREAST PUMP/TOTE misc	4		
AMEDA ONE-HAND BREAST PUMP misc	4		
AMEDA PLATINUM BREAST PUMP misc	4		
AMEDA PURELY YOURS BREAST PUMP misc	4		
AMEDA SILICONE TUBING misc	4		
AMEDA TUBING ADAPTER misc	4		
AMEDA VALVES misc	4		
AMERIGEL WOUND DRESSING gel	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>amielle restore vag exercisers misc</i>	4		
AMIELLE VAGINAL TRAINER misc	4		
<i>amondys 45 100 mg/2ml iv soln</i>	6		
<i>anhydrous gel base gel</i>	1		
ARBEM H-COSMETIC crm	4		
ARBEM LIOPEN crm	4		
ARGYLE TRACH TUBE HOLDER misc	4		
ARIDA gel	4		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	2		
ASSURE ID PRO PEN NEEDLES 30G X 5 MM misc	1		
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	1		
ASTAMED MYO cap	6		
ATREVIS HYDROGEL crm	4		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	2		
<i>aum mini insulin pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	2		
<i>aum pen needle 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	2		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	2		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	2		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>autoclave air filter misc</i>	4		
<i>autoclave paper 36" x 36" misc</i>	1		
<i>autoclave printer paper misc</i>	4		
AUTOJECT 2 misc	4		
AUTOSOFT 30 INFUSION SET misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
AUTOSOFT 90 INFUSION SET misc	4		
AUTOSOFT XC INFUSION SET misc	4		
AUXIPRO VANISHING crm	4		
AVITENE pad	4		
AVO CREAM ext emul	4		
AVOSTARTGRIP misc	4		
az cream crm	4		
AZADROX gel	4		
baby fridge misc	4		
baby skin protectant 41 % oint	1		
bamboo cane misc	4		
bandage scissors misc	4		
bariatric aluminum cane misc	4		
BASADROX gel	4		
BASE PCCA CLARIFYING crm	4		
base w301 crm	1		
bath bench with back misc	4		
bath/shower seat misc	4		
bathtub safety rail misc	4		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD HYPODERMIC NEEDLE 18G X 1" misc	4		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	1		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ml misc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD PEN NEEDLE MICRO U/F 32G X 6 MM misc	1		
BD PEN NEEDLE MINI U/F 31G X 5 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	2		
BD PEN NEEDLE NANO U/F 32G X 4 MM misc	1		
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM misc	1		
BD PEN NEEDLE SHORT U/F 31G X 8 MM misc	1		
BD PHLEBOTOMY SHARPS COLLECTOR misc	1		
BD SAFE CLIP NEEDLE CLIPPER misc	4		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
BD SHARPS COLLECTOR misc	1		
<i>bd sharps container home misc</i>	1		
BD SHARPS DISPOSAL BY MAIL misc	1		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	1		
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
<i>bed wedge misc</i>	4		
<i>beutlich ph test roll misc</i>	4		
BIAFINE ext emul	4		
<i>bi-focal magnifier misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BIONECT 0.2 % crm, 0.2 % foam, 0.2 % gel	4		
<i>blood collection tube holder misc</i>	4		
<i>blood pressure smart card misc</i>	4		
<i>bmi digital smart scale misc</i>	4		
BOTOX COSMETIC 100 unit im soln, 50 unit im soln	4		
<i>bottle 120ml/spray/clr plastic misc</i>	1		
<i>bottle 2oz/blue glass/dropper misc</i>	1		
<i>bottle 500ml/boston round/cap misc</i>	1		
<i>bottle 8oz/boston round/cap misc</i>	1		
<i>bottle amber glass 33oz misc</i>	1		
<i>bottle amber graduated 16oz misc</i>	1		
<i>bottle amber graduated 8oz misc</i>	1		
<i>bottle/white 6oz w/twist top misc</i>	1		
<i>bottletop dispenser misc</i>	1		
<i>bottletop dispenser adapter misc</i>	1		
<i>breast pump misc</i>	4		
<i>breathe comfort nasal aspirato misc</i>	4		
<i>breathe comfort nasal irrigat misc</i>	4		
<i>breathe ease neb mask/child misc</i>	4		
<i>breathe ease neb mask/infant misc</i>	4		
<i>breathe ease pulse oximeter misc</i>	4		
BRIDION 200 mg/2ml iv soln, 500 mg/5ml iv soln	4		
<i>bubble point tester kit/wizard misc</i>	1		
<i>cane misc</i>	4		
<i>cane for blind folding misc</i>	4		
<i>cane holder misc</i>	4		
<i>cane tips misc</i>	4		
<i>cane tips 3/4" misc</i>	4		
<i>cane tips 7/8" misc</i>	4		
<i>cane tips for alum 3/4" misc</i>	4		
<i>cane tips for wood 3/4" misc</i>	4		
<i>cane tips for wood 5/8" misc</i>	4		
<i>cane tips for wood 7/8" misc</i>	4		
<i>cane wrist strap misc</i>	4		
<i>cane/offset handle misc</i>	4		
<i>cane/t-handle misc</i>	4		
<i>cantharidin 0.7 % ext soln</i>	1		
CARBOGEL 940 gel	4		
CARBOHOL 940 gel	4		
<i>carbomer aqueous gel</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
CARETOUCH 2 CPAP HOSE HANGER misc	4		
CARETOUCH CPAP & BIPAP HOSE misc	4		
CARETOUCH CPAP MASK WIPES misc	4		
CARETOUCH CPAP PRE-WASH SOLN misc	4		
CARETOUCH CPAP TUBE BRUSH misc	4		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
CARETOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 33G X 4 MM misc	1		
CARETOUCH PULSE OXIMETER misc	4		
CARETOUCH UNIVERSL CPAP FILTER misc	4		
CAREX COCCYX CUSHION misc	4		
CAREX ULTRA GRABBER 32" misc	4		
CAREX WHEELCHAIR misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CARNITOR 330 mg tab	4		
CARNITOR 1 gm/10ml soln, 200 mg/ml iv soln	4		
CARNITOR SF 1 gm/10ml soln	4		
CAYA vag diaph	4		QL(1 / 365)
cellpad sheet	4		
CEQUR SIMPLICITY 2U dev	4		
CEQUR SIMPLICITY INSERTER misc	6		
cervical pillow misc	4		
cervical pillow/cover misc	4		
cetyl myristoleate 20 % pwdr	1		
chemo transfer pin misc	4		
cherry syr	1		
cherry concentrate syr	1		
chloroform soln	1		
CHRYSADERM DAY crm	4		
CHRYSADERM NIGHT crm	4		
CINIS PREEMIE HALO LARGE misc	4		
CINIS PREEMIE HALO MEDIUM misc	4		
CINIS PREEMIE HALO SMALL misc	4		
classics rolling walker misc	4		
cleanroom tacky mat 18"x36" misc	1		
clear glass vial 10ml misc	1		
clear glass vials 2ml misc	1		
CLEODERM crm	4		
CLEVER CHOICE BMI SCALE misc	4		
CLEVER CHOICE BREAST PUMP misc	4		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
CLEVER CHOICE HEARING AMPLIFIE misc	4		
CLEVER CHOICE HYDROTHERAPY SYS misc	4		
clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
CLINERE EARWAX CLEANERS misc	4		
CLINERE EARWAX REMOVER misc	4		
CLIP & STOR misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>co monitor dev</i>	1		
<i>coatamax patch sheet</i>	4		
<i>cold seal blisters/large misc</i>	4		
COMAR PRESS-IN BOTTLE ADAPTERS misc	4		
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ml misc	1		
<i>comfort curve massage cushion misc</i>	4		
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	1		
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	2		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		
COMFORT FIT FLANGES LARGE misc	4		
COMFORT PERSONAL CLEANS CART misc	4		
COMFORT PERSONAL MICROWAVE misc	4		
COMFORT PERSONAL SHAMPOO CAP misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
COMFORT PERSONAL WARMER 14-CT misc	4		
COMFORT PERSONAL WARMER 28-CT misc	4		
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>commode misc</i>	4		
<i>commode 3-in-1 misc</i>	4		
<i>commode bedside misc</i>	4		
<i>commode bedside/back misc</i>	4		
<i>commode pail misc</i>	4		
<i>commode splash guard misc</i>	4		
COMPLETE NEEDLE COLLECTION SYS misc	1		
<i>compressor nebulizer misc</i>	1		
<i>condoms misc</i>	1		QL(12 / 30)
<i>contour back cushion misc</i>	4		
<i>contour fitted sheets misc</i>	4		
<i>contour mattress cover misc</i>	4		
CORETEXT 1 ml inj susp, 2 ml inj susp	6		
<i>corn (syrup) syr</i>	1		
<i>coverall boots/disposable/univ misc</i>	1		
<i>coverall w/hood/3xl misc</i>	1		
<i>coverall w/hood/small misc</i>	1		
<i>coverall w/hood/xl misc</i>	1		
<i>coverall w/hood/xxl misc</i>	1		
<i>coveralls elast back/wrst/ankl misc</i>	1		
<i>cream base crm</i>	1		
<i>cream base niosomes crm</i>	1		
<i>cream base with liposome crm</i>	1		
<i>cream concentrate crm</i>	1		
<i>cream-heavy base niosomes crm</i>	1		
<i>crutch misc</i>	4		
<i>crutch accessory kit misc</i>	4		
<i>crutch handgrips misc</i>	4		
<i>crutch pillows/arm/hand misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>crutch set misc</i>	4		
<i>crutch tips misc</i>	4		
<i>crutch underarm pads misc</i>	4		
<i>crutches-aluminum misc</i>	4		
CRUTCH-MATE ADULT ARM misc	4		
CRUTCH-MATE ADULT FOREARM misc	4		
CRUTCH-MATE ADULT HAND GRIP LG misc	4		
CRUTCH-MATE ADULT HAND GRIPS misc	4		
CURAFIL WOUND DRESSING gel	4		
<i>custom-flex misc</i>	4		
<i>cutis plus crm</i>	4		
<i>cvs alkaline batteries size aa misc</i>	4		
<i>cvs cane misc</i>	4		
<i>cvs crutches misc</i>	4		
<i>cvs diabetic organizer misc</i>	4		
<i>cvs ear plugs misc</i>	4		
<i>cvs gel grip folding cane misc</i>	4		
<i>cvs inflatable vinyl cushion misc</i>	4		
<i>cvs manuka honey wound gel</i>	4		
<i>cvs manuka honey wound gel</i>	4		
<i>cvs needle collection/disposal misc</i>	1		
<i>cvs pill splitter misc</i>	4		
<i>cvs pulse oximeter misc</i>	4		
<i>cvs quad cane misc</i>	4		
<i>cvs ready set go bath bench misc</i>	4		
<i>cvs reusable sheet protector misc</i>	4		
<i>cvs rubber cushion misc</i>	4		
<i>daily moisturizer 41 % oint</i>	1		
DEEP-TISSUE misc	4		
<i>deferoxamine mesylate 2 gm inj soln, 500 mg inj soln</i>	5	DESFERAL	
<i>dental guard misc</i>	4		
DENTEK PROF-FIT DENTAL GUARD misc	4		
<i>deodorant tubes 2.65oz-caps misc</i>	1		
DERPIXA gel	4		
DESFERAL 500 mg inj soln	6		
<i>desflurane inh soln</i>	1	SUPRANE	
<i>dial-a-dose syringe 15ml misc</i>	4		
<i>dial-a-dose syringe 30ml misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dial-a-dose syringe 60ml misc</i>	4		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
DIFFUSER ULTRA SONIC misc	4		
DIGIFAB 40 mg iv soln	4		
<i>digital glass scale misc</i>	4		
<i>digital scale/bluetooth misc</i>	4		
<i>dimethyl sulfoxide soln</i>	1		
DINAMAP MONITOR PROBE COVERS misc	4		
<i>disp single head stethoscope misc</i>	4		
<i>dispenser 50ml/foamer pump misc</i>	4		
<i>dispenser md jar 50ml misc</i>	4		
<i>dispenser md pen 6.5ml misc</i>	4		
<i>dispenser md pump 0.5ml misc</i>	4		
<i>dispenser md pump 1.0ml misc</i>	4		
<i>dispenser md pump 1.5ml misc</i>	4		
<i>dispenser md pump bottle 100ml misc</i>	4		
<i>dispenser md pump bottle 150ml misc</i>	4		
<i>dispenser md pump bottle 15ml misc</i>	4		
<i>dispenser md pump bottle 200ml misc</i>	4		
<i>dispenser md pump bottle 240ml misc</i>	4		
<i>dispenser md pump bottle 30ml misc</i>	4		
<i>dispenser md pump bottle 50ml misc</i>	4		
<i>dispenser md pump bottle 80ml misc</i>	4		
<i>dispenser md syringe 10ml misc</i>	4		
<i>dispenser md syringe 5ml misc</i>	4		
<i>dispenser megapump airless misc</i>	4		
<i>dispenser megapump mezzo rnd misc</i>	4		
DISPENSER TIP CAP/PRECISED DOSE misc	4		
<i>dispenser/md foamer misc</i>	1		
<i>disposable bulb/valve misc</i>	4		
<i>diverter valve misc</i>	4		
DOJOLVI 100 % liq	4		
<i>doprtainers 10ml misc</i>	4		
DOVER COMMODE SPECIMEN COLLECT misc	4		
DOVER MIDSTREAM SPECIMEN CATCH misc	4		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
<i>dropper & screw cap 4oz misc</i>	4		
<i>dropping bottle 30ml misc</i>	1		
<i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>dropsafe safety pen needles 31G X 5 MM misc</i>	2		
<i>droptainer tip caps misc</i>	4		
<i>droptainers ophthalmic 15ml misc</i>	4		
<i>droptainers ophthalmic 3ml misc</i>	4		
<i>droptainers ophthalmic 7ml misc</i>	4		
<i>drug mart unifine pentips 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	1		
<i>dual paddle folding walker misc</i>	4		
DUNLAP FOAM RING CUSHION misc	4		
DUNLAP INFLATABLE VINYL RING misc	4		
DUODOTE 2.1-600 mg im soln auto-inj	4		
DURABASE crm	4		
DURABASE ADVANCED crm	4		
DUREX EXTRA SENSITIVE THIN dev, misc	4		QL(12 / 30)
DUREX REALFEEL dev	4		QL(12 / 30)
DUREX TROPICAL misc	4		QL(12 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DYNAGEL 20 % gel	4		
ear wax removal/tri-stream tip misc	4		
earplugs misc	4		
EASIVENT misc	4		
EASIVENT MASK LARGE misc	4		
EASIVENT MASK MEDIUM misc	4		
EASIVENT MASK SMALL misc	4		
easy comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
easy comfort insulin syringe 31G X 5/16" 0.3 ml misc	2		
easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	1		
easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
easy comfort sharps container misc	1		
easy feed electric breast pump misc	4		
easy glide pen needles 33G X 4 MM misc	1		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" misc	4		
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" misc	4		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc	2		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	1		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASYPPOINT NEEDLE 18G X 1" misc	4		
EBASE CONTROLLER KIT misc	4		
ECO-SMARTFUNNEL 186ML misc	4		
<i>egg crate bed pad misc</i>	4		
<i>electrodes 2"x2"/reusable misc</i>	4		
<i>electrotherapy pain relief misc</i>	4		
ELON PROFESSIONAL NAIL CARE misc	4		
<i>elongated toilet seat elevator misc</i>	4		
ELOSHIELD FACE SHIELD misc	4		
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc	1		
EMBRACE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
EMOLIVAN crm	4		
<i>emollient base crm</i>	1		
<i>empty vial 3ml misc</i>	1		
ENDARI 5 gm pckt	5		
ENDO AVITENE ext misc	4		
<i>endoscopic delivery system misc</i>	4		
<i>endurance four leg seat cane misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ENDURANCE HD COMMODE misc	4		
ENLITE SERTER misc	4		
enovarx-amitriptyline 2 % ext kit	4		
EPICYN ext soln	4		
eq bath & shower seat/back misc	4		
eq crutches misc	4		
eq folding walker misc	4		
eq wheelchair folding black misc	4		
eql ear plugs/silicone misc	4		
eql insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
eql mustache/beard scissors misc	4		
eql skin care tool misc	4		
essentra wipes 9x9" 70 % sheet	4		
EVERYDAY PICK misc	4		
EXCEL-GEL gel	4		
extendable bedside rail misc	4		
eye/ear dropper misc	4		
E-Z LOCK RAISED TOILET SEAT misc	4		
EZY DOSE ADULT-LOCK PILL CUT misc	4		
EZY DOSE CUT N CRUSH misc	4		
EZY DOSE DELUXE PILL CUTTER misc	4		
EZY DOSE EZY CRUSH PILL CRUSH misc	4		
EZY DOSE MEDICINE CUPS misc	4		
EZY DOSE PILL CUTTER misc	4		
EZY DOSE PILL CUTTER ORIGINAL misc	4		
face shield misc	4		
face shield full length misc	4		
face shield full length/clear misc	4		
fagron ls plus crm	4		
fagron natural crm	4		
fagron supreme crm	4		
fall mat misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FANTASY LUBRICATED misc	4		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
<i>fashion cane/t-handle misc</i>	4		
FC2 FEMALE CONDOM misc	4		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	4		QL(1 / 365)
<i>fetal doppler misc</i>	4		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>filter 0.2 micron/25mm misc</i>	1		
<i>filter 0.2 micron/32mm misc</i>	1		
<i>filter 0.2 micron/47mm misc</i>	1		
<i>filter 0.22 micron/73mm/1000ml misc</i>	1		
<i>filter air pp misc</i>	1		
<i>filter attachment misc</i>	1		
<i>filter fluorodyne/0.22 micron misc</i>	4		
<i>filter/millex-gp/50mm/clear misc</i>	4		
FITALITE crm	4		
FLA ADJUST AIR ANKLE WALKER misc	4		
<i>flaortho walker misc</i>	4		
FLAVOR BLEND susp	4		
<i>flavor sweet syr</i>	4		
<i>flavor sweet-sf syr</i>	4		
<i>flex & go folding cane misc</i>	4		
<i>flex base crm</i>	4		
FLEX SHIELD WITH EAR LOOPS misc	4		
FLEX SHIELD WITH TIE STRINGS misc	4		
FLEX THERAPY misc	4		
FLEXICHAMBER dev	4		
FLEXICHAMBER ADULT MASK/SMALL misc	4		
FLEXICHAMBER CHILD MASK/LARGE misc	4		
FLEXICHAMBER CHILD MASK/SMALL misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>flight ear plugs misc</i>	4		
<i>foam chair cushion misc</i>	4		
<i>foam crutch pad misc</i>	4		
<i>foam cushion misc</i>	4		
<i>foam ear plugs misc</i>	4		
<i>foam invalid cushion misc</i>	4		
<i>foam ring 2" misc</i>	1		
FOAMIL ext liq	6		
<i>foil wrapper 3" x 3" misc</i>	4		
<i>folding cane misc</i>	4		
<i>folding commode misc</i>	4		
<i>folding paddle walker misc</i>	4		
<i>folding reacher misc</i>	4		
<i>folding seat cane misc</i>	4		
<i>folding walker misc</i>	4		
<i>folding walker/adult misc</i>	4		
<i>folding walking cane misc</i>	4		
<i>food color blue liq</i>	1		
<i>foot massager misc</i>	4		
FORA GATEWAY misc	4		
FORA GW9014 TELEHEALTH GATEWAY misc	4		
FORA TN'G SCALE 550 misc	4		
FORANE inh soln	4		
FREE SPIRIT KNEE/LEG WALKER misc	4		
<i>freedom adaptaderm crm</i>	4		
<i>freedom derma serum crm</i>	4		
FREEDOM DERMA-D crm	4		
FREEDOM DERMA-N crm	4		
FREESTYLE DOUBLE BREASTPUMP misc	4		
GELFILM ext film	4		
GELFOAM COMPRESSED SIZE 100 ext misc	4		
GELFOAM DENTAL PACK SIZE 4 ext misc	4		
GELFOAM SPONGE 12-7 mm ext misc	4		
GELFOAM SPONGE SIZE 100 ext misc	4		
GELFOAM SPONGE SIZE 200 ext misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
GELFOAM SPONGE SIZE 50 ext misc	4		
getgo rolling walker misc	4		
glass bottle 15ml misc	1		
glass bottle 30ml misc	1		
glass bottle 30ml/brush cap misc	1		
glass bottle 30ml/phenolic cap misc	1		
glass bottle 60ml misc	1		
glass serum bottles 20ml misc	1		
glass serum bottles 2ml misc	1		
glass serum bottles 30ml misc	1		
glass serum bottles 5ml misc	1		
glass vial 2ml misc	1		
glass vial amber 3ml misc	1		
GLEOLAN 1.5 gm soln	5		
global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
global ease inject pen needles 32G X 4 MM misc	2		
global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
global easy glide pen needles 32G X 4 MM misc	1		
global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc	1		
global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
<i>gnp assorted combs misc</i>	4		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>gnp deluxe pulse oximeter misc</i>	4		
<i>gnp digital weight scale misc</i>	4		
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	2		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	2		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	2		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	2		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	2		
<i>gnp nail clippers misc</i>	4		
<i>gnp pocket tissue misc</i>	4		
<i>gnp pulse oximeter misc</i>	4		
<i>gnp reacher 32" misc</i>	4		
<i>gnp tweezers slant tip misc</i>	4		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
GOJJI WEIGHT SCALE misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	1		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>graduated bottle 2oz misc</i>	1		
<i>graduated bottle 4oz misc</i>	1		
<i>grape syrup syr</i>	4		
<i>groove rolling walker misc</i>	4		
<i>hand held shower spray misc</i>	4		
<i>haproderm gel</i>	4		
HARMONY BREASTPUMP misc	4		
<i>head covers 24" misc</i>	1		
<i>head halter misc</i>	4		
<i>head halter over door traction misc</i>	4		
<i>head lice comb misc</i>	4		
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise micron pen needles 32G X 4 MM misc</i>	1		
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
HEAT THERAPY misc	4		
<i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
<i>heelboot large misc</i>	4		
<i>heelboot laundry bag misc</i>	4		
<i>heelboot liner large misc</i>	4		
<i>heelboot liner regular misc</i>	4		
<i>heelboot regular misc</i>	4		
<i>heelboot walk pad misc</i>	4		
HIBICLENS FOOT PEDAL misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HIBICLENS HAND PUMP 16OZ misc	4		
HIBICLENS HAND PUMP 32OZ misc	4		
HIBICLENS HAND PUMP GALLON misc	4		
HIBICLENS HAND PUMP NON FOAM misc	4		
HIBICLENS PUMP ASSEMBLY misc	4		
HIBICLENS WALL DISPENSER/FOOT misc	4		
HIBICLENS WALL DISPENSER/HAND misc	4		
<i>hm comfort foam ear plugs misc</i>	4		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	2		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
<i>home style bed rails misc</i>	4		
<i>hormone cr heavy base niosomes crm</i>	1		
<i>hormone cream base niosomes crm</i>	1		
<i>hot-cold therapy misc</i>	4		
HUMATROPEN FOR 12MG dev	4		
HUMATROPEN FOR 24MG dev	4		
HUMATROPEN FOR 6MG dev	4		
HURRICAIN DISPENSING CAP misc	4		
HURRICAIN LIQUID DISPENSER misc	4		
HURRICAIN SPR EXTENSION TUBES misc	4		
HURRIPAK PERIO IRRIGATION TIPS misc	4		
HURRIPAK PERIODONTAL ANESTHETI misc	4		
HURRYCANE FREEDOM EDITION CANE misc	4		
HYDROGEL gel	4		
<i>hydrous emulsified base crm</i>	4		
<i>hygel 2.5 % gel</i>	4		
<i>hypodermic needle 18G X 1" misc</i>	4		
ICY DIAMOND TOTE CANVAS misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ICY DIAMOND TOTE NON LEATHER misc	4		
ICY HOT TENS THERAPY REFILL misc	4		
<i>illusions aa breast prosthesis misc</i>	4		
<i>illusions c breast prosthesis misc</i>	4		
INBRIJA 42 mg inh cap	6		
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>indicator/biological test kit</i>	4		
<i>inflatable neck rest misc</i>	4		
<i>inhalation vial cap/blue misc</i>	1		
<i>inhalation vial cap/green misc</i>	1		
<i>inhalation vial cap/orange misc</i>	1		
<i>inhalation vial cap/red misc</i>	1		
<i>inhalation vial cap/white misc</i>	1		
<i>inhalation vial cap/yellow misc</i>	1		
<i>inhalation vial w/ cap/orange misc</i>	1		
<i>inhalation vial w/cap/blue misc</i>	1		
<i>inhalation vial w/cap/green misc</i>	1		
<i>inhalation vial w/cap/red misc</i>	1		
<i>inhalation vial w/cap/white misc</i>	1		
<i>inhalation vial w/cap/yellow misc</i>	1		
<i>inhalation vial w/o cap/amber misc</i>	1		
<i>inhalation work stat/50 holes misc</i>	1		
<i>inject-ease misc</i>	4		
INSPIREASE misc	4		
INSPIREASE RESERVOIR BAGS misc	4		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16"</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
insulin syringe-needle u-100 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
INSUPEN SENSITIVE 32G X 6 MM misc, 32G X 8 MM misc	1		
INSUPEN ULTRAFIN 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
INTERCEED pad	4		
INTRASITE GEL APPLIPAK gel	4		
iodine strong 5 % soln	1		
IODOFLEX 0.9 % pad	4		
isoflurane inh soln	1	FORANE	
itouch sure pelvic exerciser misc	4		
J & J ANTISEPTIC WIPES misc	4		
J & J INSTANT COLD PACK misc	4		
J & J TOURNIQUET misc	4		
jar/8oz/white lid misc	1		
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
journey series rolling walker misc	4		
jug amber glass 4l misc	1		
KABOOTI misc	4		
KABOOTI ICE misc	4		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
KANESON BREAST PUMP/NURSER misc	4		
KANGAROO RIGID CONTAINER misc	4		
kegel ball trainer misc	4		
kegel fit misc	4		
kegel toner pelvic trainer misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KERAGEL gel	4		
KERAGELT gel	4		
KERAMATRIX REPLICINE 10CMX10CM sheet	4		
KERAMATRIX REPLICINE 5CMX5CM sheet	4		
<i>ketamine hcl 100 mg Sublingual Troche</i>	1		
<i>ketamine hcl 30 mg/3ml inj soln pfs, 50 mg/5ml inj soln pfs</i>	2		
<i>ketamine hcl-sodium chloride 50-0.9 mg/5ml-% iv soln pfs</i>	1		
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	4		QL(12 / 30)
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kmart valu insulin syringe 30g U-100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>krisgel 100 gel</i>	1		
<i>kruger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kruger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>groger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	2		
<i>lab coat-disposable misc</i>	4		
<i>lab coat-disposable large misc</i>	1		
<i>lab coat-disposable medium misc</i>	1		
<i>lab coat-disposable small misc</i>	1		
<i>lab coat-disposable xl misc</i>	1		
<i>lab coat-disposable xxl misc</i>	1		
<i>ladycare menopause misc</i>	4		
<i>lanolin anhydrous oint</i>	1		
LANSINOH BREASTFEEDING PILLOW misc	4		
LANSINOH BREASTMILK COLLECTOR misc	4		
LANSINOH EXTRA PUMPING SET misc	4		
LANSINOH MANUAL BREAST PUMP misc	4		
LANSINOH POSTPART WASH BOTTLE misc	4		
LANSINOH PUMP ADAPTERS misc	4		
LANSINOH SMART PUMP TOTE BAGS misc	4		
LANSINOH SMARTPUMP misc	4		
LANSINOH SMARTPUMP 2.0 misc	4		
LATCH ASSIST NIPPLE EVERTER misc	4		
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>lecithin oral gr</i>	1		
<i>lecithin organogel gel</i>	1		
<i>levocarnitine 200 mg/ml iv soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	CARNITOR	
<i>levocarnitine sf 1 gm/10ml soln</i>	1	CARNITOR	
LIOPEN ABSORPTION ENHANCING crm	4		
<i>lip balm base oint</i>	1		
<i>lipo cream base crm</i>	4		
LIPOBASE crm	1		
LIPOCREAM BASE crm	4		
<i>lipolayer crm</i>	4		
<i>lipopen ultra base crm</i>	4		
<i>liposomal heavy crm</i>	4		
<i>liposomal regular crm</i>	4		
LIPOZYME crm	4		
LITE'N UP 50 misc	4		
LITE'N UP 90 misc	4		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		
<i>los yankauer holder misc</i>	4		
LUCEMYRA 0.18 mg tab	4		
<i>luer tip cap tray misc</i>	4		
<i>lullaby dbl elect breast pump misc</i>	4		
<i>lumbar cushion misc</i>	4		
<i>lumbar support cushion misc</i>	4		
LUXAMEND crm	4		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
<i>magnifier hands-free misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
<i>massager misc</i>	4		
<i>mattress cover misc</i>	4		
<i>mattress pad misc</i>	4		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	1		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
<i>mazerustar mixer/mix container misc</i>	4		
MEDELA DOUBLE BREAST PUMP misc	4		
MEDELA LACTINA DOUBLE PUMPING misc	4		
MEDELA PUMP IN STYLE misc	4		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>medicine dropper misc</i>	4		
<i>medicine dropper/calibrated misc</i>	4		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	1		
<i>medicine shoppe pen needles 31G X 8 MM misc</i>	2		
<i>medicine spoon misc</i>	4		
MEDI-COOLER misc	4		
MEDIDERM crm	4		
MEDI-FRIDGE IIX misc	4		
<i>medi-rdt blister packs misc</i>	4		
<i>medneb neb-with dispo neb kit misc</i>	4		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	2		
<i>metal reacher misc</i>	4		
<i>metered nasal spray pump 15ml misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
METHERGINE 0.2 mg tab	4		
<i>methohexital sodium 100 mg/10ml iv soln pfs</i>	1		
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
MICROCLENS WALL MOUNT BRACKET misc	4		
<i>microderm base crm</i>	4		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
MICROSOME BASE crm	4		
MINI COMPRESSOR misc	4		
MINI DIFFUSER misc	4		
<i>mini mallet 3/4" plastic misc</i>	4		
<i>mini transfer pin misc</i>	4		
MINIMED MIO ADVANCE INFUSE SET misc	4		
MINIMED PUMP RESERVOIR 3ML misc	4		
MINIMED QUICK SET INF SET 18" misc	4		
MINIMED QUICK SET INF SET 23" misc	4		
MINIMED QUICK SET INF SET 32" misc	4		
MINIMED QUICK SET INF SET 43" misc	4		
<i>mitomycin pwdr</i>	5		
MITOSOL 0.2 mg ophth kit	4		
<i>mixer/mazerustar emp jar adp misc</i>	1		
<i>mixer/mazerustar kk-250s-300ss misc</i>	1		
<i>mixer/mazerustar kk-300ss misc</i>	1		
<i>mixer/mazerustar kk-400w misc</i>	1		
<i>mixer/mazerustar md pump adp misc</i>	1		
<i>mixer/mazerustar/jar adp set misc</i>	1		
<i>mixer/mazerustar/jar mxing adp misc</i>	1		
<i>mixer/mazerustar/unodose adapt misc</i>	1		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>mn8 misc</i>	4		
MOIST-SURE REPLACEMENT COVER/L misc	4		
MOIST-SURE REPLACEMENT COVER/M misc	4		
MOIST-SURE REPLACEMENT COVER/P misc	4		
MOISTUREPLUS COVER LARGE misc	4		
MOISTUREPLUS COVER/MEDIUM misc	4		
MOISTUREPLUS COVER/PETITE misc	4		
MONOJECT BLOOD COLLECTION SET misc	4		
MONOJECT BLOOD COLLECTION TUBE misc	4		
MONOJECT HYPODERMIC NEEDLE 18G X 1" misc	4		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	1		
MONOJECT MAGELLAN SAFETY NDL 18G X 1" misc, 18G X 1-1/2" misc, 19G X 1" misc, 19G X 1-1/2" misc, 20G X 1" misc, 20G X 1-1/2" misc, 21G X 1" misc, 21G X 1-1/2" misc, 21G X 5/8" misc, 22G X 1" misc, 22G X 1-1/2" misc, 23G X 1" misc, 23G X 5/8" misc, 25G X 1" misc, 25G X 5/8" misc	4		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc			
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>mucosal atomization device misc</i>	4		
MULTIBASE crm	4		
MX-SOL syr	4		
MX-SOL BLEND susp	4		
MX-SOL BLEND SF susp	4		
MX-SOL SF syr	4		
MX-SOL SUSPEND susp	4		
<i>nail polish bottle/brush 15ml misc</i>	4		
<i>nailit misc</i>	4		
NASADOCK misc	4		
<i>nasal spray metered pump misc</i>	4		
<i>natural wood cane misc</i>	4		
<i>natural wood walking stick misc</i>	4		
NATURESPIRIT misc	4		
NEXCARE COMFORT FOAM EAR PLUGS misc	4		
NEXCARE REUSABLE EAR PLUGS misc	4		
NG SECURE misc	4		
NIX ELECTRONIC LICE COMB misc	4		
NIX METAL TWO-SIDED COMB misc	4		
NOKOR VENTED NEEDLE 18G X 1" misc	4		
NORDIPEN 5 INJECTION DEVICE misc	4		
NORDIPEN DELIVERY SYSTEM misc	4		
<i>nouri auto misc</i>	4		
<i>nouri duo misc</i>	4		
NOURILITE crm	4		
NOURIVAN ANTIOX BASE crm	4		
<i>nova bath seat misc</i>	4		
<i>nova cushion gel seat pad misc</i>	4		
<i>nova quad tip-four prongs misc</i>	4		
NOVAFILM gel	4		
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
iv soln, 3000 unit iv soln, 500 unit iv soln			
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM misc	1		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
NOVOPEN ECHO dev	4		
<i>nuaskin facial scrubber misc</i>	4		
<i>nuaskin skin tag remover misc</i>	4		
<i>nuaskin vacuum pro misc</i>	4		
NU-GEL gel	4		
<i>nvzzler pro double breast pump misc</i>	4		
<i>nvzzler single breast pump misc</i>	4		
OASIS ULTRA MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	4		
OASIS ULTRA TRI-LAYER MATRIX 5X7CM sheet, 7X10CM sheet, 7X20CM sheet	4		
OASIS WOUND MATRIX FENESTRATED 3X3.5CM sheet, 3X7CM sheet	4		
OCCLUVAN oint	4		
<i>offset cane misc</i>	4		
<i>ointment tube/metal 1oz misc</i>	1		
<i>ointment tube/metal 2oz misc</i>	1		
<i>ointment tube/metal 4oz misc</i>	1		
<i>ointment tube/opth tip 1/8oz misc</i>	1		
<i>ointment tube/plastic 1oz misc</i>	1		
<i>ointment tube/plastic 2oz misc</i>	1		
<i>ointment tube/plastic 4oz misc</i>	1		
<i>ointment tube/plastic 6oz misc</i>	1		
<i>ointment tube/plastic 8oz misc</i>	1		
OMEGAVEN 10 gm/100ml iv emul, 5 gm/50ml iv emul	6		
OMNIBASE crm	4		
OMNIFLEX DIAPHRAGM vag diaph	4		QL(1 / 365)
<i>one ounce medicine cups misc</i>	4		
ONE-DAY-AT-A-TIME PLANNER misc	4		
ORA-BLEND susp	4		
ORA-BLEND SF susp	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>oral dose syringe misc</i>	4		
<i>oral endotracheal device misc</i>	4		
<i>oral medicine dropper misc</i>	4		
ORAL MIX susp	4		
ORAL MIX SF susp	4		
<i>oral suspend liq</i>	4		
<i>oral syringe/brush misc</i>	4		
<i>oral syrup syr</i>	4		
<i>oral syrup sf syr</i>	4		
ORAPENN SD ANHYD SWEETENED liq	4		
ORAPENN SD ANHYD UNSWEETEN liq	4		
ORA-PLUS liq	4		
ORA-SWEET syr	4		
ORA-SWEET SF syr	4		
ORIG MCKENZIE CERVICAL ROLL misc	4		
<i>o-ring cushion misc</i>	4		
<i>orphenadrine citrate 30 mg/ml inj soln</i>	2	NORFLEX	
OXBRYTA 500 mg tab	5		
<i>oxytocin-lactated ringers 30 unit/500ml iv soln</i>	1		
<i>oxytocin-sodium chloride 20-0.9 unit/l-% iv soln</i>	1		
PANHEMATIN 350 mg iv soln	6		
PARADIGM PUMP RESERVOIR 1.8ML misc	4		
PARADIGM PUMP RESERVOIR 3ML misc	4		
PARADIGM SILHOUETTE COMBO 23" misc	4		
PARADIGM SILHOUETTE COMBO 43" misc	4		
PARAGARD INTRAUTERINE COPPER iud	5		PA, QL(1 / 3650)
PARI ALTERA NEBULIZER HANDSET misc	4		
PARI ALTERA NEBULIZER SYSTEM misc	4		
PARI BABY CONVERSION KIT misc	4		
PARI ERAPID NEBULIZER HANDSET misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PARI ERAPID NEBULIZER SYSTEM misc	4		
PARI LC PLUS NEB SET PED MASK misc	4		
PARI LC PLUS NEBULIZER misc	4		
PARI LC PLUS VIOS PRO NEB misc	4		
PARI LC SPRINT NEBULIZER SET misc	4		
PARI PRONEB MAX LC PLUS misc	4		
PARI PRONEB MAX LC SPRINT misc	4		
PARI SINUS AEROSOL SYSTEM misc	4		
PARI TREK S COMBO PACK dev	4		
PARI TREK S W/12V DC ADAPTOR dev	4		
PARI VIOS PRO LC PLUS SYSTEM misc	4		
PARI VIOS PRO LC SPRINT SYSTEM misc	4		
<i>pc unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
PCCA ACACIA SYRUP BASE syr	4		
PCCA ALADERM BASE crm	4		
PCCA ANHYDROUS LIPODERM BASE crm	4		
PCCA BASE 7542 crm	4		
PCCA BIOPEPTIDE BASE crm	4		
PCCA CANNIDEX 2.0 CUSTOM BASE crm	4		
PCCA CANNIDEX CUSTOM BASE crm	4		
PCCA COBASE #1 oint	4		
PCCA COSMETIC HRT BASE crm	4		
PCCA CUSTOM LIPO-MAX crm	4		
PCCA EMOLLIENT CREAM BASE crm	4		
PCCA LIPODERM BASE crm	4		
PCCA LIPOSOMIC BASE DRY crm	4		
PCCA LIPOSOMIC BASE NORMAL crm	4		
PCCA LIPOSOMIC BASE OILY crm	4		
PCCA LIPOSOMIC BASE SENSITIVE crm	4		
PCCA MVC BASE crm	4		
PCCA NATACREAM crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PCCA POLYPEG BASE oint	4		
PCCA PRACASIL TM-PLUS BASE crm	4		
PCCA SWEET-SF syr	4		
PCCA SYRUP VEHICLE syr	4		
PCCA VANISHING CREAM BASE crm	4		
PCCA VANISHING CREAM LIGHT crm	4		
PCCA VANPEN BASE crm	4		
PCCA WAV CUSTOM BASE crm	4		
PCCA-PLUS susp	4		
<i>pedal exerciser misc</i>	4		
<i>pediatric compressor nebulizer misc</i>	1		
<i>peg oint</i>	1		
<i>peg blend oint</i>	1		
<i>peg ointment base oint</i>	1		
<i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
<i>pen needles 5/16" 31G X 8 MM misc</i>	2		
PENCREAM crm	4		
<i>penderm crm</i>	4		
<i>pensomal crm</i>	4		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
PERSONALFIT FLEX CONNECTORS misc	4		
<i>petrolatum 42 % oint</i>	1		
<i>petrolatum white oint</i>	1		
<i>petroleum jelly oint</i>	1		
<i>petroleum jelly baby oint</i>	1		
PFCB crm	4		
<i>ph accessories storage sol misc</i>	4		
PHARMABASE ANTIOXIDANT crm	4		
PHARMABASE COSMETIC crm	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PHARMABASE COSMETIC NATURAL crm	4		
PHARMABASE HEAVY crm	4		
PHARMABASE LIGHT crm	4		
PHARMABASE VAGINAL crm	4		
PHYSIOLYTE irrig soln	4		
PHYSIOSOL IRRIGATION irrig soln	4		
PHYTOBASE crm	4		
<i>pill box 7 day misc</i>	4		
<i>pill counting tray/right hand misc</i>	4		
<i>pill crusher misc</i>	4		
<i>pill pouch misc</i>	4		
<i>pill splitter misc</i>	4		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	2		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	2		
<i>plastic bed pan misc</i>	4		
<i>plastic bottles 30ml misc</i>	1		
<i>plastic bottles 90ml misc</i>	1		
<i>plastic enema bottle misc</i>	1		
<i>plastic jar 6oz misc</i>	1		
<i>plastic scoop 1ml misc</i>	1		
<i>platform walker attachment misc</i>	4		
<i>platinum reacher 31" misc</i>	4		
PLO GEL - MEDIFLO ext kit	4		
PLO GEL - MEDIFLO 30 PRE-MIXED gel	4		
PLO GEL - MEDIFLO PRE-MIXED gel	4		
<i>plo transdermal crm</i>	4		
PLO20 FLOWABLE gel	4		
PLO20 NON-FLOWABLE gel	4		
PLO-DICLOGEL gel	4		
<i>pocket magnifier misc</i>	4		
<i>pocket pro+ replacement sensor misc</i>	4		
<i>polidocanol 5 % iv soln</i>	2		
<i>poly hub needle 18G X 1" misc</i>	4		
<i>polypropylene cap-liner misc</i>	1		
POSIDYNE ELD FILTER/0.2UM misc	4		
<i>posture seat misc</i>	4		
<i>potassium phosphate dibasic gr</i>	1		
<i>power adaptor pump in style misc</i>	4		
PRAXBIND 2.5 gm/50ml iv soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PRECISION CATHETER URINE SYS kit	4		
PRECISION MIDSTREAM KIT kit	4		
PRECISION SPECIMEN CONTAINER misc	4		
PRECISION SPUTUM COLLECTOR misc	4		
PRECISION STOOL COLLECTOR misc	4		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
PRECISION TISSUE GRINDER misc	4		
PRECISION TISSUE GRINDER 15ML misc	4		
PRECISION TISSUE GRINDER 50ML misc	4		
PRECISION URINE SPECIMEN SYS kit, misc	4		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>preferred plus unifine pentips 29G X 12MM misc</i>	1		
<i>premium pill crusher misc</i>	4		
<i>press-in bottle adapters misc</i>	1		
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	2		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
<i>pro comfort foot bath misc</i>	4		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pro comfort pen needles 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>pro comfort pulse oximeter misc</i>	4		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>protective safety eyewear misc</i>	4		
PROTEXT 0.25 ml inj susp, 0.5 ml inj susp, 1 ml inj susp, 2 ml inj susp	6		
<i>p-siloxan ds crm</i>	4		
<i>pulse oximeter misc</i>	4		
<i>pulse oximeter deluxe misc</i>	4		
<i>pulse oximeter for finger misc</i>	4		
PUMP IN STYLE ADVANCED misc	4		
PUMP IN STYLE/MAXFLOW misc	4		
PUMP IN STYLE/MAXFLOW TUBING misc	4		
<i>pure comfort leg comp massager misc</i>	4		
<i>pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>pure comfort pen needle 32G X 4 MM misc</i>	2		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>px extra short pen needles 31G X 6 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		
<i>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>px shortlength pen needles 31G X 8 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	2		
<i>quad cane misc</i>	4		
<i>quad cane tips misc</i>	4		
<i>quad cane/small base misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>quick-fit crutches misc</i>	4		
<i>ra deluxe pulse oximeter misc</i>	4		
<i>ra extra comfort night protect misc</i>	4		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>ra petroleum jelly oint</i>	1		
RADIAPLEXRX gel	4		
RADIOGARDASE 0.5 gm cap	4		
<i>raised toilet seat misc</i>	4		
<i>raised toilet seat/lock misc</i>	4		
<i>raised toilet seat/lock & arms misc</i>	4		
<i>raspberry syrup syr</i>	1		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	2		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
REALITY LATEX CONDOMS misc	4		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	4		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	4		QL(12 / 30)
RECONSTITUTE misc	4		
<i>reflections aa breast prothes misc</i>	4		
<i>reflections c breast prothes misc</i>	4		
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
RELION MINI PEN NEEDLES 31G X 6 MM misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
RELION PULSE OXIMETER misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		
<i>replacement neckband straps misc</i>	4		
RESTORE HYDROGEL DRESSING gel	4		
REVCovi 2.4 mg/1.5ml im soln	6		
REVITADERM WOUND CARE gel	4		
<i>ring cushion 14" misc</i>	4		
<i>ring cushion 16" misc</i>	4		
<i>ring cushion 18" misc</i>	4		
<i>ringers irrigation irrig soln</i>	1		
<i>rollator ultra-light misc</i>	4		
<i>roller walker misc</i>	4		
<i>rolling walker/burgundy misc</i>	4		
<i>rough pigweed 1:20 inj soln</i>	6		
<i>round shower stool misc</i>	4		
<i>rubber bath mat misc</i>	4		
<i>rubber inflatable cushion misc</i>	4		
RX LOCKING CAP misc	4		
<i>sa3 derm crm</i>	4		
SAFE-SENSE BEARD NET misc	4		
SAFE-SENSE COVERALL BOOTS misc	4		
SAFE-SENSE COVERALL/HOOD/L misc	4		
SAFE-SENSE COVERALL/HOOD/M misc	4		
SAFE-SENSE COVERALL/HOOD/S misc	4		
SAFE-SENSE COVERALL/HOOD/XL misc	4		
SAFE-SENSE HEAD COVER 21" misc	4		
SAFE-SENSE HEAD COVER CIRC 21" misc	4		
SAFE-SENSE LAB COAT-LARGE misc	4		
SAFE-SENSE LAB COAT-MEDIUM misc	4		
SAFE-SENSE LAB COAT-SMALL misc	4		
SAFE-SENSE LAB COAT-XLARGE misc	4		
SAFE-SENSE SHOE COVER NON-SKID misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>safety pen needles 30G X 5 MM misc, 30G X 8 MM misc</i>	1		
<i>salt durable cream crm</i>	4		
SALT STABLE LS ADVANCED crm	4		
SALTSTABLE LO crm	4		
SANARE ADVANCED SCAR THERAPY crm	4		
<i>sanare scar therapy crm</i>	4		
<i>sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>scar care crm</i>	4		
<i>scarcinpad sheet</i>	4		
<i>scarsilk sheet</i>	4		
SEAL-TIGHT CAST/BANDAGE misc	4		
SEAL-TIGHT MID-ARM PROTECTOR misc	4		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc	2		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	1		
SERAQUA ext liq	6		
<i>serum bottle misc</i>	1		
<i>serum bottle stopper 20mm misc</i>	1		
<i>serum bottles 30ml/amber glass misc</i>	1		
<i>serum bottles 50ml/clear glass misc</i>	1		
<i>serum bottles/amber glass 20ml misc</i>	1		
<i>settling plate sda/29ml/100x15 misc</i>	1		
<i>settling plate tsa/25ml/100x15 misc</i>	1		
<i>sevoflurane inh soln</i>	1	ULTANE	
<i>shapers layered breast shaper misc</i>	4		
<i>sharps collector misc</i>	1		
<i>sharps container misc</i>	1		
<i>sharps disposal by mail system misc</i>	1		
<i>shower-pak misc</i>	4		
SIGNATURE PRO ELEC BREAST PUMP misc	4		
SILHOUETTE 23" INFUSION SET misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SILHOUETTE 43" INFUSION SET misc	4		
SILHOUETTE INFUSION SET 18" misc	4		
<i>silicone ear plugs misc</i>	4		
<i>silicone ear plugs for kids misc</i>	4		
<i>silprotex plus crm</i>	4		
SILTREX sheet	4		
SILVERSEAL HYDROGEL DRESSING 2"X3" pad, 4"X5" pad	4		
<i>simple syrup syr</i>	1		
SIMPLE WISHES PUMPING BRA misc	4		
SIMPLYGO BREAST PUMP misc	4		
<i>sirolimus pwdr</i>	5		
<i>sitz bath misc</i>	4		
<i>skin protectant 44.28 % oint</i>	1		
<i>skyy derm crm</i>	4		
SLEEPRIGHT BREATHE AID misc	4		
SLEEPRIGHT DENTAL GUARD misc	4		
SLEEPRIGHT DENTAL GUARD DURA misc	4		
SLEEPRIGHT DENTAL GUARD SLIM misc	4		
SLEEPRIGHT SPORT BREATHE AID misc	4		
SLEEPRIGHT VAPOR INHALER misc	4		
<i>sm foam ear plugs misc</i>	4		
<i>sm walker/youth misc</i>	4		
<i>snap-on chlorobutyl stopper misc</i>	1		
SOFT HANDS COTTON GLOVE misc	4		
SOHONOS 5 mg cap	4		
SOLOSITE WOUND GEL gel	4		
SOLOX gel	4		
SOLYDRA ext liq	6		
SONAFINE ext emul	4		
SOOTHIES COOLING GEL PADS misc	4		
SOOTHIES GEL PADS misc	4		
<i>sorrel/dock mix 1:20 inj soln</i>	6		
SOSWEET syr	4		
<i>spiro pd dev</i>	4		
<i>splash shield full face misc</i>	4		
<i>splash shield short face misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>split handgrips misc</i>	4		
<i>spray applicator kit misc</i>	1		
<i>spray bottle/plastic 120ml misc</i>	4		
SSKI 1 gm/ml soln	4		
<i>standard crutch tip misc</i>	4		
<i>steel rolling walker misc</i>	4		
<i>step counter misc</i>	4		
STEP N REST II WALKER misc	4		
STEP N REST WALKER misc	4		
<i>stethoscope misc</i>	4		
<i>stethoscope dual head misc</i>	4		
<i>stethoscope single head misc</i>	4		
STIMULEN gel	4		
<i>stirring rod/glass 12x1/4" misc</i>	1		
<i>stocking applicator petite misc</i>	4		
<i>stocking applicator regular misc</i>	4		
<i>stop lice egg & nit removal misc</i>	4		
<i>strainer/stainless steel/2.5" misc</i>	1		
STRATA GRT gel	4		
STRATAGRAFT sheet	4		
<i>suction grab bar misc</i>	4		
<i>suction tips misc</i>	4		
<i>suppository mold 2gm misc</i>	4		
<i>suppository mold/aluminum 2 gm misc</i>	1		
<i>suppository molds 1.3 ml misc</i>	4		
<i>suppository molds 2 cc/v-notch misc</i>	4		
<i>suppository molds 2 ml misc</i>	4		
<i>suppository molds 2.25 ml misc</i>	4		
<i>suppository molds 3 ml misc</i>	4		
<i>suppository shell rack misc</i>	1		
<i>suppository shells 2.0 ml misc</i>	1		
<i>suppository shells 2.4ml misc</i>	1		
SUPRANE inh soln	4		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	2		
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
SURE T INFUSION SET 23"/10MM misc	4		
SURE T INFUSION SET 23"/6MM misc	4		
SURE T INFUSION SET 23"/8MM misc	4		
SURE T INFUSION SET 32"/10MM misc	4		
SURE T INFUSION SET 32"/6MM misc	4		
SURE T INFUSION SET 32"/8MM misc	4		
SURELIFE CLEARWAVE II OXIMETER misc	4		
SURELIFE CLEARWAVE OXIMETER misc	4		
SUSPENDIT ANHYDROUS susp	4		
SUSPENDRX W/BITTERBLOC SWEET susp	4		
SUSPENDRX W/BITTERBLOC UNSWEET susp	4		
<i>suspension vehicle susp</i>	1		
<i>swim earplugs misc</i>	4		
SWING MAXI HANDS-FREE PUMP misc	4		
SYMPHONY DOUBLE PUMPING SYSTEM misc	4		
SYRINGE AVITENE ext misc	4		
<i>syringe dial-a-dose misc</i>	1		
SYRPALTA syr, 85 % syr	4		
SYRPALTA (RED) syr	4		
SYRSPEND SF liq	4		
<i>syrup nf 85 % syr</i>	1		
<i>syrup vehicle syr</i>	1		
<i>syrup vehicle sf syr</i>	1		
T:FLEX T:LOCK CARTRIDGE 4.8ML misc	4		
T:SLIM X2 3ML CARTRIDGE misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
T:SLIM X2/BASAL-IQ/ACC/INSTR misc	4		
T:SLIM X2/CONTROL-IQ/ACC/INSTR misc	4		
<i>tablet cutter/crusher misc</i>	4		
<i>tablet cutter/deluxe safety misc</i>	4		
<i>tablet cutter/safety shield misc</i>	4		
<i>tablet cutter-crusher misc</i>	4		
TACHOSIL 4.8 X 4.8 cm patch, 9.5 X 4.8 cm patch	4		
TAKEAWAY ENVIRONMENTAL RETURN misc	4		
TAP-N-CLICK SILICONE PAD misc	4		
TDC MAX crm	4		
<i>techlite insulin syringe 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 6 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	2		
TEGADERM AG MESH 2"X2" pad, 4"X5" pad, 4"X8" pad, 8"X8" pad	4		
TEGADERM HYDROGEL WOUND FILLER gel	4		
<i>teroderm crm</i>	4		
<i>teroderm-plus crm</i>	4		
TERRELL inh soln	4		
THE DOCTORS NIGHTGUARD misc	4		
THE SIDE RESTER CUSHION misc	4		
THROMBI-GEL 10 pad	4		
THROMBI-GEL 100 pad	4		
THROMBI-GEL 40 pad	4		
THROMBI-PAD 3"X3" pad	4		
<i>tip rectal/vag w/perforations misc</i>	1		
TIS-U-SOL irrig soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>today's health pen needles 29G X 12MM misc</i>	1		
<i>today's health short pen needle 31G X 8 MM misc</i>	1		
<i>toilet safety frame misc</i>	4		
<i>toilet seat elevator misc</i>	4		
TOMMEE TIPPEE BREAST PUMP misc	4		
TOMMEE TIPPEE BREAST PUMP ADTP misc	4		
<i>tongue cleaner/comfort curve misc</i>	4		
<i>tongue depressors misc</i>	4		
<i>toothette bite block misc</i>	4		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>topi-click 1 port misc</i>	4		
<i>topi-click 140 misc</i>	4		
<i>topi-click 3 port misc</i>	4		
TOPI-CLICK APPLICATOR misc	4		
<i>topi-click applicator micro misc</i>	4		
<i>topi-click dose check misc</i>	4		
<i>topi-click micro angled aa misc</i>	4		
<i>topi-click micro pin point aa misc</i>	4		
<i>topi-click micro rounded aa misc</i>	4		
TOPI-CLICK NOZZLE misc	4		
TOPI-CLICK PERL APPLICATOR 4ML misc	4		
TOPI-CLICK PERL DOSE LOAD 35ML misc	4		
TOPI-CLICK PERL VAGINAL DOSING misc	4		
<i>topi-click uv blocking misc</i>	4		
<i>topi-click vaginal applicator misc</i>	4		
<i>topi-click vaginal dose loader misc</i>	4		
<i>topi-click vaginal dosing misc</i>	4		
<i>total comfort chair cushion misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>total comfort seat cushion misc</i>	4		
<i>traction floor stand misc</i>	4		
<i>traction head halter rope misc</i>	4		
<i>traction pelvic belt misc</i>	4		
<i>traction weight bag misc</i>	4		
<i>transdermal pain base crm</i>	4		
<i>transfer bench misc</i>	4		
<i>transfer board misc</i>	4		
<i>transfer pin misc</i>	4		
<i>transport chair misc</i>	4		
<i>travel pouch misc</i>	4		
<i>traveler 3 wheel roll walker misc</i>	4		
TRIDERGEL 0.1 % gel	4		
<i>trigger release junior walker misc</i>	4		
<i>tri-grip bathtub rail misc</i>	4		
<i>trio rolling walker misc</i>	4		
<i>troche mold 30 cavity misc</i>	4		
TRUDHESA 0.725 mg/act nasal aer soln	6		
<i>true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
true cover dev	4		QL(12 / 30)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
TRUSTEEL INFUSION SET misc	4		
TRUSTEX COLOR CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDDED misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	4		QL(12 / 30)
TRUSTEX LUBRICATED misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	4		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	4		QL(12 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TRUSTEX NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	4		QL(12 / 30)
<i>tub transfer board misc</i>	4		
<i>twin medicine spoon misc</i>	4		
TYRVAYA 0.03 mg/act nasal soln	6		
TYVEK PROTECTIVE SLEEVES misc	4		
U-BASE crm	4		
ULTANE inh soln	4		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTILET SHARPS CONTAINER 1QT misc	1		
ULTILET SHARPS CONTAINER 2QT misc	1		
<i>ultra care ear wax remover misc</i>	4		
<i>ultra comfort body massager misc</i>	4		
<i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>	1		
<i>ultra fit smart body scale misc</i>	4		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc, 33G X 4 MM misc	1		
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	2		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc			
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	1		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
ULTRAFOAM SPONGE 2X6.25X7CM ext misc	4		
ULTRAFOAM SPONGE 8X12.5X1CM ext misc	4		
ULTRAFOAM SPONGE 8X12.5X3CM ext misc	4		
ULTRAFOAM SPONGE 8X25X1CM ext misc	4		
ULTRAFOAM SPONGE 8X6.25X1CM ext misc	4		
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	1		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	1		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
U-MILD shampoo	4		
UNGUATOR 100/200/57MM misc	4		
UNGUATOR 15/20/30/36MM misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNGUATOR 50/43MM/DISP BLADES misc	4		
UNGUATOR APPLICATOR 1"-SHORT misc	4		
UNGUATOR APPLICATOR 2.5"-LONG misc	4		
UNGUATOR EXACTDOSE 0.5ML misc	4		
UNGUATOR JAR 100/140 BLUE LID misc	4		
UNGUATOR JAR 100/140 RED LID misc	4		
UNGUATOR JAR 15/20 BLUE LID misc	4		
UNGUATOR JAR 15/20 GREEN LID misc	4		
UNGUATOR JAR 15/20 RED LID misc	4		
UNGUATOR JAR 15/28 BLUE LID misc	4		
UNGUATOR JAR 20/33 BLUE misc	4		
UNGUATOR JAR 20/33 RED LID misc	4		
UNGUATOR JAR 20/33 WHITE misc	4		
UNGUATOR JAR 200/280 BLUE LID misc	4		
UNGUATOR JAR 200/280 GREEN LID misc	4		
UNGUATOR JAR 200/280 RED LID misc	4		
UNGUATOR JAR 200/280 WHITE misc	4		
UNGUATOR JAR 30/42 BLUE misc	4		
UNGUATOR JAR 30/42 BLUE LID misc	4		
UNGUATOR JAR 30/42 GREEN LID misc	4		
UNGUATOR JAR 30/42 RED LID misc	4		
UNGUATOR JAR 30/42 TURQUOISE misc	4		
UNGUATOR JAR 30/42 WHITE LID misc	4		
UNGUATOR JAR 30/42 YELLOW misc	4		
UNGUATOR JAR 50/70 BLUE misc	4		
UNGUATOR JAR 50/70 BLUE LID misc	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNGUATOR JAR 50/70 GREEN LID misc	4		
UNGUATOR JAR 50/70 PINK misc	4		
UNGUATOR JAR 50/70 RED LID misc	4		
UNGUATOR JAR 50/70 TURQUOISE misc	4		
UNGUATOR JAR 50/70 WHITE LID misc	4		
UNGUATOR JAR 50/70 YELLOW misc	4		
UNGUATOR JAR AIRDYNAMIK misc	4		
UNGUATOR JAR W/SPINDLE 300/390 misc	4		
UNGUATOR JAR W/SPINDLE 500/600 misc	4		
UNGUATOR LID 1000ML misc	4		
<i>unguator lid 500ml misc</i>	4		
UNGUATOR VARIONOZZLE 1MM misc	4		
UNGUATOR VARIONOZZLE 4MM misc	4		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 8 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM misc	2		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
UNISPEND ANHYDROUS SWEETENED susp	4		
UNISPEND ANHYDROUS UNSWEETENED susp	4		
<i>universal quick adjust crutch misc</i>	4		
<i>universal tips misc</i>	4		
<i>universal walker organizer misc</i>	4		
UNODOSE APPLICATOR misc	4		
<i>vaginal suppository applicator misc</i>	1		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
VANIBASE crm	4		
<i>vanishing crm</i>	4		
<i>vanishing cream botanical base crm</i>	4		
<i>vanish-pen crm</i>	4		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VANISHPOINT TUBE HOLDER misc	4		
VARISOFT INFUSION SET misc	4		
VARITHENA ADMINISTRATION PACK misc	4		
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
VERIFINE SHARPS CONTAINER misc	1		
VERSAFREE syr	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VERSAPLUS syr	4		
VERSAPRO crm, shampoo	4		
VERSAPRO ANHYDROUS BASE gel	4		
<i>versatile cream base crm</i>	4		
VERSATILE RICH BASE crm	4		
VERSIGEL crm	4		
VIBE 6 misc	4		
<i>vibrating foot bath misc</i>	4		
<i>vida cellular scale misc</i>	4		
<i>vinyl inflatable cushion misc</i>	4		
VIOS AEROSOL DELIVERY SYSTEM misc	4		
VIOS LC PLUS misc	4		
VIOS LC PLUS DELUXE misc	4		
VIOS LC PLUS PEDIATRIC misc	4		
VIOS LC SPRINT misc	4		
VIOS LC SPRINT PEDIATRIC misc	4		
<i>virage custom breast prosthes misc</i>	4		
VISTOGARD 10 gm pckt	5		
VIVI EPI misc	4		
VORTEX HOLD CHMBR/MASK/CHILD dev	4		
VORTEX HOLD CHMBR/MASK/TODDLER dev	4		
VORTEX VALVED HOLDING CHAMBER dev	4		
<i>vp dermabase crm</i>	4		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>walker misc</i>	4		
<i>walker auto glides misc</i>	4		
<i>walker basket misc</i>	4		
<i>walker glide wheels misc</i>	4		
<i>walker ski glides misc</i>	4		
<i>walker swivel wheels misc</i>	4		
<i>walker tall extension legs misc</i>	4		
<i>walker tips misc</i>	4		
<i>walker tips 1-1/8" misc</i>	4		
<i>walker wheels misc</i>	4		
<i>wall grab bar misc</i>	4		
<i>wash gloves pre-moistened misc</i>	4		
<i>waterproof sheeting misc</i>	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>weigh boat misc</i>	1		
WET-STOP 3 misc	4		
<i>wheelchair misc</i>	4		
<i>wheelchair cushion misc</i>	4		
<i>wheelchair invalid ring misc</i>	4		
<i>white petrolatum oint, 100 % oint</i>	1		
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	4		QL(1 / 365)
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	4		QL(1 / 365)
<i>wooden cane 7/8" misc</i>	4		
<i>work belt misc</i>	4		
<i>wound care crm</i>	4		
<i>wound gel gel</i>	4		
<i>wound gel spray gel</i>	4		
WOUN'DRES gel	4		
<i>wrist brace misc</i>	4		
<i>wrist sleep support misc</i>	4		
XCEL 100 crm	4		
XEMATOP BASE crm	4		
<i>yellow petrolatum oint</i>	1		
<i>youth push button alum crutch misc</i>	4		
zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
zevrx insulin syringe 30G X 5/16" 1 ml misc	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ZEWA ELECTRODES misc	4		
zippered mattress cover misc	4		
zoom 20 rolling walker misc	4		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	4		
ALCAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
altafluor benox 0.25-0.4 % ophth soln	4		
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	4		
atropine sulfate 0.01 % ophth soln	1		
atropine sulfate 1 % ophth oint	2		
atropine sulfate 1 % ophth soln	2	ISOPTO ATROPINE	
atropine sulfate 1 % ophth soln	2	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	2	POLYSPORIN	
bevacizumab 3 mg/0.12ml Intravitreal Solution Prefilled Syringe	5		
BIO GLO 1 mg ophth strip	4		
CEQUA 0.09 % ophth soln	4		
chondroitin sulfate 0.25 % ophth soln	1		
CYCLOGYL 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	4		
cyclopentolate hcl 1 % ophth soln	2	CYCLOGYL	
cyclosporine 0.05 % ophth emul	1	RESTASIS	
ENSPRYNG 120 mg/ml sc soln pfs	6		
FLUCAINE 0.25-0.5 % ophth soln	4		
fluorescein sodium/benoxinate 0.3-0.4 % ophth soln	1		
fluorescein-benoxinate 0.25-0.4 % ophth soln	1		
FLUOR-I-STRIPS A.T. 1 mg ophth strip	4		
FLURA-SAFE 0.35-0.4 % ophth soln	4		
GELFILM ophth film	4		
GLOSTRIPS 1 mg ophth strip	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
GREEN GLO LISSAMINE GREEN 1.5 mg ophth strip	4		
HOMATROPAIRE 5 % ophth soln	4		
ISOPTO ATROPINE 1 % ophth soln	4		
KLARITY-C DROPS 0.1 % ophth emul	4		
MIOCHOL-E 20 mg i-ocul soln	4		PA
MYDRIACYL 1 % ophth soln	4		
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	4		
phenylephrine hcl 10 % ophth soln	1		
phenylephrine hcl 2.5 % ophth soln	2		
PHOTREXA-PHOTREXA VISCOUS KIT 0.146 & 0.146-20 % Ophthalmic Solution Prefilled Syringe	5		
POLYCIN 500-10000 unit/gm ophth oint	1		
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
proparacaine hcl 0.5 % ophth soln	2	ALCAINE	
proparacaine-fluorescein 0.5-0.25 % ophth soln	1		
RESTASIS 0.05 % ophth emul	4		
RESTASIS MULTIDOSE 0.05 % ophth emul	4		
RHOPRESSA 0.02 % ophth soln	4		
TEPEZZA 500 mg iv soln	6		
tetracaine hcl 0.5 % ophth soln	2		
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	2	MYDRIACYL	
UPLIZNA 100 mg/10ml iv soln	6		
XIIDRA 5 % ophth soln	4		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIIL 2 % ophth soln	4		
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
BEPREVE 1.5 % ophth soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cromolyn sodium 4 % ophth soln</i>	2	OPTICROM	
<i>cvs olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
CYCLOMYDRIL 0.2-1 % ophth soln	4		
<i>epinastine hcl 0.05 % ophth soln</i>	2	ELESTAT	
<i>eq olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>eye allergy itch relief 0.2 % ophth soln</i>	4	PATADAY	
<i>ft eye allergy itch relief 0.2 % ophth soln</i>	4	PATADAY	
<i>gnp olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>hm eye allergy itch relief 0.2 % ophth soln</i>	4	PATADAY	
<i>olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln</i>	2	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
PATADAY 0.2 % ophth soln	4		
<i>qc olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>sm olopatadine hcl 0.2 % ophth soln</i>	4	PATADAY	
<i>tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln</i>	1		
<i>tropicamide-cyclopentolate-pe 1-1-2.5 % ophth soln</i>	1		
<i>tropicamide-phenylephrine 1-2.5 % ophth soln</i>	1		
<i>tropic-cyclopent-pe-ketorolac 1-1-2.5-0.5 % Ophthalmic Solution Prefilled Syringe</i>	1		
<i>tropic-cyclopent-pe-ketorolac 1-1-2.5-0.5 % ophth soln</i>	1		
<i>tropic-proparaca-pe-ketorolac 1-0.5-2.5-0.5 % ophth soln</i>	1		
ZERVIAE 0.24 % ophth soln	4		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	4		
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
BESIVANCE 0.6 % ophth susp	4		
CILOXAN 0.3 % ophth oint	4		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	2	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	2	ZYMAXID	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
KLARITY-A 1 % ophth soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>moxifloxacin hcl 0.3 mg/0.3ml Intraocular Solution Prefilled Syringe</i>	6		
<i>moxifloxacin hcl 0.5 % ophth soln</i>	2	VIGAMOX	
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
<i>moxifloxacin hcl-bss 1 mg/ml Intravitreal Solution</i>	6		
OCUFLOX 0.3 % ophth soln	4		
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	4		
VIGAMOX 0.5 % ophth soln	4		
VISIONBLUE 0.06 % Intraocular Solution Prefilled Syringe	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		
ALPHAGAN P 0.15 % ophth soln	4		
<i>apraclonidine hcl 0.5 % ophth soln</i>	2	IOPIDINE	
AZOPT 1 % ophth susp	3		
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
<i>brimonidine tartrate 0.1 % ophth soln</i>	2		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	2	ALPHAGAN	
<i>brimonidine-dorzolamide 0.15-2 % ophth soln</i>	1		
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
COSOPT 2-0.5 % ophth soln	4		
COSOPT PF 2-0.5 % ophth soln	4		
<i>dorzolamide hcl 2 % ophth soln</i>	2	TRUSOPT	
<i>dorzolamide hcl-timolol mal 2-0.5 % ophth soln</i>	2	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	2	COSOPT	
IOPIDINE 1 % ophth soln	4		
ISTALOL 0.5 % ophth soln	4		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>latanoprost-timolol maleate 0.005-0.5 % ophth soln</i>	1		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	2	NEPTAZANE	
OZURDEX 0.7 mg Intravitreal Implant	6		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	2	ISOPTO CARPINE	
RETISERT 0.59 mg Intravitreal Implant	4		
SIMBRINZA 1-0.2 % ophth susp	4		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	2	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	2	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	2	ISTALOL	
TIMOLOL MALEATE OCUDOSE 0.5 % ophth soln	4		
<i>timolol maleate pf 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate pf 0.25 % ophth soln</i>	2	TIMOPTIC	
<i>timolol-brimon-dorzol-latanopr 0.5-0.15-2 -0.005% ophth soln</i>	1		
<i>timolol-brimonidine-dorzolamid 0.5-0.15-2 % ophth soln</i>	1		
<i>timolol-dorzolamid-latanoprost 0.5-0.15-0.005 % ophth soln</i>	1		
TIMOPTIC OCUDOSE 0.25 % ophth soln, 0.5 % ophth soln	4		
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACULAR 0.5 % ophth soln	4		
ACULAR LS 0.4 % ophth soln	4		
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	4		
ALREX 0.2 % ophth susp	4		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
BROMSITE 0.075 % ophth soln	4		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	2	MAXIDEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<i>double pm 1-0.5 % ophth soln</i>	4		
DUREZOL 0.05 % ophth emul	3		
EYSUVIS 0.25 % ophth susp	4		
FLAREX 0.1 % ophth susp	4		
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML FORTE 0.25 % ophth susp	4		
FML LIQUIFILM 0.1 % ophth susp	4		
ILEVRO 0.3 % ophth susp	4		
INVELTYS 1 % ophth susp	4		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	2	ACULAR	
KLARITY-L 0.2 % ophth emul, 0.5 % ophth emul	4		
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	4		
LOTEMAX 0.5 % ophth susp	4		
LOTEMAX SM 0.38 % ophth gel	4		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	2	LOTEMAX	
MAXIDEX 0.1 % ophth susp	4		
MAXITROL 3.5-10000-0.1 ophth oint	4		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	4		
NEVANAC 0.1 % ophth susp	4		
PRED FORTE 1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
<i>prednisol ace-moxiflox-bromfen 1-0.5-0.075 % ophth susp</i>	1		
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	
<i>prednisolone acetate p-f 1 % ophth susp</i>	4	PRED FORTE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>prednisolone acetate-nepafenac 1-0.1 % ophth susp</i>	1		
<i>prednisolone acet-moxifloxacin 1-0.5 % ophth susp</i>	1		
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		
<i>prednisolone-bromfenac 1-0.075 % ophth soln, 1-0.075 % ophth susp</i>	1		
<i>prednisolone-gatifloxacin 1-0.5 % ophth susp</i>	4		
<i>prednisolone-moxifloxacin 1-0.5 % ophth soln</i>	1		
<i>prednisolon-gatiflox-bromfenac 1-0.5-0.075 % ophth soln, 1-0.5-0.075 % ophth susp</i>	1		
<i>prednisolon-moxiflox-bromfenac 1-0.5-0.075 % ophth soln</i>	1		
<i>prednisolon-moxiflox-ketorolac 1-0.5-0.5 % ophth soln</i>	6		
<i>prednisolon-moxiflox-nepafenac 1-0.5-0.1 % ophth susp</i>	1		
PROLENSA 0.07 % ophth soln	4		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	4		
TOBRADEX 0.3-0.1 % ophth susp	4		
TOBRADEX ST 0.3-0.05 % ophth susp	4		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
<i>triple pmb 1-0.5-0.09 % ophth soln</i>	4		
<i>triple pmk 1-0.5-0.5 % ophth soln</i>	4		
UPNEEQ 0.1 % ophth soln	4		
ZYLET 0.5-0.3 % ophth susp	4		
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostaglandinas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	2	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		
ROCKLATAN 0.02-0.005 % ophth soln	4		
<i>tafluprost (pf) 0.0015 % ophth soln</i>	2	ZIOPTAN	
TRAVATAN Z 0.004 % ophth soln	4		
<i>travoprost (bak free) 0.004 % ophth soln</i>	2	TRAVATAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VYZULTA 0.024 % ophth soln	4		
XALATAN 0.005 % ophth soln	4		
XELPROS 0.005 % ophth emul	4		
ZIOPTAN 0.0015 % ophth soln	4		
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]			
acetic acid 2 % otic soln	2	VOSOL	
CETRAXAL 0.2 % otic soln	4		
CIPRO HC 0.2-1 % otic susp	4		
CIPRODEX 0.3-0.1 % otic susp	3		
ciprofloxacin hcl 0.2 % otic soln	2	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	2	CIPRODEX	
ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln	1	OTOVEL	
CORTISPORIN-TC 3.3-3-10-0.5 mg/ml otic susp	4		
DERMOTIC 0.01 % otic oil	4		
FLAC 0.01 % otic oil	4		
fluocinolone acetonide 0.01 % otic oil	2	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	2	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	2	CORTISPORIN	
ofloxacin 0.3 % otic soln	2	FLOXIN	
OTOVEL 0.3-0.025 % otic soln	4		
PRAMOTIC 1-0.1 % otic liq	4		
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]			
aler-cap 25 mg cap	2		
alertab 25 mg tab	2		
ALKA-SELTZER PLUS ALLERGY 25 mg tab	2		
allergy 25 mg cap	2		
allergy relief 25 mg cap, 25 mg tab	2		
anti-hist allergy 25 mg tab	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	2	ASTELIN	QL(30 / 30)
azelastine hcl 0.15 % nasal soln	2	ASTEPRO	QL(30 / 30)
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
BANOPHEN 25 mg cap, 25 mg tab	2		
BENADRYL ALLERGY 25 mg cap, 25 mg tab	2		
BENADRYL ALLERGY ULTRATABS 25 mg tab	2		
carbinoxamine maleate 6 mg tab	1		
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
CLARINEX 5 mg tab	4		
clemastine fumarate 0.67 mg/5ml syr	1		
clemastine fumarate 2.68 mg tab	1	TAVIST	
complete allergy medicine 25 mg cap, 25 mg tab	2		
complete allergy relief 25 mg tab	2		
cvs allergy 25 mg cap	2		
cvs allergy relief 25 mg cap, 25 mg tab	2		
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	2	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	2	CLARINEX	
DICOPANOL FUSEPAQ 5 mg/ml susp	4		
diphen 25 mg tab	2		
diphenhydramine hcl 25 mg cap, 25 mg tab	2		
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
diphenhydramine hcl 12.5 mg/5ml oral elix	2	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	4		
eq allergy relief 25 mg cap, 25 mg tab	2		
eq allergy relief 25 mg tab	2		
eq allergy relief 25 mg tab	2		
ft allergy relief 25 mg cap, 25 mg tab	2		
geri-dryl 25 mg tab	2		
gnp allergy 25 mg cap, 25 mg tab	2		
gnp allergy relief 25 mg cap, 25 mg tab	2		
goodsense allergy relief 25 mg cap, 25 mg tab	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	2	ATARAX	
hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln	2	VISTARIL	
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	
hydroxyzine pamoate 100 mg cap	2	VISTARIL	
KARBINAL ER 4 mg/5ml susp er	4		
kls allergy medicine 25 mg tab	2		
levocetirizine dihydrochloride 2.5 mg/5ml soln	2	XYZAL	
MEDI-PHEDRYL 25 mg cap	2		
meijer antihistamine allergy 25 mg cap	2		
MM ALLER-BEN 25 mg tab	2		
olopatadine hcl 0.6 % nasal soln	2	PATANASE	
PATANASE 0.6 % nasal soln	4		
pharbedryl 25 mg cap	2		
px allergy 25 mg cap, 25 mg tab	2		
qc allergy relief 25 mg cap, 25 mg tab	2		
qc complete allergy medicine 25 mg tab	2		
QUZYTIR 10 mg/ml iv soln	6		
ra allergy 25 mg tab	2		
ra allergy medication 25 mg cap, 25 mg tab	2		
ra allergy relief 25 mg cap	2		
ra complete allergy 25 mg tab	2		
RYCLORA 2 mg/5ml soln	4		
RYVENT 6 mg tab	4		
sb allergy 25 mg cap	2		
sb allergy medicine 25 mg tab	2		
sm allergy relief 25 mg tab	2		
total allergy 25 mg tab	2		
VISTARIL 25 mg cap	4		
WAL-DRYL ALLERGY 25 mg cap, 25 mg tab	2		
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
AIRDUO DIGIHALER 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	4		QL(12.2 / 30), ST
ARMONAIR DIGIHALER 113 mcg/act inh aer pwdr br act, 232 mcg/act inh aer pwdr br act, 55 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(28 / 30)
ARNUITY ELLIPTA 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	4		QL(13 / 30), ST
BECONASE AQ 42 mcg/spray nasal susp	4		QL(25 / 25)
<i>budesonide 1 mg/2ml inh susp</i>	1	PULMICORT	
<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)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	2	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>fluticasone propionate hfa 44 mcg/act inh aer</i>	1		QL(10.6 / 30)
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer</i>	1		QL(12 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)

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PROAIR DIGIHALER 108 (90 Base) mcg/act inh aer pwdr br act	4		
PROPEL 370 mcg nasal implant	3		
PROPEL MINI 370 mcg nasal implant	3		
PULMICORT 1 mg/2ml inh susp	4		
PULMICORT 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	4		QL(60 / 30), AL
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	3		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	3		QL(10.6 / 30)
XHANCE 93 mcg/act Nasal Exhaler Suspension	4		
ZETONNA 37 mcg/act nasal aer soln	4		
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
ACCOLATE 10 mg tab, 20 mg tab	4		
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
montelukast sodium 4 mg pckt	2	SINGULAIR	
SINGULAIR 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	4		
zafirlukast 10 mg tab, 20 mg tab	2	ACCOLATE	
zileuton er 600 mg tab er 12 hr	2	ZYFLO CR	
ZYFLO 600 mg tab	4		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(4 / 25)
GLYRX-PF 0.2 mg/ml inj soln	6		
INCRUSE ELLIPTA 62.5 mcg/act inh aer pwdr br act	4		QL(28 / 30), ST
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(250 / 25)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	2	ATROVENT	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	2	DUONEB	QL(360 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>tiotropium bromide monohydrate 18 mcg inh cap</i>	1		QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	4		QL(30 / 30), ST
YUPELRI 175 mcg/3ml inh soln	4		
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatoimiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25)
<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 2 mg tab, 4 mg tab</i>	2	PROVENTIL	
<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>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	QL(60 / 30)
AUVI-Q 0.1 mg/0.1ml inj soln auto-inj	4		
BROVANA 15 mcg/2ml inh neb soln	4		QL(60 / 30)
<i>epinephrine 0.1 mg/10ml iv soln pfs, 1 mg/10ml iv soln pfs</i>	6		
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	2	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	4	XOPENEX HFA	QL(30 / 30), ST
PERFOROMIST 20 mcg/2ml inh neb soln	4		
PRIMATENE MIST 0.125 mg/act inh aer	6		

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PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwr br act	3		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	4		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/act inh aer pwr br act	4		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	4		QL(4 / 30)
SYMJEPI 0.15 mg/0.3ml inj soln pfs, 0.3 mg/0.3ml inj soln pfs	6		
<i>terbutaline sulfate 1 mg/ml inj soln</i>	1	BRETHINE	
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	4		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
BETHKIS 300 mg/4ml inh neb soln	6		
CAYSTON 75 mg inh soln	6		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt, 50 mg pckt, 75 mg pckt	6		PA
KITABIS PAK 300 mg/5ml inh neb soln	6		PA
ORKAMBI 100-125 mg pckt, 100-125 mg tab, 150-188 mg pckt, 200-125 mg tab	6		
PULMOZYME 2.5 mg/2.5ml inh soln	6		PA
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	6		
TOBI 300 mg/5ml inh neb soln	6		
TOBI PODHALER 28 mg inh cap	6		
<i>tobramycin 300 mg/4ml inh neb soln</i>	6	BETHKIS	
<i>tobramycin 300 mg/5ml inh neb soln</i>	6	TOBI	PA
TRIKAFTA 100-50-75 & 150 mg tab pack, 50-25-37.5 & 75 mg tab pack	6		
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	2	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	4		
ELIXOPHYLLIN 80 mg/15ml oral elix	4		
<i>roflumilast 250 mcg tab</i>	2	DALIRESP	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	4		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	2		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	2	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADCIRCA 20 mg tab	6		
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	5	LETAIRIS	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	5	FLOLAN	PA
FLOLAN 0.5 mg iv soln, 1.5 mg iv soln	6		
LETAIRIS 10 mg tab, 5 mg tab	6		PA
OPSUMIT 10 mg tab	5		PA
ORENITRAM 0.125 mg tab er, 0.25 mg tab er, 1 mg tab er, 2.5 mg tab er, 5 mg tab er	6		
REMODULIN 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	4		PA
REVATIO 10 mg/12.5ml iv soln	5		
REVATIO 20 mg tab	6		
REVATIO 10 mg/ml susp	6		
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	5	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	5	ADCIRCA	PA
TRACLEER 125 mg tab, 32 mg tab sol, 62.5 mg tab	6		
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	1	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	6		
TYVASO REFILL KIT 0.6 mg/ml inh soln	6		

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TYVASO STARTER KIT 0.6 mg/ml inh soln	6		
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 1800 mcg iv soln, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	6		
UPTRAVI TITRATION 200 & 800 mcg tab pack	6		
VELETTRI 0.5 mg iv soln, 1.5 mg iv soln	6		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	6		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
ESBRIET 267 mg cap, 801 mg tab	6		
<i>pirfenidone 534 mg tab</i>	5		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acacia 1:20 sc soln</i>	6		
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	2	MUCOMYST	
ADRENALIN 0.1 % nasal soln	4		
ADVAIR DISKUS 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	3		QL(60 / 30)
ADVAIR HFA 45-21 mcg/act inh aer	3		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer	3		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
<i>alder 1:20 sc soln</i>	6		
<i>american beech 1:20 sc soln</i>	6		
<i>american cockroach 1:20 sc soln</i>	6		
<i>american elm 1:20 sc soln</i>	6		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	4		
<i>arizona cypress 1:20 sc soln</i>	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>aspergillus fumigatus</i> 1:10 inj soln, 1:20 inj soln	6		
<i>aureobasidium pullulans</i> 1:20 inj soln	6		
<i>bahia</i> 1:20 sc soln	6		
<i>bald cypress</i> 1:20 sc soln	6		
<i>bayberry (wax myrtle)</i> 1:20 sc soln	6		
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
benzonatate 150 mg cap	2	ZONATUSS	
<i>bermuda grass</i> 10000 bau/ml inj soln, 10000 bau/ml sc soln	6		
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		QL(10.7 / 30)
BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs	6		PA
<i>botrytis cinerea</i> 1:20 inj soln, 43000 pnu/ml inj soln	6		
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	3		QL(60 / 30)
BREYNA 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1		QL(10.3 / 30)
BREZTRI AEROSPHERE 160-9-4.8 mcg/act inh aer	4		
<i>brome</i> 1:20 sc soln	6		
BRONCHITOL 40 mg inh cap	4		
BRONCHITOL TOLERANCE TEST 40 mg inh cap	4		
<i>california pepper tree</i> 1:20 sc soln	6		
<i>candida albicans</i> extract 1:1000 inj soln, 100 mg/ml inj soln	6		
<i>cat hair</i> extract 10000 bau/ml inj soln, 10000 bau/ml sc soln, 5000 bau/ml inj soln	6		
<i>cattle epithelium</i> 1:20 sc soln	6		
<i>cedar elm</i> 1:20 sc soln	6		
<i>cladosporium cladosporioides</i> 1:20 i-dermal soln, 1:20 inj soln, 64000 pnu/ml inj soln	6		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	4		
<i>cocklebur</i> 1:20 sc soln	6		
<i>corn pollen</i> 1:20 sc soln	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CUROSURF 120 mg/1.5ml Intratracheal Suspension	4		
<i>dandelion 1:20 sc soln</i>	6		
<i>dog epithelium 1:10 sc soln, 1:20 sc soln</i>	6		
<i>dog fennel 1:20 sc soln</i>	6		
DUAKLIR PRESSAIR 400-12 mcg/act inh aer pwdr br act	4		
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	4		QL(13 / 30), ST
<i>eastern cottonwood 1:20 sc soln</i>	6		
<i>epicoccum nigrum 1:10 inj soln</i>	6		
<i>epinephrine hcl (nasal) 0.1 % nasal soln</i>	1		
FASENRA 30 mg/ml sc soln pfs	5		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA
<i>fire ant 1:10 sc soln, 1:20 sc soln</i>	6		
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
<i>german cockroach 1:20 sc soln</i>	6		
<i>goldenrod 1:20 sc soln</i>	6		
<i>grass pollen(k-o-r-t-swt vern) 100000 bau/ml inj soln</i>	6		
GRASTEK 2800 bau tab subl	6		
<i>hackberry 1:20 sc soln</i>	6		
<i>horse epithelium 1:10 sc soln, 1:20 sc soln</i>	6		
HYCODAN 5-1.5 mg/5ml soln	4		
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	2	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HYPERSAL 3.5 % inh neb soln, 7 % inh neb soln	4		
INFASURF 35-0.9 mg/ml-% Intratracheal Suspension	4		
<i>johnson grass 1:20 sc soln</i>	6		
<i>june grass pollen standardized 100000 bau/ml sc soln</i>	6		
<i>kochia 1:20 sc soln</i>	6		
<i>lenscale 1:20 sc soln</i>	6		
<i>meadow fescue grass pollen 100000 bau/ml sc soln</i>	6		
<i>melaleuca 1:20 sc soln</i>	6		
<i>mesquite 1:20 sc soln</i>	6		
<i>mite (d. farinae) 10000 au/ml sc soln</i>	6		
<i>mite (d. pteronyssinus) 10000 au/ml sc soln</i>	6		
<i>mixed ragweed 1:20 sc soln</i>	6		
<i>mountain cedar 1:20 sc soln</i>	6		
<i>mouse epithelium 1:20 sc soln</i>	6		
<i>mucor 1:20 i-dermal soln, 1:20 inj soln</i>	6		
<i>mugwort 1:20 sc soln</i>	6		
NEBUSAL 3 % inh neb soln, 6 % inh neb soln	4		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	4		
NUCALA 100 mg sc soln	5		
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs	6		
OFEV 100 mg cap, 150 mg cap	6		
<i>olive tree 1:20 sc soln</i>	6		
<i>orchard grass pollen 100000 bau/ml sc soln</i>	6		
PALFORZIA (12 MG DAILY DOSE) 2 x 1 MG & 10 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (160 MG DAILY DOSE) 3 x 20 MG & 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (20 MG DAILY DOSE) 20 mg Oral Capsule Sprinkle Therapy Pack	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PALFORZIA (200 MG DAILY DOSE) 2 x 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (240 MG DAILY DOSE) 2 x 20 MG & 2 x 100 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (3 MG DAILY DOSE) 3 x 1 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (300 MG MAINTENANCE) 300 mg pckt	6		
PALFORZIA (300 MG TITRATION) 300 mg pckt	6		
PALFORZIA (40 MG DAILY DOSE) 2 x 20 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (6 MG DAILY DOSE) 6 x 1 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA (80 MG DAILY DOSE) 4 x 20 mg Oral Capsule Sprinkle Therapy Pack	6		
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 mg Oral Capsule Sprinkle Therapy Pack	6		
<i>penicillium notatum 1:10 inj soln, 1:20 inj soln</i>	6		
<i>perennial rye grass pollen 100000 bau/ml inj soln</i>	6		
<i>privet 1:20 sc soln</i>	6		
<i>promethazine vc 6.25-5 mg/5ml syr</i>	4	PHENERGAN VC	
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	2		
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	2	PHENERGAN VC	
PULMOSAL 7 % inh neb soln	4		
<i>queen palm 1:20 sc soln</i>	6		
<i>rabbit epithelium 1:10 sc soln, 1:20 sc soln</i>	6		
RAGWITEK 12 amb a 1-u tab subl	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>red maple 1:20 sc soln</i>	6		
<i>red mulberry 1:20 sc soln</i>	6		
<i>red top grass pollen 100000 bau/ml sc soln</i>	6		
<i>ribavirin 6 gm inh soln</i>	5	VIRAZOLE	
<i>rough marsh elder 1:20 sc soln</i>	6		
<i>russian thistle 1:20 sc soln</i>	6		
<i>saccharomyces cerevisiae 1:20 inj soln</i>	6		
<i>shagbark hickory 1:20 sc soln</i>	6		
<i>sheep sorrel 1:20 sc soln</i>	6		
<i>short ragweed pollen ext 1:20 sc soln</i>	6		
SINUVA 1350 mcg nasal implant	3		
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	2	HYPERSAL	
<i>spiny pigweed 1:20 sc soln</i>	6		
<i>stahist tp 2.5-10 mg tab</i>	6		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	4		
SURVANTA 25-0.9 mg/ml-% Intratracheal Suspension	4		
<i>sweet gum 1:20 sc soln</i>	6		
<i>sweet vernal grass pollen 100000 bau/ml sc soln</i>	6		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(10.2 / 30)
<i>tall ragweed 1:20 sc soln</i>	6		
<i>timothy grass pollen allergen 10000 bau/ml inj soln, 100000 bau/ml inj soln, 100000 bau/ml sc soln</i>	6		
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	4		
<i>trichophyton mentagrophytes 1:20 sc soln</i>	6		
TUXARIN ER 54.3-8 mg tab er 12 hr	4		
VIRAZOLE 6 gm inh soln	6		
<i>western juniper 1:20 sc soln</i>	6		
<i>white birch 1:20 sc soln</i>	6		
<i>white mulberry 1:20 sc soln</i>	6		
<i>white oak 1:20 sc soln</i>	6		
<i>white pine 1:20 sc soln</i>	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1		QL(60 / 30)
<i>yellow dock 1:20 sc soln</i>	6		
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]			
AMRIX 15 mg cap er 24 hr, 30 mg cap er 24 hr	4		
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>carisoprodol 250 mg tab</i>	2	SOMA	
<i>chlorzoxazone 250 mg tab</i>	1		
<i>chlorzoxazone 375 mg tab, 750 mg tab</i>	1	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	2	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>cyclobenzaprine hcl er 15 mg cap er 24 hr, 30 mg cap er 24 hr</i>	1	AMRIX	
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
FEXMID 7.5 mg tab	4		
LORZONE 375 mg tab, 750 mg tab	4		
METAXALL CP 800 & 0.025 mg & % cmb kit	4		
<i>metaxalone 400 mg tab, 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	2	ROBAXIN	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
<i>rocuronium bromide 100 mg/10ml iv soln pfs</i>	2		
SOMA 250 mg tab, 350 mg tab	4		
<i>succinylcholine chloride 140 mg/7ml iv soln pfs</i>	1		
TABRADOL FUSEPAQ 1 mg/ml susp	4		
VANADOM 350 mg tab	4		
<i>vecuronium bromide 10 mg/10ml iv soln pfs</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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]			
AMBIEN 10 mg tab, 5 mg tab	4		
AMBIEN CR 12.5 mg tab er, 6.25 mg tab er	4		
BYFAVO 20 mg iv soln	6		
DORAL 15 mg tab	4		
EDLUAR 10 mg tab subl, 5 mg tab subl	4		
<i>estazolam 1 mg tab, 2 mg tab</i>	2	PROSOM	
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	2	DALMANE	
HALCION 0.25 mg tab	4		
LUNESTA 1 mg tab, 2 mg tab, 3 mg tab	4		
<i>quazepam 15 mg tab</i>	2	DORAL	
RESTORIL 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	4		
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	2	RESTORIL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	2	HALCION	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl</i>	2	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	NUVIGIL	
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	4		
<i>cvs sleep aid 25 mg tab</i>	2		
<i>cvs sleep aid nighttime 25 mg tab</i>	2		
DAYVIGO 10 mg tab, 5 mg tab	4		
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	
<i>eq1 nighttime sleep aid 25 mg tab</i>	2		
<i>ft nighttime sleep aid 25 mg tab</i>	2		
<i>gnp sleep aid nighttime 25 mg tab</i>	2		
HETLIOZ 20 mg cap	6		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HETLIOZ LQ 4 mg/ml susp	6		
<i>hm nighttime sleep aid 25 mg tab</i>	2		
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PROVIGIL	
<i>night time sleep aid 25 mg tab</i>	2		
<i>nighttime sleep aid 25 mg tab</i>	2		
NUVIGIL 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	4		
NYTOL QUICKCAPS 25 mg tab	2		
PROVIGIL 100 mg tab, 200 mg tab	4		
<i>qc rest simply 25 mg tab</i>	2		
<i>ra nighttime sleep aid 25 mg tab</i>	2		
<i>ra sleep aid (diphenhydramine) 25 mg tab</i>	2		
<i>ramelteon 8 mg tab</i>	2	ROZEREM	
ROZEREM 8 mg tab	4		
<i>sb sleep 25 mg tab</i>	2		
SILENOR 3 mg tab, 6 mg tab	4		
SIMPLY SLEEP 25 mg tab	2		
<i>sleep aid (diphenhydramine) 25 mg tab</i>	2		
<i>sleep tabs 25 mg tab</i>	2		
<i>sleep-tabs 25 mg tab</i>	2		
<i>sm nighttime sleep aid 25 mg tab</i>	2		
SOMINEX 25 mg tab	2		
SOMINEX NIGHTTIME SLEEP-AID 25 mg tab	2		
SUNOSI 150 mg tab, 75 mg tab	4		
WAKIX 17.8 mg tab, 4.45 mg tab	4		
XYREM 500 mg/ml soln	6		PA
XYWAV 500 mg/ml soln	5		
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>ferrous sulfate 300 (60 Fe) mg/5ml soln</i>	1		AL
<i>kcl (0.149%) in nacl 20-0.45 meq/l-% iv soln, 20-0.9 meq/l-% iv soln</i>	1		
<i>kcl (0.298%) in nacl 40-0.9 meq/l-% iv soln</i>	1		

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1		
14-count warmer	190	
1st base	190	
1st tier unifine pentips	190	
1st tier unifine pentips plus.....	191	
3		
3-in-1 bedside toilet.....	191	
A		
A.A.G.C. KIT IN TERODERM	7	
abacavir sulfate.....	79	
abacavir sulfate-lamivudine.....	80	
ABANEU-SL.....	141	
ABATRON.....	141	
ABECMA.....	62	
ABILIFY.....	73	
ABILIFY MAINTENA.....	74	
ABILIFY MYCITE MAINTENANCE KIT	74	
ABILIFY MYCITE STARTER KIT	74	
abiraterone acetate	58	
ABLYSINOL	105	
ABOUTTIME PEN NEEDLE	191	
ABRAXANE	59	
ABSORICA	124	
ABSORICA LD.....	124	
acacia	262	
acamprosate calcium	25	
ACANYA	124	
acarbose	84	
ACCOLATE.....	258	
ACCRUFER	136	
ACCUCAINE	21	
ACCU-CHEK LINKASSIST	191	
ACCU-CHEK PLASTIC CARTRIDGE.....	191	
ACCU-CHEK SPIRIT CARTRIDGE	191	
ACCU-CHEK TENDER 1 INFUSION.....	191	
ACCU-CHEK TENDER I SET 24	191	
ACCU-CHEK TENDER I SET 31	191	
ACCU-CHEK ULTRAFLEX INF SET	191	
ACCU-CHEK ULTRAFLEX-1 INF SET	191	
ACCUPRIL.....	99	
ACCURETIC	105	
ACCUTANE	124	
ACD-A NOCLOT-50.....	91	
ACE AEROSOL CLOUD ENHANCER.....	191	
		acebutolol hcl
		101
		aceso ag.....
		191
		acetaminophen.....
		7
		acetaminophen-codeine
		17
		acetazolamide
		250
		acetazolamide er
		250
		acetic acid
		254
		acetylcysteine.....
		262
		acioxaiy
		124
		ACIPHEX
		153
		acitretin.....
		124
		ACTEMRA.....
		186
		ACTEMRA ACTPEN
		186
		ACTIFOAM COLLAGEN SPONGE
		191
		ACTIMARIS WOUND
		191
		ACTIMMUNE
		59
		ACTIVASE
		91
		active fe.....
		141
		ACTIVELLA.....
		167
		ACTIVNUTRIENTS
		134
		ACTONEL
		189
		ACTOPLUS MET
		84
		ACTOS.....
		84
		ACULAR.....
		251
		ACULAR LS
		251
		ACU-LIFE CRUSHER/CONTAINER
		191
		ACUVAIL.....
		252
		acyclovir
		78
		acyclovix.....
		78
		ACZONE
		125
		ADA.....
		191
		adainzde.....
		125
		adainzoxia
		125
		ADAKVEO.....
		154
		adalimumab-adbm (2 pen)
		180
		adalimumab-adbm (2 syringe).....
		180
		adalimumab-adbm(cd/uc/hs strt)
		181
		adalimumab-adbm(ps/uv starter)
		181
		adapalene
		125
		adapalene treatment
		125
		adapalene-benzoyl peroxide
		125
		adapter cap
		191
		ADASUVE
		72
		ADCIRCA
		261
		ADDERALL
		113

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ADDERALL XR.....	113	AGRYLIN	93
ADD-VANTAGE ADDAPTOR CONNECTOR	191	AIMOVIG.....	55
ADDYI.....	117	<i>aimsco lubricated</i>	192
<i>adefovir dipivoxil</i>	78	AIRAVITE.....	141
<i>adeinzde</i>	125	AIRDUO DIGIHALER	257
ADEMPAS	261	AIRDUO RESPICLICK 113/14	262
<i>adjust bath/shower seat</i>	191	AIRDUO RESPICLICK 232/14	262
<i>adjust bath/shower seat/back</i>	191	AIRDUO RESPICLICK 55/14	262
<i>adjust fold cane/york handle</i>	191	AJOVY	55
<i>adjustable aluminum cane</i>	191	AKLIEF.....	125
<i>adjustable aluminum cane 3/4</i>	191	AKOVAZ.....	97
<i>adjustable aluminum cane 5/8</i>	191	AKTEN	247
<i>adjustable aluminum cane 7/8</i>	191	AKYNZEO	49
<i>adjustable commode 3-in-1</i>	191	AKYNZEO (TO-BE-DILUTED)	49
<i>adjustable folding cane</i>	192	ALA SCALP.....	120
ADMELOG	88	<i>ala-cort</i>	120
ADMELOG SOLOSTAR.....	88	<i>albendazole</i>	69
ADRENALIN	262	<i>albuterol sulfate</i>	259
ADUHELM	44	<i>albuterol sulfate hfa</i>	259
<i>adult aspirin regimen</i>	7	ALCAINE.....	247
<i>adult mask</i>	192	<i>alclometasone dipropionate</i>	120
<i>adult push button alum crutch</i>	192	ALCOH-GLOVE CONTOURED WIPE	192
ADVAIR DISKUS	262	<i>alcoh-wipe</i>	192
ADVAIR HFA	262	ALDACTONE	109
ADVANCED ALLERGY COLLECTION.....	120	<i>alder</i>	262
ADVATE.....	94	ALDURAZYME.....	154
ADVOCATE INSULIN PEN NEEDLE	192	ALECENSA	63
ADVOCATE INSULIN PEN NEEDLES	192	<i>alendronate sodium</i>	189
ADVOCATE INSULIN SYRINGE	192	<i>aler-cap</i>	255
<i>adynovate</i>	94	<i>alertab</i>	255
ADZENYS XR-ODT	114	<i>alevamax</i>	125
AEMCOLO	149	ALEVE ARTHRITIS PAIN	7
AEROCHAMBER PLUS FLO-VU	192	ALEVE TENS REFILL PADS	192
AEROCHAMBER PLUS FLO-VU LARGE ..	192	ALFERON N.....	59
AEROCHAMBER PLUS FLO-VU SMALL...	192	<i>alfuzosin hcl er</i>	158
AEROCHAMBER PLUS FLO-VU W/MASK	192	ALIMTA	59
AFINITOR	63	ALINIA.....	69
AFINITOR DISPERZ.....	63	<i>aliskiren fumarate</i>	105
AFIRMELLE	167	ALIVE GUMMIES FOR CHILDREN	134
AFREZZA.....	88	ALIVE MULTI-VITAMIN CHILDRENS	134
AFSTYLA.....	94	ALKA-SELTZER PLUS ALLERGY	255
AFTERA.....	176	ALKINDI SPRINKLE.....	160
AFTERPILL.....	176	ALL-BODY MASSAGE.....	192
AGGRASTAT.....	97	<i>allergy</i>	255
<i>agoneaze</i>	21	<i>allergy relief</i>	255
		<i>allopurinol</i>	54

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

ALLZITAL.....	7	AMBIEN CR	269
<i>almotriptan malate</i>	55	<i>ambrisentan</i>	261
ALOCRI.....	249	<i>amcinonide</i>	120
<i>aloe vera</i>	192	AMEDA ADAPTER CAP	192
<i>alogliptin benzoate</i>	84	AMEDA BREAST FLANGE INSERT	192
<i>alogliptin-metformin hcl</i>	84	AMEDA CUSTOMFIT BREAST FLANGE ...	193
<i>alogliptin-pioglitazone</i>	84	AMEDA DIAPHRAGMS	193
ALOMIDE.....	252	AMEDA DUAL HYGIENIKIT SYSTEM	193
ALORA.....	167	AMEDA DUAL HYGIENIKIT W/ADAPT	193
<i>alosetron hcl</i>	151	AMEDA ELITE BREAST PUMP	193
ALPAWASH	192	AMEDA FINESSE BREAST PUMP.....	193
ALPHAGAN P	250	AMEDA FLEXISHIELD.....	193
ALPHAMOP FOAM REPLACEMENT PADS	192	AMEDA MYA JOY BREAST PUMP	193
ALPHANATE.....	94	AMEDA MYA JOY BREAST PUMP/TOTE..	193
ALPHANINE SD.....	94	AMEDA ONE-HAND BREAST PUMP	193
<i>alprazolam</i>	82	AMEDA PLATINUM BREAST PUMP.....	193
<i>alprazolam er</i>	82	AMEDA PURELY YOURS BREAST PUMP	193
ALPRAZOLAM INTENSOL	83	AMEDA SILICONE TUBING	193
<i>alprazolam xr</i>	83	AMEDA TUBING ADAPTER	193
ALPROLIX	94	AMEDA VALVES	193
ALREX	252	AMELUZ.....	125
ALTABAX.....	29	<i>american beech</i>	263
ALTACAINE	247	<i>american cockroach</i>	263
ALTACE.....	99	<i>american elm</i>	263
ALTADERM	192	AMERIGEL WOUND DRESSING	193
<i>altafluor benox</i>	247	AMETHIA	167
ALTAFRIN.....	247	AMETHYST.....	167
ALTAVERA	167	<i>amielle restore vag exercisers</i>	193
ALTOPREV	110	AMIELLE VAGINAL TRAINER	193
ALTRENO.....	125	<i>amikacin sulfate</i>	29
<i>aluminum blanket support</i>	192	<i>amiloride hcl</i>	109
<i>aluminum flip off seals 13mm</i>	192	<i>amiloride-hydrochlorothiazide</i>	105
<i>aluminum flip off seals 20mm</i>	192	<i>aminocaproic acid</i>	94
ALUNBRIG.....	63	<i>amiodarone hcl</i>	100
ALVESCO	257	AMITIZA.....	151
<i>alvimopan</i>	149	<i>amitriptyline hcl</i>	48
<i>alyacen 1/35</i>	167	AMJEVITA.....	181
<i>alyacen 7/7/7</i>	167	AMJEVITA-PED 10KG TO <15KG.....	181
AMABELZ	167	AMJEVITA-PED 15KG TO <30KG.....	181
<i>amantadine hcl</i>	70	AMLODIPINE BES+SYRSPEND SF.....	103
<i>amber glass bottle</i>	192	<i>amlodipine besy-benazepril hcl</i>	105
<i>amber glass vials 2ml</i>	192	<i>amlodipine besylate</i>	103
<i>amber glass vials 2ml/13mm</i>	192	<i>amlodipine besylate-valsartan</i>	105
<i>amber glass vials 30ml/20mm</i>	192	<i>amlodipine-atorvastatin</i>	105
AMBIEN	269	<i>amlodipine-olmesartan</i>	106
		<i>amlodipine-valsartan-hctz</i>	106

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

AMMONUL.....	154	ANUSOL-HC	54
AMNESTEEM	125	ANZEMET	50
<i>amondys 45</i>	193	APADAZ.....	17
<i>amoxapine</i>	48	<i>apap-caff-dihydrocodeine</i>	17
<i>amoxicill-clarithro-lansopraz</i>	149	APEXICON E	121
<i>amoxicillin</i>	33, 34	APIDRA.....	88
<i>amoxicillin-pot clavulanate</i>	34	APIDRA SOLOSTAR	88
<i>amoxicillin-pot clavulanate er</i>	34	APLENZIN.....	45
<i>amphetamine sulfate</i>	114	APOKYN	71
<i>amphetamine-dextroamphet er</i>	114	<i>apo-varenicline</i>	26
<i>amphetamine-dextroamphetamine</i>	114	<i>apraclonidine hcl</i>	250
<i>amphotericin b</i>	51	<i>aprepitant</i>	50
<i>ampicillin</i>	34	APRI.....	168
<i>ampicillin-sulbactam sodium</i>	34	APRISO.....	188
AMPYRA.....	118	APRIZIO PAK.....	21
AMRIX	268	APTENSIO XR	115
AMZEEQ.....	125	APTIOM	43
ANAFRANIL.....	48	APTIVUS.....	80
<i>anagrelide hcl</i>	93	AQUORAL.....	120
ANA-LEX.....	125	ARAKODA.....	69
ANALPRAM HC	125	ARALAST NP	154
ANALPRAM HC SINGLES.....	125	ARANELLE	168
ANALPRAM-HC.....	125	ARANESP (ALBUMIN FREE)	93
ANAPROX DS	7	ARAVA.....	186
ANASPAZ	147	ARAZLO.....	125
<i>anastrozole</i>	63	ARBEM H-COSMETIC.....	193
ANAVIP	184	ARBEM LIOPEN	193
ANCOBON.....	51	ARCALYST	185
ANDEXXA.....	94	ARESTIN.....	120
ANDRODERM	166	<i>arformoterol tartrate</i>	259
ANDROGEL PUMP	166	ARGYLE TRACH TUBE HOLDER.....	193
<i>anesthesia s/i-40a</i>	21	ARICEPT.....	44
<i>anesthesia s/i-40h</i>	21	ARIDA	193
<i>anesthesia s/i-40s</i>	21	ARIKAYCE	29
ANGELIQ.....	168	ARIMIDEX.....	63
<i>anhydrous gel base</i>	193	<i>aripiprazole</i>	74
ANNOVERA.....	168	ARISTADA	74
<i>anodyne lpt</i>	21	ARISTADA INITIO.....	74
ANORO ELLIPTA	263	<i>arizona cypress</i>	263
<i>anticoagulant sodium citrate</i>	91	<i>armodafinil</i>	269
<i>anti-diarrheal</i>	149	ARMONAIR DIGIHALER.....	257
<i>anti-hist allergy</i>	255	ARMOUR THYROID	177
<i>antivenin latrodectus mactans</i>	184	ARNUITY ELLIPTA	257
<i>antivenin micrurus fulvius</i>	184	AROMASIN	63
ANTIVERT	49	ARRANON	59
<i>anucort-hc</i>	54	<i>arsenic trioxide</i>	59

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

<i>artesanate</i>	69	<i>atenolol-chlorthalidone</i>	106
<i>arthritis pain reliever</i>	7	ATIVAN	83
ARTHROTEC	8	<i>atomoxetine hcl</i>	115
ARTISS	94	<i>atorvastatin calcium</i>	110
ARZERRA	67	<i>atovaquone</i>	69
ARZOL SILVER NIT APPLICATORS	29	<i>atovaquone-proguanil hcl</i>	69
ASCENIV	184	ATRALIN	125
ASCOMP-CODEINE	17	ATREVIS HYDROGEL	193
<i>asenapine maleate</i>	74	ATROPEN	147
ASHLYNA	168	<i>atropine sulfate</i>	106, 148, 247
ASMANEX (120 METERED DOSES)	257	ATROVENT HFA	258
ASMANEX (14 METERED DOSES)	257	AUBAGIO	118
ASMANEX (30 METERED DOSES)	257	AUBRA EQ	168
ASMANEX (60 METERED DOSES)	257	AUGMENTIN	34
ASMANEX HFA	257	AUGMENTIN ES-600	34
ASPARLAS	62	<i>aum insulin safety pen needle</i>	193, 194
ASPERCREME ARTHRITIS PAIN	8	<i>aum mini insulin pen needle</i>	194
ASPERCREME LIDOCAINE	21	<i>aum pen needle</i>	194
<i>asperflex max st</i>	21	AUM READYGARD DUO PEN NEEDLE ...	194
ASPERFLEX PAIN RELIEVING	21	AUM SAFETY PEN NEEDLE	194
<i>aspergillus fumigatus</i>	263	<i>aureobasidium pullulans</i>	263
<i>aspirin</i>	8	<i>aurora pen needles</i>	194
<i>aspirin 81</i>	8	AUROVELA 1.5/30	168
<i>aspirin adult low dose</i>	8	AUROVELA 1/20	168
<i>aspirin adult low strength</i>	8	AUROVELA 24 FE	168
<i>aspirin childrens</i>	8	AUROVELA FE 1.5/30	168
<i>aspirin ec adult low dose</i>	8	AUROVELA FE 1/20	168
<i>aspirin ec low dose</i>	8	AURYXIA	140
<i>aspirin ec low strength</i>	8	AUSTEDO	117
<i>aspirin low dose</i>	8	<i>autoclave air filter</i>	194
<i>aspirin regimen</i>	8	<i>autoclave paper 36</i>	194
<i>aspirin-dipyridamole er</i>	97	<i>autoclave printer paper</i>	194
ASSURE ID DUO PRO PEN NEEDLES	193	AUTOJECT 2	194
ASSURE ID PRO PEN NEEDLES	193	AUTOSOFT 30 INFUSION SET	194
ASSURE ID SAFETY PEN NEEDLES	193	AUTOSOFT 90 INFUSION SET	194
ASTAMED MYO	193	AUTOSOFT XC INFUSION SET	194
ASTERO	21	AUVI-Q	259
ASTRINGYN	94	AUXIPRO VANISHING	194
ATABEX EC	141	AVALIDE	106
ATABEX OB	141	AVAPRO	98
ATACAND	98	AVAR CLEANSER	125
ATACAND HCT	106	AVAR LS CLEANSER	125
<i>atazanavir sulfate</i>	80	AVAR-E EMOLLIENT	125
ATELVIA	189	AVAR-E GREEN	125
<i>atenolol</i>	101	AVAR-E LS	125
ATENOLOL+SYRSPEND SF	101	AVEED	166

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

<i>aveidaoxia</i>	125
AVIANE.....	168
<i>avidoxy</i>	36
AVIDOXY DK.....	36
AVITA.....	125
AVITENE.....	194
AVO CREAM.....	194
AVODART.....	158
AVONEX PEN.....	118
AVONEX PREFILLED.....	118
AVOSTARTGRIP.....	194
AVSOLA.....	181
AVYCAZ.....	32
AYGESTIN.....	176
AYUNA.....	168
AYVAKIT.....	63
<i>az cream</i>	194
<i>azacididine</i>	93
AZADROX.....	194
AZASAN.....	181
AZASITE.....	250
<i>azathioprine</i>	181
<i>azathioprine sodium</i>	181
AZEDRA DOSIMETRIC.....	62
AZEDRA THERAPEUTIC.....	62
<i>azelaic acid</i>	125
<i>azelastine hcl</i>	249, 255
<i>azelastine-fluticasone</i>	255
AZELEX.....	125
azesco.....	141
AZILECT.....	72
<i>azithromycin</i>	35
AZOPT.....	250
AZOR.....	106
AZSTARYS.....	114
AZULFIDINE.....	189
AZULFIDINE EN-TABS.....	189
AZURETTE.....	168

B

<i>b-6 folic acid</i>	141
<i>baby fridge</i>	194
<i>baby skin protectant</i>	194
BAC.....	7
<i>bacitracin</i>	250
<i>bacitracin-polymyxin b</i>	247
<i>bacitra-neomycin-polymyxin-hc</i>	252

<i>baclofen</i>	76
<i>baclofen (bulk)</i>	77
BACTRIM.....	36
BACTRIM DS.....	36
BAFIERTAM.....	118
<i>bahia</i>	263
BALCOLTRA.....	168
<i>bald cypress</i>	263
<i>balsalazide disodium</i>	188
<i>balsam peru-castor oil</i>	125
BALVERSA.....	63
BALZIVA.....	168
<i>bamboo cane</i>	194
<i>bandage scissors</i>	194
BANOPHEN.....	255
BANZEL.....	43
BAQSIMI ONE PACK.....	88
BAQSIMI TWO PACK.....	88
BARACLUDGE.....	78
BARHEMSYS.....	49
<i>bariatric aluminum cane</i>	194
BASADROX.....	194
BASAGLAR KWIKPEN.....	88
BASE PCCA CLARIFYING.....	194
<i>base w301</i>	194
<i>bath bench with back</i>	194
<i>bath/shower seat</i>	195
<i>bathtub safety rail</i>	195
BAXDELA.....	36
<i>bayberry (wax myrtle)</i>	263
BAYER ASPIRIN.....	8
BAYER ASPIRIN EC LOW DOSE.....	8
BAYER LOW DOSE.....	8
<i>bcg vaccine</i>	187
BD AUTOSHIELD DUO.....	195
BD HEPARIN POSIFLUSH.....	91
BD HYPODERMIC NEEDLE.....	195
BD INSULIN SYR ULTRAFINE II.....	195
BD INSULIN SYRINGE.....	195
BD INSULIN SYRINGE HALF-UNIT.....	195
BD INSULIN SYRINGE MICROFINE.....	195
BD INSULIN SYRINGE U/F.....	195
BD INSULIN SYRINGE U/F 1/2UNIT.....	195
BD INSULIN SYRINGE U-500.....	190
BD INSULIN SYRINGE ULTRAFINE.....	195
BD PEN NEEDLE MICRO U/F.....	195

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	195	<i>benztropine mesylate</i>	70
BD PEN NEEDLE NANO 2ND GEN	195	<i>bepotastine besilate</i>	249
BD PEN NEEDLE NANO U/F	195	BEPREVE	249
BD PEN NEEDLE ORIGINAL U/F	195	BERINERT	180
BD PEN NEEDLE SHORT U/F	196	<i>bermuda grass</i>	263
BD PHLEBOTOMY SHARPS COLLECTOR	196	BESIVANCE.....	250
BD SAFE CLIP NEEDLE CLIPPER	196	<i>beta 1 kit</i>	160
BD SAFETYGLIDE INSULIN SYRINGE	196	BETADINE OPHTHALMIC PREP	29
BD SHARPS COLLECTOR	196	BETALOAN SUIK.....	160
<i>bd sharps container home</i>	196	<i>betamethasone combo</i>	160
BD SHARPS DISPOSAL BY MAIL	196	<i>betamethasone dipropionate</i>	121
BD VEO INSULIN SYR U/F 1/2UNIT	196	<i>betamethasone dipropionate aug</i>	121
BD VEO INSULIN SYRINGE U/F	196	<i>betamethasone sod phos & acet</i>	160
BECONASE AQ.....	257	<i>betamethasone valerate</i>	121
<i>bed wedge</i>	196	BETAPACE	100
BELBUCA	14	BETAPACE AF	100
<i>belladonna alkaloids-opium</i>	148	BETASERON	118
BELSOMRA.....	269	<i>betaxolol hcl</i>	101, 250
BENADRYL ALLERGY	255	<i>bethanechol chloride</i>	158
BENADRYL ALLERGY ULTRATABS	255	BETHKIS	260
<i>benazepril hcl</i>	99	BETIMOL	250
<i>benazepril-hydrochlorothiazide</i>	106	BETOPTIC-S.....	250
<i>bendamustine hcl</i>	59	<i>beutlich ph test roll</i>	196
BENDEKA.....	60	<i>bevacizumab</i>	247
BENEFIX.....	94	BEVESPI AEROSPHERE	263
BENICAR	98	<i>bexarotene</i>	68
BENICAR HCT.....	106	BEYAZ	168
BENLYSTA	185	BEYFORTUS	263
<i>bensal hp</i>	125	BIAFINE	196
BENTIVITE	141	<i>bicalutamide</i>	58
<i>benzalkonium chloride</i>	29	BICILLIN C-R	34
BENZAMYCIN	125	BICILLIN C-R 900/300	34
BENZEPRO	126	BICILLIN L-A	34
BENZEPRO CREAMY WASH	126	BIDIL	106
BENZEPRO FOAMING CLOTHS	126	<i>bi-focal magnifier</i>	196
<i>benzhydrocodone-acetaminophen</i>	17	BIJUVA.....	168
<i>benznidazole</i>	69	BIKTARVY	80
BENZODOX.....	37	BILTRICIDE	69
<i>benzoin</i>	126	<i>bimatoprost</i>	254
<i>benzoin compound</i>	126	<i>bi-mix</i>	158
<i>benzonatate</i>	263	BINOSTO	189
<i>benzoyl perox-hydrocortisone</i>	126	BIO GLO	247
<i>benzoyl peroxide</i>	126	BIONECT	196
<i>benzoyl peroxide forte- hc</i>	126	BIORPHEN	97
<i>benzoyl peroxide-erythromycin</i>	126	BIOTHRAX.....	187
		<i>bisoprolol fumarate</i>	101

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

<i>bisoprolol-hydrochlorothiazide</i>	106	BREYANZI	67
<i>bivalirudin rtu</i>	91	BREYNA	263
<i>bleomycin sulfate</i>	60	BREZTRI AEROSPHERE	263
BLISOVI 24 FE	168	BRIDION	197
BLISOVI FE 1.5/30	168	<i>briellyn</i>	168
BLISOVI FE 1/20	168	BRILINTA	97
<i>blood collection tube holder</i>	196	<i>brimonidine tartrate</i>	126, 250
<i>blood pressure smart card</i>	196	<i>brimonidine-dorzolamide</i>	250
BLOXIVERZ.....	56	BRINEURA.....	154
BLUE-EMU PAIN RELIEF DRY	21	<i>brinzolamide</i>	250
<i>bmi digital smart scale</i>	196	BRIVIACT.....	38
BOCASAL	120	<i>brome</i>	263
BONINE	49	<i>bromfenac sodium (once-daily)</i>	252
BONJESTA	49	<i>bromocriptine mesylate</i>	71
<i>boric acid</i>	126	BROMSITE	252
<i>bortezomib</i>	60	BRONCHITOL.....	263
BOSULIF.....	63	BRONCHITOL TOLERANCE TEST	263
BOTOX	126	BROVANA.....	259
BOTOX COSMETIC	196	BRUKINSA.....	64
<i>botrytis cinerea</i>	263	BRYHALI.....	121
<i>bottle 120ml/spray/clr plastic</i>	196	<i>bsp 0820</i>	160
<i>bottle 2oz/blue glass/dropper</i>	196	<i>bubble point tester kit/wizard</i>	197
<i>bottle 500ml/boston round/cap</i>	196	<i>budesonide</i>	188, 257
<i>bottle 8oz/boston round/cap</i>	196	<i>budesonide er</i>	188
<i>bottle amber glass 33oz</i>	196	<i>bumetanide</i>	109
<i>bottle amber graduated 16oz</i>	196	BUMEX	109
<i>bottle amber graduated 8oz</i>	196	BUPAP	7
<i>bottle/white 6oz w/twist top</i>	196	BUPHENYL.....	154
<i>bottletop dispenser</i>	196	<i>bupivacaine fisiopharma</i>	21
<i>bottletop dispenser adapter</i>	196	<i>bupivacaine hcl</i>	21
<i>bp 10-1</i>	126	<i>bupivacaine hcl (pf)</i>	21
<i>bp cleansing wash</i>	126	<i>bupivacaine hcl-nacl</i>	21
<i>bp vit 3</i>	141	BUPRENEX	26
<i>bpc0</i>	126	<i>buprenorphine</i>	14
<i>bpo</i>	126	<i>buprenorphine hcl</i>	26
BPROTECTED PEDIA IRON	136	<i>buprenorphine hcl-naloxone hcl</i>	26
BPROTECTED PEDIA POLY-VITE/FE	141	<i>bupropion hcl</i>	45
BRAFTOVI.....	64	<i>bupropion hcl er (smoking det)</i>	26
<i>breast pump</i>	196	<i>bupropion hcl er (sr)</i>	45
<i>breathe comfort nasal aspirato</i>	197	<i>bupropion hcl er (xl)</i>	45
<i>breathe comfort nasal irrigat</i>	197	<i>buspirone hcl</i>	83
<i>breathe ease neb mask/child</i>	197	<i>busulfan</i>	57
<i>breathe ease neb mask/infant</i>	197	<i>butalbital-acetaminophen</i>	7
<i>breathe ease pulse oximeter</i>	197	<i>butalbital-apap-caff-cod</i>	17
BREO ELLIPTA	263	<i>butalbital-apap-caffeine</i>	7
BREXAFEMME.....	51	<i>butalbital-asa-caff-codeine</i>	17

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

<i>butalbital-aspirin-caffeine</i>	7
<i>butorphanol tartrate</i>	17
BUTRANS	14
BYDUREON BCISE	84
BYETTA 10 MCG PEN	84
BYETTA 5 MCG PEN	85
BYFAVO	269
BYLVAY	151
BYLVAY (PELLETS)	151
BYSTOLIC	101

C

CABENUVA	80
<i>cabergoline</i>	179
CABLIVI	97
CABOMETYX	64
CADIRAMD	21
CADUET	106
<i>caffeine citrate</i>	117
CALCIFOL	141
<i>calcipotriene</i>	126
<i>calcipotriene-betameth diprop</i>	121
<i>calcitonin (salmon)</i>	189
CALCITRENE	126
<i>calcitriol</i>	126, 189
<i>calcium acetate</i>	140
<i>calcium acetate (phos binder)</i>	140
<i>calcium gluconate-nacl</i>	136
CALDOLOR	8
<i>california pepper tree</i>	263
CALQUENCE	64
CAMBIA	8
CAMILA	176
CAMRESE	168
CAMRESE LO	168
CANASA	188
CANCIDAS	51
<i>candesartan cilexetil</i>	99
<i>candesartan cilexetil-hctz</i>	106
<i>candida albicans extract</i>	263
<i>cane</i>	197
<i>cane for blind folding</i>	197
<i>cane holder</i>	197
<i>cane tips</i>	197
<i>cane tips 3/4</i>	197
<i>cane tips 7/8</i>	197
<i>cane tips for alum 3/4</i>	197

<i>cane tips for wood 3/4</i>	197
<i>cane tips for wood 5/8</i>	197
<i>cane tips for wood 7/8</i>	197
<i>cane wrist strap</i>	197
<i>cane/offset handle</i>	197
<i>cane/t-handle</i>	197
<i>cantharidin</i>	197
<i>capecitabine</i>	59
CAPEX	121
CAPLYTA	74
CAPRELSA	64
<i>capsinac</i>	8
<i>captopril</i>	99
<i>captopril-hydrochlorothiazide</i>	106
CARAC	59
CARAFATE	153
CARBAGLU	136
<i>carbamazepine</i>	43
<i>carbamazepine er</i>	43
CARBATROL	43
<i>carbidopa</i>	72
<i>carbidopa-levodopa</i>	72
<i>carbidopa-levodopa er</i>	72
<i>carbidopa-levodopa-entacapone</i>	72
<i>carbinoxamine maleate</i>	255
CARBOGEL 940	197
CARBOHOL 940	197
<i>carbomer aqueous</i>	197
<i>carboplatin</i>	57, 62
CARDENE IV	103
<i>cardioplegia del nido formula</i>	139
<i>cardioplegia ind plasma high k</i>	139
<i>cardioplegia ind plasma-tromet</i>	139
<i>cardioplegia induction high k</i>	139
<i>cardioplegia induction low dex</i>	139
<i>cardioplegia induction non-enr</i>	139
<i>cardioplegia main low dextrose</i>	139
<i>cardioplegia main low trometha</i>	139
<i>cardioplegia main plasma-trome</i>	139
<i>cardioplegia maintenance</i>	139
<i>cardioplegia reperfusate 4</i> 1 139	
CARDIZEM	103
CARDIZEM CD	103
CARDIZEM LA	103
CARDURA	158

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

CARDURA XL.....	158	<i>cefotaxime sodium</i>	33
CAREFINE PEN NEEDLES.....	197	<i>cefotetan disodium</i>	33
<i>careone insulin syringe</i>	197	<i>cefoxitin sodium</i>	33
<i>careone unifine pentips plus</i>	197	<i>cefpodoxime proxetil</i>	33
CARETOUCH 2 CPAP HOSE HANGER	197	<i>cefprozil</i>	33
CARETOUCH CPAP & BIPAP HOSE	197	<i>ceftazidime</i>	33
CARETOUCH CPAP MASK WIPES.....	198	<i>ceftriaxone sodium</i>	33
CARETOUCH CPAP PRE-WASH SOLN....	198	<i>cefuroxime axetil</i>	33
CARETOUCH CPAP TUBE BRUSH	198	CELEBREX	8
CARETOUCH INSULIN SYRINGE	198	<i>celecoxib</i>	8
CARETOUCH PEN NEEDLES	198	CELESTONE SOLUSPAN	160
CARETOUCH PULSE OXIMETER.....	198	CELEXA	46
CARETOUCH UNIVERSL CPAP FILTER ..	198	<i>cellpad</i>	198
CAREX COCCYX CUSHION.....	198	CELONTIN	39
CAREX ULTRA GRABBER 32	198	CEM-UREA	126
CAREX WHEELCHAIR.....	198	CENFOL.....	141
<i>carglumic acid</i>	136	CENTRATEX	141
<i>carisoprodol</i>	268	CENTRUM FLAVOR BURST KIDS.....	134
<i>carmustine</i>	60	CENTRUM KIDS	134
CARNITOR	198	<i>cephalexin</i>	33
CARNITOR SF.....	198	CEQUA	247
CAROSPIR	109	CEQUR SIMPLICITY 2U.....	198
<i>carteolol hcl</i>	250	CEQUR SIMPLICITY INSERTER	198
CARTIA XT	103	CERACADE	126
<i>carvedilol</i>	101	CERDELGA	154
<i>carvedilol phosphate er</i>	101	CEREBYX	43
CASODEX	58	CEREZYME	154
<i>caspofungin acetate</i>	51	CEROVITE JR	141
<i>cat hair extract</i>	263	<i>cervical pillow</i>	198
CATAPRES-TTS-1	97	<i>cervical pillow/cover</i>	198
CATAPRES-TTS-2	97	CERVIDIL.....	166
CATAPRES-TTS-3	97	CETACAINE.....	21
CATHFLO ACTIVASE	91	CETRAXAL	254
<i>cattle epithelium</i>	263	<i>cetyl myristoleate</i>	198
CAYA	198	<i>cevimeline hcl</i>	120
CAYSTON.....	260	CHARLOTTE 24 FE	168
<i>cedar elm</i>	263	CHATEAL EQ	168
<i>cefaclor</i>	32	CHEMET	139
<i>cefaclor er</i>	32	<i>chemo transfer pin</i>	198
<i>cefadroxil</i>	32	CHENODAL	149
<i>cefazolin sodium</i>	32	<i>cherry</i>	198
<i>cefazolin sodium-dextrose</i>	33	<i>cherry concentrate</i>	198
<i>cefdinir</i>	33	<i>childrens animal shapes</i>	141
<i>cefepime hcl</i>	33	<i>childrens aspirin</i>	8
<i>cefixime</i>	33	<i>childrens gummies</i>	134
CEFOTAN.....	33	<i>chlooxia</i>	121

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

<i>chloramphenicol sod succinate</i>	30	CITRANATAL B-CALM	141
<i>chlordiazepoxide hcl</i>	83	CITRANATAL BLOOM	141
<i>chlordiazepoxide-amitriptyline</i>	48	CITRANATAL HARMONY	141
<i>chlordiazepoxide-clidinium</i>	148	CITRANATAL MEDLEY	141
<i>chloroform</i>	198	<i>cladosporium cladosporioides</i>	263
<i>chloroquine phosphate</i>	69	<i>cladribine</i>	60
<i>chlorpromazine hcl</i>	72, 73	CLARAVIS	126
<i>chlorthalidone</i>	110	CLARINEX	255
<i>chlorzoxazone</i>	268	CLARINEX-D 12 HOUR	264
CHOLBAM	154	<i>clarithromycin</i>	35
<i>cholecal df</i>	141	<i>clarithromycin er</i>	35
<i>cholestyramine</i>	111	<i>classics rolling walker</i>	199
<i>cholestyramine light</i>	111	<i>cleanroom tacky mat 18</i>	199
<i>chondroitin sulfate</i>	247	<i>clear glass vial 10ml</i>	199
CHRYSADERM DAY	198	<i>clear glass vials 2ml</i>	199
CHRYSADERM NIGHT	198	CLEARLAX	151
CICLODAN	51	<i>clemastine fumarate</i>	255
<i>ciclopirox</i>	51	CLENIA PLUS	126
<i>ciclopirox olamine</i>	51	CLEOCIN	30, 133
<i>ciclopirox treatment</i>	51	CLEOCIN-T	30
<i>cidofovir</i>	77	CLEODERM	199
CIFEREX	141	CLEVER CHOICE BMI SCALE	199
<i>cilostazol</i>	97	CLEVER CHOICE BREAST PUMP	199
CILOXAN	250	CLEVER CHOICE COMFORT EZ	199
CIMDUO	81	CLEVER CHOICE HEARING AMPLIFIE ...	199
<i>cimetidine</i>	150	CLEVER CHOICE HYDROTHERAPY SYS	199
<i>cimetidine hcl</i>	150	<i>clickfine pen needles</i>	199
CIMZIA	181	CLICKFINE PEN NEEDLES	199
CIMZIA (2 SYRINGE)	181	CLIMARA	168
CIMZIA STARTER KIT	181	CLIMARA PRO	168
<i>cinacalcet hcl</i>	189	CLINDACIN ETZ	30, 126
CINIS PREEMIE HALO LARGE	198	CLINDACIN PAC	126
CINIS PREEMIE HALO MEDIUM	199	CLINDACIN-P	30
CINIS PREEMIE HALO SMALL	199	CLINDAGEL	30
CINRYZE	180	<i>clindamycin hcl</i>	30
CINVANTI	50	<i>clindamycin palmitate hcl</i>	30
CIPRO	36	<i>clindamycin phos-benzoyl perox</i>	126, 127
CIPRO HC	254	<i>clindamycin phosphate</i>	30, 133
CIPRODEX	254	<i>clindamycin phosphate in nacl</i>	30
<i>ciprofloxacin hcl</i>	36, 250, 254	<i>clindamycin-tretinoin</i>	127
<i>ciprofloxacin-dexamethasone</i>	254	<i>clindavix</i>	127
<i>ciprofloxacin-fluocinolone pf</i>	254	CLINDESSE	133
<i>cisplatin</i>	60	CLINERE EARWAX CLEANERS	199
<i>citalopram hydrobromide</i>	46	CLINERE EARWAX REMOVER	199
CITRANATAL 90 DHA	141	<i>clanimix e/dextrose (8/10)</i>	135
CITRANATAL ASSURE	141	<i>clanimix e/dextrose (8/14)</i>	135

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

<i>clanimix/dextrose (6/5)</i>	135	<i>colestipol hcl</i>	111
<i>clanimix/dextrose (8/10)</i>	135	<i>colistimethate sodium (cba)</i>	30
<i>clanimix/dextrose (8/14)</i>	135	COLY-MYCIN M.....	30
CLINOIN	127	COMAR PRESS-IN BOTTLE ADAPTERS..	199
CLIP & STOR.....	199	COMBIGAN.....	251
<i>clobazam</i>	39	COMBIPATCH	168
<i>clobetasol prop emollient base</i>	121	COMBIVENT RESPIMAT.....	258
<i>clobetasol propionate</i>	121	COMBIVIR	81
<i>clobetasol propionate e</i>	121	COMETRIQ (100 MG DAILY DOSE)	64
<i>clobetasol propionate emulsion</i>	121	COMETRIQ (140 MG DAILY DOSE)	64
<i>clobetavix</i>	121	COMETRIQ (60 MG DAILY DOSE)	64
CLOBEX	121	COMFORT ASSIST INSULIN SYRINGE	199
CLOBEX SPRAY	121	<i>comfort curve massage cushion</i>	199
<i>clocortolone pivalate</i>	121	COMFORT EZ INSULIN SYRINGE	199
CLODAN.....	121	COMFORT EZ MICRO PEN NEEDLES.....	200
CLODERM	121	COMFORT EZ PEN NEEDLES	200
<i>clofarabine</i>	60	COMFORT EZ PRO PEN NEEDLES.....	200
<i>clomipramine hcl</i>	49	COMFORT EZ SHORT PEN NEEDLES.....	200
<i>clonazepam</i>	39	COMFORT FIT FLANGES LARGE	200
<i>clonidine</i>	97	COMFORT PERSONAL CLEANS CART....	200
<i>clonidine hcl</i>	97	COMFORT PERSONAL MICROWAVE	200
<i>clonidine hcl er</i>	115	COMFORT PERSONAL SHAMPOO CAP ..	200
<i>clopidogrel bisulfate</i>	97	COMFORT PERSONAL WARMER 14-CT .	200
<i>clorazepate dipotassium</i>	83	COMFORT PERSONAL WARMER 28-CT .	200
CLOTOTEKAL.....	22	COMFORT TOUCH INSULIN PEN NEED ..	200
<i>clotrimazole</i>	51	COMIRNATY.....	187
<i>clotrimazole-betamethasone</i>	51	<i>commode</i>	200
<i>clozapine</i>	76	<i>commode 3-in-1</i>	200
CLOZARIL	76	<i>commode bedside</i>	200
<i>c-nate dha</i>	141	<i>commode bedside/back</i>	200
<i>co monitor</i>	199	<i>commode pail</i>	200
COAGADEX.....	94	<i>commode splash guard</i>	201
<i>coal tar</i>	127	COMPLERA	81
COARTEM	69	<i>complete allergy medicine</i>	255
<i>coatamax patch</i>	199	<i>complete allergy relief</i>	255
<i>cocaine hcl</i>	22	<i>complete natal dha</i>	141
<i>cocklebur</i>	264	COMPLETE NEEDLE COLLECTION SYS.	201
<i>codeine sulfate</i>	17	<i>completenate</i>	142
COLAZAL.....	188	<i>compressor nebulizer</i>	201
<i>colchicine</i>	54	COMPRO	73
<i>colchicine-probenecid</i>	54	COMTAN.....	71
COLCRYS.....	54	CO-NATAL FA	142
<i>cold seal blisters/large</i>	199	CONCEPT DHA	142
<i>colesevelam hcl</i>	111	CONCEPT OB	142
COLESTID	111	CONCERTA	115
COLESTID FLAVORED.....	111	<i>condoms</i>	201

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

CONDYLOX.....	127	<i>coverall w/hood/xxl</i>	201
CONJUPRI.....	103	<i>coveralls elast back/wrst/ankl</i>	201
<i>constulose.....</i>	151	COZAAR	99
<i>contour back cushion</i>	201	<i>cream base</i>	201
<i>contour fitted sheets.....</i>	201	<i>cream base niosomes</i>	201
<i>contour mattress cover</i>	201	<i>cream base with liposome</i>	201
CONTRAST ALLERGY PREMED PACK....	161	<i>cream concentrate.....</i>	201
CONVENIENCE PAK	117	<i>cream-heavy base niosomes</i>	201
CONZIP	14	CREON	147, 154
COPASIL	127	CRESEMBA	51
COPAXONE.....	118	CRESTOR.....	110
COPIKTRA.....	64	CRINONE.....	176
CORDRAN.....	121	CROFAB	184
COREG.....	101	<i>cromolyn sodium</i>	149, 249, 260
COREG CR.....	101	CROTAN	70
COREMINO	37	<i>crutch</i>	201
CORETEXT	201	<i>crutch accessory kit.....</i>	201
CORGARD.....	101	<i>crutch handgrips.....</i>	201
CORIFACT.....	94	<i>crutch pillows/arm/hand.....</i>	201
CORLANOR.....	106	<i>crutch set.....</i>	201
<i>corn (syrup).....</i>	201	<i>crutch tips.....</i>	201
<i>corn pollen</i>	264	<i>crutch underarm pads</i>	201
CORTANE-B	121	<i>crutches-aluminum</i>	201
CORTEF	161	CRUTCH-MATE ADULT ARM	201
CORTENEMA.....	188	CRUTCH-MATE ADULT FOREARM	201
CORTIFOAM	189	CRUTCH-MATE ADULT HAND GRIP LG...201	
<i>cortisone acetate.....</i>	161	CRUTCH-MATE ADULT HAND GRIPS.....	201
CORTISPORIN-TC	254	CRYSELLE-28	169
CORVITA 150	142	CRYSVITA	154
CORVITE 150	142	CUBICIN RF.....	30
<i>corvite fe</i>	142	CUPRIMINE	158
COSELA	67	CURAE.....	176
COSENTYX	185	CURAFIL WOUND DRESSING	201
COSENTYX (300 MG DOSE)	185	CUROSURF.....	264
COSENTYX SENSOREADY (300 MG)	185	<i>custom-flex.....</i>	201
COSENTYX SENSOREADY PEN	185	CUTAQUIG	184
COSOPT.....	251	<i>cutis plus</i>	201
COSOPT PF	251	CUVITRU	184
COTELLIC	64	CUVPOSA.....	148
COTEMPLA XR-ODT	115	<i>cvs adapalene</i>	127
COVARYX	168	<i>cvs alkaline batteries size aa.....</i>	201
COVARYX HS	168	<i>cvs allergy</i>	255
<i>coverall boots/disposable/univ</i>	201	<i>cvs allergy relief</i>	255
<i>coverall w/hood/3xl</i>	201	<i>cvs aspirin adult low dose</i>	8
<i>coverall w/hood/small.....</i>	201	<i>cvs aspirin adult low strength</i>	8
<i>coverall w/hood/xl</i>	201	<i>cvs aspirin ec</i>	8

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<i>cvs aspirin low dose</i>	8
<i>cvs aspirin low strength</i>	8
<i>cvs cane</i>	201
<i>cvs chewable childrens vitamin</i>	142
<i>cvs childrens complete</i>	142
<i>cvs crutches</i>	201
<i>cvs diabetic organizer</i>	201
<i>cvs diclofenac sodium</i>	8
<i>cvs ear plugs</i>	202
<i>cvs folic acid</i>	142
<i>cvs gel grip folding cane</i>	202
<i>cvs gummy dinos</i>	134
<i>cvs gummy multivitamin kids</i>	134
<i>cvs inflatable vinyl cushion</i>	202
<i>cvs ivermectin lice treatment</i>	70
<i>cvs lidocaine pain relief</i>	22
<i>cvs lidocaine pain-relieving</i>	22
<i>cvs manuka honey wound</i>	202
<i>cvs motion sickness relief</i>	49
<i>cvs needle collection/disposal</i>	202
<i>cvs nicotine</i>	26
<i>cvs nicotine polacrilex</i>	26, 27
<i>cvs olopatadine hcl</i>	249
<i>cvs pain relief</i>	22
<i>cvs pill splitter</i>	202
<i>cvs pulse oximeter</i>	202
CVS PURELAX	151
<i>cvs quad cane</i>	202
<i>cvs ready set go bath bench</i>	202
<i>cvs reusable sheet protector</i>	202
<i>cvs rubber cushion</i>	202
<i>cvs sleep aid</i>	269
<i>cvs sleep aid nighttime</i>	269
<i>cyanocobalamin</i>	142
<i>cyclobenzaprine hcl</i>	268
<i>cyclobenzaprine hcl er</i>	268
CYCLOGYL	247
CYCLOMYDRIL	249
<i>cyclopentolate hcl</i>	247
<i>cyclophosphamide</i>	57, 58
<i>cycloserine</i>	57
CYCLOSET	85
<i>cyclosporine</i>	181, 248
<i>cyclosporine modified</i>	181
CYKLOKAPRON	94
CYLTEZO (2 PEN)	181

CYLTEZO (2 SYRINGE)	181
CYLTEZO-CD/UC/HS STARTER	181
CYLTEZO-PSORIASIS/UV STARTER	181
CYMBALTA	46
<i>cyproheptadine hcl</i>	255
CYRAMZA	64
CYRED EQ	169
CYSTADANE	154
CYSTADROPS	154
CYSTAGON	154
<i>cytarabine</i>	60
<i>cytarabine (pf)</i>	60
CYTOTEC	153
<i>cytra k crystals</i>	136

D

<i>dacarbazine</i>	60
<i>dactinomycin</i>	60
<i>daily moisturizer</i>	202
<i>dalfampridine er</i>	118
DALIRESP	261
DALVANCE	30
<i>danazol</i>	166
<i>dandelion</i>	264
DANTRIUM	77
<i>dantrolene sodium</i>	77
DANYELZA	67
<i>dapsone</i>	57, 127
<i>daptomycin</i>	30
DARAPRIM	69
<i>darifenacin hydrobromide er</i>	157
<i>darunavir</i>	80
DARZALEX FASPRO	62
DASETTA 1/35	169
DASETTA 7/7/7	169
<i>daunorubicin hcl</i>	60
DAURISMO	64
DAYPRO	8
DAYSEE	169
DAYTRANA	115
DAYVIGO	269
DDAVP	164
DDAVP PF	164
DEBLITANE	176
<i>decitabine</i>	60
DEEP-TISSUE	202
<i>deferasirox</i>	139

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

<i>deferasirox granules</i>	139	<i>desmopressin ace spray refrig</i>	164
<i>deferiprone</i>	139	<i>desmopressin acetate</i>	164, 165
<i>deferoxamine mesylate</i>	202	<i>desmopressin acetate pf</i>	165
DELESTROGEN	169	<i>desmopressin acetate spray</i>	165
DELSTRIGO	81	<i>desogestrel-ethinyl estradiol</i>	169
DELUO	127	<i>desonide</i>	122
DELYLA	169	DESOWEN	122
DELZICOL	188	<i>desoximetasone</i>	122
<i>demeclocycline hcl</i>	37	DESODYN	114
DEMEROL	17	DESRX	122
DEMSER	106	<i>desvenlafaxine er</i>	46
DENAVIR	78	<i>desvenlafaxine succinate er</i>	46
<i>dental guard</i>	202	DETROL	157
DENTEK PROF-FIT DENTAL GUARD	202	DETROL LA	157
<i>deodorant tubes 2.65oz-caps</i>	202	<i>dexabliss</i>	161
<i>deoxia</i>	127	<i>dexamethasone</i>	161
DEPAKOTE	39	DEXAMETHASONE INTENSOL	161
DEPAKOTE ER	39	<i>dexamethasone sod phosphate pf</i>	160, 161
DEPAKOTE SPRINKLES	39	<i>dexamethasone sodium phosphate</i> ...	160, 161,
DEPEN TITRATABS	159	252	
DEPO-ESTRADIOL	169	DEXEDRINE	114
DEPO-MEDROL	160, 161	DEXERYL	127
DEPO-PROVERA	176	DEXILANT	153
DEPO-SUBQ PROVERA 104	176	<i>dexlansoprazole</i>	153
DEPO-TESTOSTERONE	166	<i>dexmedetomidine hcl</i>	82
DERMACINRX CLORHEXACIN	127	<i>dexmedetomidine hcl in nacl</i>	82
DERMACINRX LEXITRAL PHARMAPAK	8	<i>dexmedetomidine hcl-dextrose</i>	38
DERMACINRX LIDOGEAL	22	<i>dexmethylphenidate hcl</i>	115
DERMACINRX PHN	22	<i>dexmethylphenidate hcl er</i>	115
DERMACINRX PRETRATE	142	DEXONTO 0.4%	161
DERMACINRX PROBITRAN	149	<i>dexrazoxane hcl</i>	60
<i>dermacinrx surgical combopak</i>	127	<i>dextroamphetamine sulfate</i>	114
DERMACINRX THERAZOLE PAK	52	<i>dextroamphetamine sulfate er</i>	114
DERMACINRX ZRM	22	<i>dfs dr/ms/menth/cap pak</i>	8
<i>dermalid</i>	22	<i>dfs/ms/menth/cap pak</i>	9
DERMA-SMOOTH/FS BODY	122	DIACOMIT	39
DERMA-SMOOTH/FS SCALP	122	<i>diadimaxia</i>	127
DERMAZENE	52	<i>dial-a-dose syringe 15ml</i>	202
DERMELLE	127	<i>dial-a-dose syringe 30ml</i>	202
DERMOTIC	254	<i>dial-a-dose syringe 60ml</i>	202
DERPIXA	202	<i>diaoxia</i>	127
DESCOVY	81	<i>diasdimaxia</i>	127
DESFERAL	202	<i>diasoxia</i>	127
<i>desflurane</i>	202	DIASTAT ACUDIAL	40
<i>desipramine hcl</i>	49	DIASTAT PEDIATRIC	40
<i>desloratadine</i>	255	DIATHRIVE PEN NEEDLE	202

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

<i>diazepam</i>	40, 83	<i>dimoxia</i>	127
DIAZEPAM INTENSOL	83	DINAMAP MONITOR PROBE COVERS	202
<i>diazoxide</i>	88	<i>diochloy</i>	122
DIBENZYLINE	98	DIOVAN	99
DICLEGIS	49	DIOVAN HCT	107
<i>diclofenac epolamine</i>	9	DIPENTUM	188
<i>diclofenac potassium</i>	9	<i>diphen</i>	255
<i>diclofenac sodium</i>	9, 252	<i>diphenhydramine hcl</i>	255
<i>diclofenac sodium er</i>	9	<i>diphenoxylate-atropine</i>	149
<i>diclofenac-misoprostol</i>	9	DIPROLENE	122
DICLOFONO	9	<i>dipyridamole</i>	97
<i>diclopr</i>	9	<i>disopyramide phosphate</i>	100
<i>diclostrean</i>	9	<i>disp single head stethoscope</i>	202
DICLOTREX	9	<i>dispenser 50ml/foamer pump</i>	202
<i>diclovix</i>	9	<i>dispenser md jar 50ml</i>	202
<i>diclovix m</i>	9	<i>dispenser md pen 6.5ml</i>	202
<i>dicloxacillin sodium</i>	34	<i>dispenser md pump 0.5ml</i>	202
DICOPANOL FUSEPAQ	255	<i>dispenser md pump 1.0ml</i>	202
<i>dicyclomine hcl</i>	148	<i>dispenser md pump 1.5ml</i>	202
DIFFERIN	127	<i>dispenser md pump bottle 100ml</i>	203
DIFFUSER ULTRA SONIC	202	<i>dispenser md pump bottle 150ml</i>	203
DIFICID	35	<i>dispenser md pump bottle 15ml</i>	203
<i>diflorasone diacetate</i>	122	<i>dispenser md pump bottle 200ml</i>	203
DIFLUCAN	52	<i>dispenser md pump bottle 240ml</i>	203
<i>diflunisal</i>	9	<i>dispenser md pump bottle 30ml</i>	203
<i>difluprednate</i>	252	<i>dispenser md pump bottle 50ml</i>	203
<i>difmetioxime</i>	52	<i>dispenser md pump bottle 80ml</i>	203
DIGIFAB	202	<i>dispenser md syringe 10ml</i>	203
<i>digital glass scale</i>	202	<i>dispenser md syringe 5ml</i>	203
<i>digital scale/bluetooth</i>	202	<i>dispenser megapump airless</i>	203
<i>digoxin</i>	106, 107	<i>dispenser megapump mezzo rnd</i>	203
<i>dihydroergotamine mesylate</i>	55	DISPENSER TIP CAP/PRECISED DOSE	203
DILANTIN	43	<i>dispenser/md foamer</i>	203
DILANTIN INFATABS	43	<i>disposable bulb/valve</i>	203
DILAUDID	17	<i>disulfiram</i>	25
<i>diltiazem hcl</i>	103	DIURIL	110
<i>diltiazem hcl er</i>	103	<i>divalproex sodium</i>	40
<i>diltiazem hcl er beads</i>	103	<i>divalproex sodium er</i>	40
<i>diltiazem hcl er coated beads</i>	103	<i>diverter valve</i>	203
<i>diltiazem hcl-dextrose</i>	104	DIVIGEL	169
<i>dilt-xr</i>	104	DMT SUIK	161
<i>dimenhydrinate</i>	49	<i>docetaxel</i>	60
<i>dimentho</i>	9	<i>dofetilide</i>	100
<i>dimethyl fumarate</i>	118	<i>dog epithelium</i>	264
<i>dimethyl fumarate starter pack</i>	118	<i>dog fennel</i>	264
<i>dimethyl sulfoxide</i>	202	DOJOLVI	203

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

DOLISHALE.....	169	DROXIA	59
<i>donepezil hcl</i>	44	<i>drug mart unifine pentips</i>	204
DONNATAL	148	<i>drug mart unifine pentips plus</i>	204
<i>doptainers 10ml</i>	203	DRYSOL	127
DOPTelet	97	DSUVIA.....	17
DORAL	269	DUAKLIR PRESSAIR.....	264
DORYX	37	<i>dual complex formula 1 kit</i>	9
DORYX MPC	37	<i>dual paddle folding walker</i>	204
<i>dorzolamide hcl</i>	251	DUAVEE	169
<i>dorzolamide hcl-timolol mal</i>	251	DUET DHA 400	142
<i>dorzolamide hcl-timolol mal pf</i>	251	DUET DHA BALANCED.....	142
DOTTI	169	DUETACT	85
<i>double pm</i>	252	DUEXIS.....	9
DOUBLEDEX.....	161	DULERA.....	264
DOVATO.....	81	<i>duloxetine hcl</i>	46
DOVER COMMODORE SPECIMEN COLLECT		DUNLAP FOAM RING CUSHION	204
.....	203	DUNLAP INFLATABLE VINYL RING	204
DOVER MIDSTREAM SPECIMEN CATCH	203	DUOBRII	122
<i>doxazosin mesylate</i>	158	DUODOTE	204
<i>doxepin hcl</i>	49, 127, 269	DUOPA	72
<i>doxercalciferol</i>	189	DURABASE	204
<i>doxorubicin hcl</i>	60	DURABASE ADVANCED.....	204
<i>doxorubicin hcl liposomal</i>	60	<i>duramorph</i>	17
DOXY 100.....	37	DUREX EXTRA SENSITIVE THIN.....	204
<i>doxycycline</i>	127	DUREX REALFEEL	204
<i>doxycycline hyclate</i>	37	DUREX TROPICAL.....	204
<i>doxycycline monohydrate</i>	37	DUREZOL	252
<i>doxylamine-pyridoxine</i>	50	<i>dust mite mixed allergen ext</i>	184
DRAMAMINE MOTION SICKNESS.....	50	<i>dutasteride</i>	158
<i>draxacey</i>	127	<i>dutasteride-tamsulosin hcl</i>	158
DRISDOL	142	DYANAVEL XR	114
<i>drixice</i>	127	DYMISTA	255
DRIZALMA SPRINKLE	46	DYNAGEL	204
<i>dronabinol</i>	50	DYRENIUM	109
<i>droperidol</i>	83	DYSPORT	127
DROPLET INSULIN SYRINGE.....	203	DYURAL-40	161
DROPLET PEN NEEDLES	203	DYURAL-80	161
<i>dropper & screw cap 4oz</i>	203	DYURAL-L	161
<i>dropping bottle 30ml</i>	204	DYURAL-LM	161
<i>dropsafe safety pen needles</i>	204	E	
<i>droptainer tip caps</i>	204	E.E.S. 400	35
<i>droptainers ophthalmic 15ml</i>	204	E.E.S. GRANULES	35
<i>droptainers ophthalmic 3ml</i>	204	<i>ear wax removal/tri-stream tip</i>	204
<i>droptainers ophthalmic 7ml</i>	204	<i>earplugs</i>	204
<i>drospiren-eth estrad-levomefol</i>	169	EASIVENT	204
<i>drospirenone-ethinyl estradiol</i>	169	EASIVENT MASK LARGE	204

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

EASIVENT MASK MEDIUM.....	204	<i>egg crate bed pad</i>	206
EASIVENT MASK SMALL	204	<i>eha</i>	22
<i>eastern cottonwood</i>	264	ELAPRASE	154
<i>easy comfort insulin syringe</i>	204	<i>electrodes 2</i>	206
<i>easy comfort pen needles</i>	204, 205	<i>electrotherapy pain relief</i>	206
<i>easy comfort sharps container</i>	205	ELELYSO	154
<i>easy feed electric breast pump</i>	205	ELEPSIA XR	38
<i>easy glide pen needles</i>	205	ELESTRIN.....	169
EASY TOUCH FLIPLOCK INSULIN SY	205	ELETONE	127
EASY TOUCH FLIPLOCK NEEDLES.....	205	<i>eletriptan hydrobromide</i>	55
EASY TOUCH HYPODERMIC NEEDLE	205	ELIDEL.....	182
EASY TOUCH INSULIN SAFETY SYR	205	ELIGARD	179
EASY TOUCH INSULIN SYRINGE	205	ELINEST	169
EASY TOUCH PEN NEEDLES.....	205	ELIQUIS	91
EASY TOUCH SAFETY PEN NEEDLES....	205	ELIQUIS DVT/PE STARTER PACK.....	91
EASY TOUCH SHEATHLOCK SYRINGE ..	205	ELITEK.....	69
EASYPOINT NEEDLE	206	ELITE-OB.....	142
EBASE CONTROLLER KIT	206	ELIXOPHYLLIN.....	261
<i>eceoxia</i>	127	ELLA	176
EC-NAPROSYN.....	9	ELMIRON	159
<i>ec-naproxen</i>	9	ELOCTATE	94
<i>econazole nitrate</i>	52	ELON PROFESSIONAL NAIL CARE.....	206
ECONTRA ONE-STEP	176	<i>elongated toilet seat elevator</i>	206
ECO-SMARTFUNNEL 186ML	206	ELOSHIELD FACE SHIELD.....	206
ECOTRIN.....	9	ELURYNG.....	169
ECOTRIN ARTHRTIS PAIN.....	9	ELZONRIS	60
ECOTRIN LOW STRENGTH	9	EMBRACE PEN NEEDLES	206
ECOZA	52	EMCYT.....	59
<i>ec-rx estradiol</i>	169	EMEND	50
<i>ec-rx progesterone</i>	176	EMEND TRI-PACK.....	50
<i>ec-rx testosterone</i>	166	EMERGEN-C KIDZ	134
EDARBI.....	99	<i>emergen-c kidz immune+</i>	134
EDARBYCLOR	107	EMERPHED	97
EDECRIN.....	109	EMFLAZA.....	161
EDLUAR	269	EMGALITY	55
EDURANT.....	79	EMGALITY (300 MG DOSE).....	55
EEMT	169	EMOLIVAN.....	206
EEMT HS.....	169	<i>emollient base</i>	206
<i>efavirenz</i>	79	EMPAVELI	185
<i>efavirenz-emtricitab-tenofo df</i>	81	<i>empty vial 3ml</i>	206
<i>efavirenz-lamivudine-tenofovir</i>	81	EMSAM	46
EFFER-K.....	136	<i>emtricitabine</i>	79
EFFEXOR XR	46	<i>emtricitabine-tenofovir df</i>	81
EFFIENT	97	EMTRIVA	79
EFUDEX	59	EMULSION SB.....	127
EGATEN	69	EMVERM	69

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

<i>enalapril maleate</i>	99	EPIDUO FORTE	127
<i>enalapril-hydrochlorothiazide</i>	107	EPIFOAM	122
ENBRACE HR	142	<i>epinastine hcl</i>	249
ENBREL.....	182	<i>epinephrine</i>	259
ENBREL MINI.....	182	<i>epinephrine hcl (nasal)</i>	264
ENBREL SURECLICK	182	<i>epinephrine hcl-nacl</i>	98
ENCARE	159	<i>epinephrine-dextrose</i>	98
ENDARI	206	<i>epinephrine-nacl</i>	98
ENDO AVITENE	206	EPITOL	43
<i>endocet</i>	18	EPIVIR	79
ENDOCET	17	<i>eplerenone</i>	109
ENDOMETRIN.....	176	EPOGEN.....	93
<i>endoscopic delivery system</i>	206	<i>epoprostenol sodium</i>	261
<i>endurance four leg seat cane</i>	206	EPZICOM.....	81
ENDURANCE HD COMMODE	206	<i>eq allergy relief</i>	255
ENHERTU.....	67	<i>eq arthritis pain</i>	9
ENLITE SERTER.....	206	<i>eq arthritis pain reliever</i>	9
<i>enovarx-amitriptyline</i>	206	<i>eq aspirin adult low dose</i>	9
<i>enovarx-baclofen</i>	77	<i>eq aspirin low dose</i>	9
<i>enovarx-cyclobenzaprine hcl</i>	268	<i>eq bath & shower seat/back</i>	206
<i>enovarx-diclofenac sodium</i>	9	EQ CLEARLAX	151
<i>enovarx-ibuprofen</i>	9	<i>eq complete multivitamin child</i>	142
<i>enovarx-lidocaine hcl</i>	22	<i>eq crutches</i>	206
<i>enovarx-naproxen</i>	9	<i>eq folding walker</i>	206
<i>enovarx-tramadol</i>	7	<i>eq ivermectin</i>	70
<i>enoxaparin sodium</i>	91	<i>eq laxative</i>	151
ENPRESSE-28	169	<i>eq lidocaine pain relieving</i>	22
ENSKYCE.....	169	<i>eq loperamide hcl</i>	149
ENSPRYNG.....	248	<i>eq multivitamin gummies</i>	134
ENSTILAR	122	<i>eq multivitamins gummy child</i>	134
<i>entacapone</i>	71	<i>eq nicotine</i>	27
<i>entecavir</i>	78	<i>eq nicotine polacrilex</i>	27
ENTEREG.....	149	<i>eq nicotine step 3</i>	27
ENTRESTO	107	<i>eq olopatadine hcl</i>	249
ENTYVIO	186	<i>eq wheelchair folding black</i>	206
<i>enulose</i>	151	<i>eql allergy</i>	255
<i>enznonuty</i>	22	<i>eql allergy relief</i>	256
EPANED	99	<i>eql aspirin ec</i>	10
EPCLUSA	78	<i>eql aspirin low dose</i>	10
<i>ephedrine sulfate (pressors)</i>	97	<i>eql child multivit/minerals</i>	142
<i>ephedrine sulfate-nacl</i>	107	EQL CLEARLAX	151
EPICERAM	127	<i>eql ear plugs/silicone</i>	206
<i>epicoccum nigrum</i>	264	<i>eql gummies childrens</i>	134
EPICYN.....	206	<i>eql insulin syringe</i>	206
EPIDIOLEX.....	38	<i>eql mustache/beard scissors</i>	206
EPIDUO	127	<i>eql nighttime sleep aid</i>	269

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

<i>eqi skin care tool</i>	206	<i>ethoxia</i>	127
EQUETRO	84	<i>ethyl chloride</i>	22
ERAXIS.....	52	<i>ethynodiol diac-eth estradiol</i>	170
ERBITUX	64, 67	<i>etodolac</i>	10
<i>ergocalciferol</i>	142	<i>etodolac er</i>	10
<i>ergoloid mesylates</i>	44	<i>etonogestrel-ethinyl estradiol</i>	170
ERGOMAR	55	ETOPOPHOS	63
<i>ergotamine-caffeine</i>	55	<i>etoposide</i>	63, 64
ERIVEDGE	64	<i>etravirine</i>	79
ERLEADA	58	EUCRISA	127
<i>erlotinib hcl</i>	64	EUTHYROX	177
ERRIN.....	176	EVAMIST	170
ERTACZO.....	52	EVEKEO	114
<i>ertapenem sodium</i>	35	EVENITY	189
<i>ery</i>	35	<i>everolimus</i>	64, 182
ERYGEL	35	EVERYDAY PICK	207
ERYPED 200	35	EVISTA	177
ERYPED 400	35	EVIVO	149
ERY-TAB	35	EVKEEZA.....	111
ERYTHROCIN STEARATE	35	EVOTAZ.....	81
<i>erythromycin</i>	35, 250	EVOXAC	120
<i>erythromycin base</i>	35, 36	EVRYSDI	154
<i>erythromycin ethylsuccinate</i>	36	EXCEL-GEL	207
ESBRIET.....	262	EXELDERM	52
<i>escitalopram oxalate</i>	47	EXELON.....	44
ESGIC.....	7	<i>exemestane</i>	63
ESKATA.....	127	EXFORGE.....	107
<i>esmolol hcl</i>	101	EXFORGE HCT	107
<i>esomeprazole magnesium</i>	153	EXJADE	139
<i>esomeprazole sodium</i>	153	EXKIVITY	64
ESPEROCT	94	EXODERM	52
<i>essentra wipes 9x9</i>	207	EXONDYS 51.....	154
<i>est estrogens-methyltest</i>	170	EXPAREL.....	22
<i>est estrogens-methyltest ds</i>	170	EXSERVAN.....	117
<i>est estrogens-methyltest hs</i>	170	EXTAVIA	118
ESTARYLLA	170	<i>extendable bedside rail</i>	207
<i>estazolam</i>	269	<i>eye allergy itch relief</i>	249
ESTRACE	170	<i>eye/ear dropper</i>	207
<i>estradiol</i>	170	EYSUVIS.....	252
<i>estradiol valerate</i>	170	E-Z LOCK RAISED TOILET SEAT.....	207
<i>estradiol-norethindrone acet</i>	170	EZALLOR SPRINKLE	110
ESTROGEL	170	<i>ezetimibe</i>	111
<i>eszopiclone</i>	269	<i>ezetimibe-rosuvastatin</i>	111
<i>ethacrynic acid</i>	109	<i>ezetimibe-simvastatin</i>	112
<i>ethambutol hcl</i>	57	EZY DOSE ADULT-LOCK PILL CUT.....	207
<i>ethosuximide</i>	39	EZY DOSE CUT N CRUSH	207

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

EZY DOSE DELUXE PILL CUTTER.....	207
EZY DOSE EZY CRUSH PILL CRUSH	207
EZY DOSE MEDICINE CUPS	207
EZY DOSE PILL CUTTER.....	207
EZY DOSE PILL CUTTER ORIGINAL.....	207

F

FA-8.....	142
<i>fabb</i>	142
FABIOR.....	127
FABRAZYME	154
<i>face shield</i>	207
<i>face shield full length</i>	207
<i>face shield full length/clear</i>	207
<i>fagron ls plus</i>	207
<i>fagron natural</i>	207
<i>fagron supreme</i>	207
<i>fall mat</i>	207
FALMINA	170
<i>famciclovir</i>	78
<i>famotidine</i>	150
<i>famotidine (pf)</i>	151
FANAPT.....	74
FANAPT TITRATION PACK	74
FANATREX FUSEPAQ.....	40
FANTASY LUBRICATED.....	207
FANTASY LUBRICATED/SPERMICIDE ...	207
FARESTON	59
FARXIGA.....	85
FASENRA.....	264
FASENRA PEN.....	264
<i>fashion cane/t-handle</i>	207
<i>fa-vitamin b-6-vitamin b-12</i>	142
<i>fbl kit</i>	10
FC2 FEMALE CONDOM.....	207
<i>febuxostat</i>	54
FEIBA	95
<i>felbamate</i>	41
FELBATOL.....	41
FELDENE	10
<i>felodipine er</i>	104
FEM PH	30
FEMARA.....	63
FEMCAP	207
FEMRING	170
<i>fenofibrate</i>	110
<i>fenofibrate micronized</i>	110

<i>fenofibric acid</i>	110
FENOGLIDE	110
<i>fenoprofen calcium</i>	10
FENSOLVI (6 MONTH)	179
<i>fentanyl</i>	14
<i>fentanyl citrate</i>	18
<i>fentanyl citrate (pf)</i>	18
<i>fentanyl citrate pf</i>	18
<i>fentanyl citrate-nacl</i>	18
<i>fentanyl cit-ropivacaine-nacl</i>	18
<i>fentanyl-bupivacaine-nacl</i>	18
FENTORA	19
<i>feonyx</i>	142
FERAHEME	136
FER-IN-SOL	136
FERIVA 21/7	142
FERIVAFA.....	142
<i>ferocon</i>	142
<i>ferotinsic</i>	142
FERRALET 90	142
FERRIPROX	139
FERRIPROX TWICE-A-DAY.....	139
FERRLECIT	136
FERROCITE PLUS	142
FERRO-PLEX	142
<i>ferrous sulfate</i>	134, 136, 270
<i>ferumoxytol</i>	136
<i>fetal doppler</i>	207
FETROJA.....	34
FETZIMA.....	47
FETZIMA TITRATION	47
<i>fe-vite iron</i>	136
FEXMID.....	268
FIASP.....	88
FIASP FLEXTOUCH	88
FIASP PENFILL	88
FIBRICOR	110
FIBRYGA	95
FIFTY50 PEN NEEDLES	207
FIFTY50 SUPERIOR COMFORT SYR	207
<i>filter 0.2 micron/25mm</i>	207
<i>filter 0.2 micron/32mm</i>	207
<i>filter 0.2 micron/47mm</i>	207
<i>filter 0.22 micron/73mm/1000ml</i>	207
<i>filter air pp</i>	208
<i>filter attachment</i>	208

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

<i>filter fluorodyne/0.22 micron</i>	208	FLINTSTONES GUMMIES-IMMUNITY.....	134
<i>filter/millex-gp/50mm/clear</i>	208	FLINTSTONES PLUS EXTRA IRON	142
FINACEA	127	FLINTSTONES SOUR GUMMIES	135
<i>finasteride</i>	158	FLINTSTONES TODDLER	135
<i>fingolimod hcl</i>	118	FLINTSTONES W/IRON	143
FINTEPLA.....	38	FLINTSTONES-IMMUNITY SUPPORT	135
FIORICET	7	FLOLAN	261
FIORICET/CODEINE.....	19	<i>flolipid</i>	111
FIRAZYR.....	180	FLOMAX	158
FIRDAPSE	56	FLORIVA.....	136
<i>fire ant</i>	264	FLOVENT DISKUS	257
FIRMAGON.....	179	<i>floxuridine</i>	60
FIRMAGON (240 MG DOSE)	179	FLUAD	187
FIRST CARE PAIN RELIEF.....	22	FLUAD QUADRIVALENT.....	187
FIRST-LANSOPRAZOLE.....	153	FLUBLOK QUADRIVALENT	187
FIRST-METRONIDAZOLE.....	30	FLUCAINE	248
FIRST-MOUTHWASH BLM	120	FLUCELVAX QUADRIVALENT	187
FIRST-OMEPRAZOLE	153	<i>fluconazole</i>	52
FIRST-PROGESTERONE VGS.....	176	<i>flucytosine</i>	52
FIRVANQ.....	30	<i>fludarabine phosphate</i>	62
FITALITE.....	208	<i>fludrocortisone acetate</i>	162
FLA ADJUST AIR ANKLE WALKER.....	208	<i>flunisolide</i>	257
FLAC.....	254	<i>fluocinolone acetonide</i>	122, 254
FLAGYL	30	<i>fluocinolone acetonide body</i>	122
<i>flaortho walker</i>	208	<i>fluocinolone acetonide scalp</i>	122
FLAREX.....	252	<i>fluocinonide</i>	122
FLAVOR BLEND.....	208	<i>fluocinonide emulsified base</i>	122
<i>flavor sweet</i>	208	FLUOPAR	122
<i>flavor sweet-sf</i>	208	<i>fluorescein sodium/benoxinate</i>	248
<i>flavoxate hcl</i>	157	<i>fluorescein-benoxinate</i>	248
<i>flecainide acetate</i>	100	FLUOR-I-STRIPS A.T.	248
FLECTOR	10	<i>fluorometholone</i>	252
<i>flex & go folding cane</i>	208	<i>fluorouracil</i>	59, 60
<i>flex base</i>	208	<i>fluovix</i>	122
FLEX SHIELD WITH EAR LOOPS	208	<i>fluovix plus</i>	122
FLEX SHIELD WITH TIE STRINGS	208	<i>fluoxetine hcl</i>	47
FLEX THERAPY	208	<i>fluoxetine hcl (pmdd)</i>	47
FLEXICHAMBER	208	<i>fluphenazine decanoate</i>	73
FLEXICHAMBER ADULT MASK/SMALL ...	208	<i>fluphenazine hcl</i>	73
FLEXICHAMBER CHILD MASK/LARGE ...	208	<i>flurandrenolide</i>	122
FLEXICHAMBER CHILD MASK/SMALL ...	208	FLURA-SAFE.....	248
<i>flight ear plugs</i>	208	<i>flurazepam hcl</i>	269
FLINTSTONES COMPLETE.....	134, 142	<i>flurbiprofen</i>	10
FLINTSTONES GUMMIES	134	<i>flurbiprofen sodium</i>	252
FLINTSTONES GUMMIES BONE BUILD...	134	<i>fluticasone propionate</i>	122, 257
FLINTSTONES GUMMIES COMPLETE.....	134	<i>fluticasone propionate hfa</i>	258

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

<i>fluticasone-salmeterol</i>	264	FORA GW9014 TELEHEALTH GATEWAY	209
<i>fluvastatin sodium</i>	111	FORA TN'G SCALE 550	209
<i>fluvastatin sodium er</i>	111	FORANE	209
<i>fluvoxamine maleate</i>	47	FORFIVO XL	45
<i>fluvoxamine maleate er</i>	47	<i>formaldehyde</i>	128
FML FORTE	252	<i>formoterol fumarate</i>	259
FML LIQUIFILM	252	FORTEO	189
<i>foam chair cushion</i>	208	FORTESTA	166
<i>foam crutch pad</i>	208	FOSAMAX	189
<i>foam cushion</i>	208	FOSAMAX PLUS D	189
<i>foam ear plugs</i>	208	<i>fosamprenavir calcium</i>	80
<i>foam invalid cushion</i>	208	<i>fosaprepitant dimeglumine</i>	50
<i>foam ring 2</i>	208	<i>foscarnet sodium</i>	77
FOAMIL	208	FOSCAVIR	77
FOCALIN	115	<i>fosfomycin tromethamine</i>	30
FOCALIN XR	115	<i>fosinopril sodium</i>	99
<i>foil wrapper 3</i>	208	<i>fosinopril sodium-hctz</i>	107
<i>folate</i>	143	<i>fosphenytoin sodium</i>	43
<i>folbee</i>	143	FOSRENOL	140
<i>folding cane</i>	208	FOTIVDA	64
<i>folding commode</i>	208	FRAGMIN	92
<i>folding paddle walker</i>	208	FREE SPIRIT KNEE/LEG WALKER	209
<i>folding reacher</i>	208	<i>freedom adaptaderm</i>	209
<i>folding seat cane</i>	208	<i>freedom derma serum</i>	209
<i>folding walker</i>	208	FREEDOM DERMA-D	209
<i>folding walker/adult</i>	208	FREEDOM DERMA-N	209
<i>folding walking cane</i>	208	FREESTYLE DOUBLE BREASTPUMP	209
FOLDITAM	143	FROTEK	10
FOLGARD RX	143	FROVA	55
<i>folic acid</i>	143	<i>frovatriptan succinate</i>	55
<i>folic d3</i>	143	<i>fruity chews/iron</i>	143
FOLI-D	143	<i>ft allergy relief</i>	256
<i>folite</i>	143	<i>ft anti-diarrheal</i>	149
FOLIVANE-F	143	<i>ft arthritis pain</i>	10
FOLIVANE-OB	143	<i>ft aspirin</i>	10
FOLIVANE-PLUS	143	<i>ft aspirin low dose</i>	10
FOLIXAPURE	143	<i>ft clearlax</i>	151
<i>folplex 2.2</i>	143	<i>ft enteric coated aspirin</i>	10
FOLTRATE	143	<i>ft eye allergy itch relief</i>	249
FOLTREXYL	143	<i>ft folic acid</i>	143
<i>foltrin</i>	143	<i>ft nicotine</i>	27
FOLVITE-D	143	<i>ft nicotine mini</i>	27
<i>fondaparinux sodium</i>	91	<i>ft nighttime sleep aid</i>	270
<i>food color blue</i>	208	<i>ft pain relief max strength</i>	22
<i>foot massager</i>	209	FULPHILA	187
FORA GATEWAY	209	<i>fulvestrant</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>furosemide</i>	109
<i>furosemide in sodium chloride</i>	109
FUSION PLUS	143
FUZEON	80
FYAVOLV	170
FYCOMPA	41

G

<i>gabapentin</i>	40
<i>gabapentin (once-daily)</i>	117
GABLOFEN	77
GALAFOLD	155
<i>galantamine hydrobromide</i>	44
<i>galantamine hydrobromide er</i>	44
GALZIN	136
GAMIFANT	186
<i>ganciclovir</i>	77
<i>ganciclovir sodium</i>	77
GASTROCROM	149
<i>gatifloxacin</i>	250
GATTEX	149
<i>gavilax</i>	151
GAVILYTE-C	151
GAVILYTE-G	151
GAVILYTE-N WITH FLAVOR PACK	151
GAVRETO	64
GAZYVA	67
GEBAUERS PAIN EASE	22
GEBAUERS SPRAY AND STRETCH	22
GELFILM	209, 248
GEL-FLOW	95
GEL-FLOW NT	95
GELFOAM COMPRESSED SIZE 100	209
GELFOAM DENTAL PACK SIZE 4	209
GELFOAM SPONGE	209
GELFOAM SPONGE SIZE 100	209
GELFOAM SPONGE SIZE 200	209
GELFOAM SPONGE SIZE 50	209
GELFOAM-JMI POWDER	95
GELFOAM-JMI SPONGE	95
GELNIQUE	157
<i>gemcitabine hcl</i>	60
<i>gemfibrozil</i>	110
GEMMILY	170
GEMTESA	157
<i>gen7t</i>	22
<i>gen7t plus</i>	22

GEN7T PLUS	22
GENADUR	128
<i>generlac</i>	151
GENGRAF	182
GENICIN VITA-D	143
GENOTROPIN	165
GENOTROPIN MINISQUICK	165
<i>gentamicin sulfate</i>	29, 250
<i>gentlelax</i>	151
GENVOYA	81
GEODON	74
<i>geri-dryl</i>	256
<i>german cockroach</i>	264
<i>getgo rolling walker</i>	209
GIALAX	151
GIAPREZA	107
GILENYA	118
GILOTTRIF	64
GIMOTI	149
GIVLAARI	155
<i>glass bottle 15ml</i>	209
<i>glass bottle 30ml</i>	209
<i>glass bottle 30ml/brush cap</i>	209
<i>glass bottle 30ml/phenolic cap</i>	209
<i>glass bottle 60ml</i>	209
<i>glass serum bottles 20ml</i>	209
<i>glass serum bottles 2ml</i>	209
<i>glass serum bottles 30ml</i>	209
<i>glass serum bottles 5ml</i>	209
<i>glass vial 2ml</i>	209
<i>glass vial amber 3ml</i>	209
GLASSIA	155
<i>glatiramer acetate</i>	119
<i>glatopa</i>	119
GLATOPA	119
GLEEEVEC	64
GLEOLAN	209
GLEOSTINE	58
<i>glimepiride</i>	85
<i>glipizide</i>	85
<i>glipizide er</i>	85
<i>glipizide xl</i>	85
<i>glipizide-metformin hcl</i>	85
<i>global ease inject pen needles</i>	209
<i>global easy glide insulin syr</i>	210
<i>global easy glide pen needles</i>	210

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

<i>global inject ease insulin syr</i>	210	<i>gnp nail clippers</i>	211
<i>global insulin syringes</i>	210	<i>gnp nicotine</i>	27
GLOPERBA	54	<i>gnp nicotine mini</i>	27
GLOSTRIPS	248	<i>gnp nicotine polacrilex</i>	27
GLUCAGEN HYPOKIT	88	<i>gnp olopatadine hcl</i>	249
<i>glucagon emergency</i>	88	<i>gnp pocket tissue</i>	211
GLUCOPRO INSULIN SYRINGE	210	<i>gnp pulse oximeter</i>	211
GLUCOTROL XL	85	<i>gnp reacher 32</i>	211
GLUMETZA	85	<i>gnp sleep aid nighttime</i>	270
<i>glutaraldehyde</i>	30	<i>gnp tweezers slant tip</i>	211
<i>glyburide</i>	85	<i>gnp ulticare pen needles</i>	211
<i>glyburide micronized</i>	85	GNP ULTIGUARD SAFEPAK NEEDLE ...	211
<i>glyburide-metformin</i>	85	<i>gnp ultra com insulin syringe</i>	211
GLYCATÉ	148	GOCOVRI	71
<i>glycine</i>	159	GOJJI WEIGHT SCALE	211
<i>glycine urologic</i>	159	<i>goldenrod</i>	264
GLYCOLAX	151	GOLYTELY	151
<i>glycopyrrolate</i>	148	<i>goodsense allergy relief</i>	256
<i>glycopyrrolate pf</i>	148	<i>goodsense anti-diarrheal</i>	149
GLYDO	22	<i>goodsense arthritis pain</i>	10
GLYNASE	85	<i>goodsense aspirin</i>	10
GLYRX-PF	148, 258	<i>goodsense aspirin low dose</i>	10
GLYXAMBI	85	GOODSENSE CLEARLAX	151
<i>gnp adult aspirin low strength</i>	10	<i>goodsense clickfine pen needle</i>	211
<i>gnp allergy</i>	256	<i>goodsense nicotine</i>	27
<i>gnp allergy relief</i>	256	GOODSENSE PEN NEEDLE PENFINE	211
<i>gnp arthritis pain</i>	10	<i>goprelto</i>	22
<i>gnp aspirin</i>	10	GORDOFILM	128
<i>gnp aspirin low dose</i>	10	<i>graduated bottle 2oz</i>	211
<i>gnp assorted combs</i>	210	<i>graduated bottle 4oz</i>	211
<i>gnp childrens chewables/iron</i>	143	GRALISE	117
GNP CLEARLAX	151	<i>granisetron hcl</i>	50, 51
<i>gnp clickfine pen needles</i>	210	GRANIX	187
<i>gnp deluxe pulse oximeter</i>	210	<i>grape syrup</i>	211
<i>gnp diclofenac sodium</i>	10	<i>grass pollen(k-o-r-t-swt vern)</i>	264
<i>gnp digital weight scale</i>	210	GRASTEK	264
<i>gnp folic acid</i>	143	GREEN GLO LISSAMINE GREEN	248
<i>gnp insulin syringe</i>	210	<i>griseofulvin microsize</i>	52
<i>gnp insulin syringes</i>	210	<i>griseofulvin ultramicrosize</i>	52
<i>gnp insulin syringes 28gx1/2</i>	210	<i>groove rolling walker</i>	211
<i>gnp insulin syringes 29gx1/2</i>	211	<i>guanfacine hcl</i>	98
<i>gnp insulin syringes 30gx5/16</i>	211	<i>guanfacine hcl er</i>	116
<i>gnp insulin syringes 31gx5/16</i>	211	GUMMI BEAR MULTIVITAMIN/MIN	135
<i>gnp lidocaine pain relief</i>	22	GVOKE HYPOPEN 1-PACK	88
<i>gnp loperamide hcl</i>	149	GVOKE HYPOPEN 2-PACK	88
<i>gnp multi childrens</i>	135	GVOKE PFS	88

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

GYNAZOLE-1 133

H

HABITROL 27

hackberry 264

HADLIMA 182

HADLIMA PUSH TOUCH 182

HAEGARDA 180

HAILEY 1.5/30 171

HAILEY 24 FE 171

HAILEY FE 1.5/30 171

HAILEY FE 1/20 171

HALAVEN 60

halcinonide 122

HALCION 269

HALDOL DECANOATE 73

halobetasol propionate 122, 123

HALOG 123

haloperidol 73

haloperidol decanoate 73

haloperidol lactate 73

HALUCORT 128

hand held shower spray 211

haproderm 211

HARMONY BREASTPUMP 211

HARVONI 78

head covers 24 211

head halter 211

head halter over door traction 211

head lice comb 211

healthwise insulin syr/needle 211

healthwise micron pen needles 212

HEALTHWISE PAIN RELIEF 22

healthwise short pen needles 212

HEALTHYLAX 152

HEAT THERAPY 212

HEATHER 176

h-e-b aspirin 10

h-e-b incontrol pen needles 212

H-E-B INCONTROL UNIFINE PENTIP 212

HECTOROL 189

heelboot large 212

heelboot laundry bag 212

heelboot liner large 212

heelboot liner regular 212

heelboot regular 212

heelboot walk pad 212

HELIDAC THERAPY 149

HEMADY 162

HEMANGEOL 101

hematinic plus vit/minerals 143

hematinic/folic acid 143

HEMATOGEN FA 143

HEMLIBRA 95

HEMMOREX-HC 54

HEMOCYTE PLUS 143

HEMOFIL M 95

HEPAGAM B 184

heparin (porcine) in nacl 92

heparin na (pork) lock flsh pf 92

heparin sod (pork) lock flush 92

heparin sodium (porcine) 92

heparin sodium (porcine) pf 92

hepmad 92

HER STYLE 176

HERCEPTIN HYLECTA 67

HERZUMA 68

HETLIOZ 270

HETLIOZ LQ 270

HIBICLENS FOOT PEDAL 212

HIBICLENS HAND PUMP 16OZ 212

HIBICLENS HAND PUMP 32OZ 212

HIBICLENS HAND PUMP GALLON 212

HIBICLENS HAND PUMP NON FOAM 212

HIBICLENS PUMP ASSEMBLY 212

HIBICLENS WALL DISPENSER/FOOT 212

HIBICLENS WALL DISPENSER/HAND 212

HIDEX 6-DAY 162

HIPREX 30

hixdefrima 52

HIZENTRA 184

hm anti-diarrheal 149

hm aspirin ec 10

hm aspirin ec low dose 10

HM CLEARLAX 152

hm comfort foam ear plugs 212

hm eye allergy itch relief 249

hm folic acid 143

hm nicotine 27

hm nicotine polacrilex 28

hm nighttime sleep aid 270

HM ULTICARE INSULIN SYRINGE 212

HM ULTICARE MINI PEN NEEDLES 212

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

HM ULTICARE SHORT PEN NEEDLES	212	HYDREA	59, 62
HOMATROPAIRE	248	HYDRO 40	128
home style bed rails	213	hydrochlorothiazide	110
HORIZANT	117	hydrocod poli-chlorphe poli er	264
hormone cr heavy base niosomes	213	hydrocodone bitartrate er	14
hormone cream base niosomes	213	hydrocodone bit-homatrop mbr	264, 265
horse epithelium	264	hydrocodone-acetaminophen	19
hot-cold therapy	213	hydrocodone-ibuprofen	19
HPR PLUS	128	hydrocortisone	123, 162, 189
HPR PLUS HYDROGEL	128	hydrocortisone (perianal)	54
HUMALOG	89	hydrocortisone ace-pramoxine	123, 128
HUMALOG JUNIOR KWIKPEN	89	hydrocortisone acetate	54
HUMALOG KWIKPEN	89	hydrocortisone butyr lipo base	123
HUMALOG MIX 50/50	89	hydrocortisone butyrate	123
HUMALOG MIX 50/50 KWIKPEN	89	hydrocortisone valerate	123
HUMALOG MIX 75/25	89	hydrocortisone-acetic acid	254
HUMALOG MIX 75/25 KWIKPEN	89	hydrocortisone-iodoquinol	52
HUMATE-P	95	hydrocort-pramoxine (perianal)	128
HUMATIN	29	HYDROGEL	213
HUMATROPEN FOR 12MG	213	hydromet	265
HUMATROPEN FOR 24MG	213	hydromorphone hcl	19
HUMATROPEN FOR 6MG	213	hydromorphone hcl er	15
HUMIRA (2 PEN)	182	hydromorphone hcl-nacl	19
HUMIRA (2 SYRINGE)	182	hydrous emulsified base	213
HUMIRA-CD/UC/HS STARTER	182	hydroxychloroquine sulfate	69
HUMIRA-PED<40KG CROHNS STARTER	182	hydroxyurea	59, 62
HUMIRA-PED>/=40KG CROHNS START	182	hydroxyzine hcl	256
HUMIRA-PED>/=40KG UC STARTER	182	hydroxyzine pamoate	256
HUMIRA-PSORIASIS/UEIT STARTER ...	182	hygel	213
HUMULIN 70/30	89	HYLATOPIC PLUS	128
HUMULIN 70/30 KWIKPEN	89	hyoscyamine sulfate	148
HUMULIN N	89	hyoscyamine sulfate er	148
HUMULIN N KWIKPEN	89	hyosyne	148
HUMULIN R	89	HYPERHEP B	185
HUMULIN R U-500 (CONCENTRATED)	89	HYPERRAB	185
HUMULIN R U-500 KWIKPEN	89	HYPERSAL	265
HURRICAIN DISPENSING CAP	213	HYPERTET	185
HURRICAIN LIQUID DISPENSER	213	hypodermic needle	213
HURRICAIN SPR EXTENSION TUBES ...	213	HYRONAN	134
HURRIPAK PERIO IRRIGATION TIPS	213	HYSINGLA ER	15
HURRIPAK PERIODONTAL ANESTHETI ..	213	HYZAAR	107
HURRYCANE FREEDOM EDITION CANE ..	213	I	
HYCAMTIN	63, 64	ibandronate sodium	189
HYCLODEX	30	IBRANCE	64
HYCODAN	264	IBU	10
hydralazine hcl	112	IBUPAK	10

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

<i>ibuprofen</i>	10	INCRELEX	165
<i>ibuprofen-famotidine</i>	10	INCRUSE ELLIPTA.....	258
ICAR	136	<i>indapamide</i>	110
ICAR-C PLUS	143	INDERAL LA	101
<i>icatibant acetate</i>	180	INDERAL XL	102
ICLEVIA	171	<i>indicator/biological test</i>	213
ICLUSIG.....	64	INDOCIN	10
<i>icosapent ethyl</i>	112	<i>indomethacin</i>	11
ICY DIAMOND TOTE CANVAS.....	213	<i>indomethacin er</i>	11
ICY DIAMOND TOTE NON LEATHER	213	INFASURF	265
ICY HOT TENS THERAPY REFILL.....	213	INFED	136
<i>idarubicin hcl</i>	60	INFLAMMACIN	11
IDELVION	95	<i>inflatable neck rest</i>	213
IDHIFA	64	INFLATHERM	11
IFEREX 150 FORTE.....	143	INFLECTRA	182
IFEX.....	60	<i>infliximab</i>	182
<i>ifosfamide</i>	61	INFUMORPH 200.....	15
ILARIS	186	INFUMORPH 500.....	15
ILEVRO.....	252	INGREZZA	117
<i>illusions aa breast prosthesis</i>	213	<i>inhalation vial cap/blue</i>	213
<i>illusions c breast prosthesis</i>	213	<i>inhalation vial cap/green</i>	213
ILUMYA.....	186	<i>inhalation vial cap/orange</i>	213
<i>imatinib mesylate</i>	64	<i>inhalation vial cap/red</i>	213
IMBRUVICA.....	64	<i>inhalation vial cap/white</i>	213
<i>imioxia</i>	52	<i>inhalation vial cap/yellow</i>	213
<i>imipenem-cilastatin</i>	35	<i>inhalation vial w/ cap/orange</i>	213
<i>imipramine hcl</i>	49	<i>inhalation vial w/cap/blue</i>	214
<i>imipramine pamoate</i>	49	<i>inhalation vial w/cap/green</i>	214
<i>imiquimod</i>	128	<i>inhalation vial w/cap/red</i>	214
<i>imiquimod pump</i>	128	<i>inhalation vial w/cap/white</i>	214
IMITREX	55	<i>inhalation vial w/cap/yellow</i>	214
IMITREX STATDOSE REFILL	55	<i>inhalation vial w/o cap/amber</i>	214
IMITREX STATDOSE SYSTEM	55	<i>inhalation work stat/50 holes</i>	214
IMODIUM A-D.....	149	INJECTAFER	136
IMOGAM RABIES-HT	185	<i>inject-ease</i>	214
IMOVAX RABIES	188	INLYTA.....	65
IMPAVIDO	69	INNOPRAN XL	102
IMPOYZ	123	INOVA	128
IMURAN.....	182	INOVA 4/1 ACNE CONTROL THERAPY	128
IMVEXXY MAINTENANCE PACK	171	INOVA 8/2 ACNE CONTROL THERAPY	128
IMVEXXY STARTER PACK.....	171	INQOVI.....	62
INATAL GT	143	INREBIC.....	65
<i>inavix</i>	10	INSPIREASE.....	214
INBRIJA	213	INSPIREASE RESERVOIR BAGS.....	214
INCASSIA	176	INSPIRA.....	109
INCONTROL ULTICARE PEN NEEDLES ..	213	<i>insulin asp prot & asp flexpen</i>	89

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

<i>insulin aspart</i>	89	<i>iron infant/toddler</i>	136
<i>insulin aspart flexpen</i>	89	<i>iron supplement</i>	134, 136
<i>insulin aspart penfill</i>	89	IRON UP	136
<i>insulin aspart prot & aspart</i>	89	IROSPAN 24/6	143
<i>insulin glargine</i>	89	ISENTRESS.....	79
<i>insulin glargine solostar</i>	89	ISENTRESS HD.....	79
<i>insulin lispro</i>	89	ISIBLOOM.....	171
<i>insulin lispro (1 unit dial)</i>	89	<i>isoflurane</i>	215
<i>insulin lispro junior kwikpen</i>	89	ISOLYTE-S	136
<i>insulin lispro prot & lispro</i>	90	<i>isoniazid</i>	57
<i>insulin syringe</i>	214	ISOPTO ATROPINE	248
<i>insulin syringe-needle u-100</i>	214	ISORDIL TITRADOSE	112
<i>insupen pen needles</i>	214	<i>isosorbide dinitrate</i>	113
INSUPEN SENSITIVE	214	<i>isosorbide mononitrate</i>	113
INSUPEN ULTRAFIN	214	<i>isosorbide mononitrate er</i>	113
INTEGRA F.....	143	<i>isotretinoin</i>	128
INTEGRA PLUS.....	143	<i>isradipine</i>	104
INTELENCE.....	79	ISTALOL	251
INTERCEED	215	ISTODAX	62
INTRAROSA	162	ISTURISA.....	179
INTRASITE GEL APPLIPAK.....	215	<i>ithoxia</i>	128
INTROVALE.....	171	<i>itouch sure pelvic exerciser</i>	215
INTUNIV.....	116	<i>itraconazole</i>	52
INVEGA	74	<i>ivermectin</i>	69, 70, 128
INVEGA HAFYERA	74	IXEMPRA KIT	61
INVEGA SUSTENNA.....	74	IXIARO	188
INVEGA TRINZA	74	IXINITY.....	95
INVELTYS.....	252	J	
INVOKAMET	85	J & J ANTISEPTIC WIPES.....	215
INVOKAMET XR.....	85	J & J INSTANT COLD PACK	215
INVOKANA	85	J & J TOURNIQUET.....	215
<i>iodine strong</i>	215	JADENU	139
IODOFLEX.....	215	JADENU SPRINKLE	139
<i>iodoquimez-hc</i>	52	JAIMIESS.....	171
<i>iodoquinol-hc-aloe polysacch</i>	52	JAKAFI	65
<i>iodoquinol-hydrocortisone-aloe</i>	52	JALYN	158
<i>iodosorb</i>	30	JANTOVEN	92
IOPIDINE	251	JANUMET	85
<i>ipratropium bromide</i>	259	JANUMET XR	85
<i>ipratropium-albuterol</i>	259	JANUVIA	85
<i>irbesartan</i>	99	<i>jar/8oz/white lid</i>	215
<i>irbesartan-hydrochlorothiazide</i>	107	JARDIANCE.....	86
IRESSA.....	65	JASMIEL	171
<i>irinotecan hcl</i>	61	JATENZO.....	166
<i>iron (ferrous sulfate)</i>	136	JEMPERLI.....	68
<i>iron infant & toddler</i>	136	JENCYCLA	176

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<i>jenliva prenatal/postnatal</i>	143	<i>kcl (0.149%) in nacl</i>	270
JENTADUETO	86	<i>kcl (0.298%) in nacl</i>	270
JENTADUETO XR	86	<i>kcl (in nacl 0.9%)</i>	136
JEVTANA	61	<i>kcl-lidocaine-nacl</i>	136
JINTELI	171	<i>kedrab</i>	185
JIVI	215	<i>kegel ball trainer</i>	215
<i>johnson grass</i>	265	<i>kegel fit</i>	215
JOLESSA	171	<i>kegel toner pelvic trainer</i>	215
JORNAY PM	116	KELNOR 1/35	171
<i>journey series rolling walker</i>	215	KELNOR 1/50	171
JUBLIA	52	KENALOG	123
<i>jug amber glass 4l</i>	215	KENALOG-10	162
JULEBER	171	KENALOG-40	162
JULUCA	81	KENALOG-80	162
<i>june grass pollen standardized</i>	265	KEPIVANCE	69
JUNEL 1.5/30	171	KEPPRA	38
JUNEL 1/20	171	KEPPRA XR	38
JUNEL FE 1.5/30	171	KERAGEL	215
JUNEL FE 1/20	171	KERAGELT	215
JUNEL FE 24	171	KERALYT	128
<i>just 4 kidz multivit/probiotic</i>	135	KERALYT SCALP	128
JUXTAPID	112	KERAMATRIX REPLICINE 10CMX10CM	215
JYNARQUE	136	KERAMATRIX REPLICINE 5CMX5CM	215
K		KERENDIA	107
K.B.G.L IN TERODERM	11	KERYDIN	52
KABOOTI	215	KESIMPTA	119
KABOOTI ICE	215	<i>ketamine hcl</i>	215
KADCYLA	61	<i>ketamine hcl-sodium chloride</i>	215
KAITLIB FE	171	<i>ketoconazole</i>	52
KALBITOR	180	KETODAN	52
KALETRA	81	<i>ketoprofen</i>	11
KALLIGA	171	<i>ketoprofen er</i>	11
KALYDECO	260	<i>ketorolac tromethamine</i>	11, 252
KAMDOY	128	<i>ketorolac-ropiv-ketamine</i>	11
KAMELEON LUBRICATED	215	KEVZARA	186
KANESON BREAST PUMP/NURSER	215	KEYTRUDA	65, 68
KANGAROO RIGID CONTAINER	215	<i>kimono</i>	215
KANJINTI	68	KIMONO COLORS	215
KANUMA	155	KIMONO MAXX-LARGE FLARE	215
KAPSPARGO SPRINKLE	102	<i>kimono micro thin</i>	215
KAPVAY	116	<i>kimono micro thin plus</i>	215
KARBINAL ER	256	<i>kimono plus</i>	215
KARIVA	171	<i>kimono ps</i>	215
KATERZIA	104	<i>kimono ps plus</i>	215
KAZANO	86	<i>kimono sensation</i>	216
KCENTRA	95	<i>kimono sensation plus</i>	216

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KIMONO SPECIAL	216
KIMYRSA.....	30
KINERET	186
<i>kinray insulin syringe</i>	216
KIONEX	140
KISQALI (200 MG DOSE).....	65
KISQALI (400 MG DOSE).....	65
KISQALI (600 MG DOSE).....	65
KISQALI FEMARA (200 MG DOSE).....	63
KISQALI FEMARA (400 MG DOSE).....	63
KISQALI FEMARA (600 MG DOSE).....	63
KITABIS PAK	260
KIVIK.....	128
KLARITY-A	250
KLARITY-C DROPS	248
KLARITY-L.....	252
KLARON	36
KLISYRI	128
KLONOPIN	40
KLOR-CON	136
KLOR-CON 10.....	136
KLOR-CON M10	136
KLOR-CON M15	136
KLOR-CON M20	137
KLOR-CON/EF	137
KLOXXADO	26
<i>kls allergy medicine</i>	256
<i>kls arthritis pain relief</i>	11
<i>kls aspirin low dose</i>	11
<i>kls diclofenac sodium</i>	11
KLS LAXACLEAR	152
KLS QUIT2.....	28
KLS QUIT4.....	28
<i>kmart valu insulin syringe 29g</i>	216
<i>kmart valu insulin syringe 30g</i>	216
KOATE.....	95
KOATE-DVI.....	95
<i>kochia</i>	265
KOGENATE FS	95
KOMBIGLYZE XR.....	86
KORLYM.....	88
KOSELUGO.....	65
<i>kosher prenatal plus iron</i>	144
KOVALTRY	95
<i>kp aspirin</i>	11
<i>kp folic acid</i>	144

K-PHOS	137
K-PHOS NO 2	137
K-PHOS-NEUTRAL.....	137
K-PRIME	137
KRINTAFEL	69
<i>krisgel 100</i>	216
KRISTALOSE.....	152
<i>kroger insulin syringe</i>	216
<i>kroger pen needles</i>	216
K-TAB.....	137
K-TAN PLUS	144
KURVELO	171
KUVAN.....	155
KYLEENA.....	176

L

<i>l.e.t.</i>	22
L.E.T.....	22
<i>lab coat-disposable</i>	216
<i>lab coat-disposable large</i>	216
<i>lab coat-disposable medium</i>	216
<i>lab coat-disposable small</i>	216
<i>lab coat-disposable xl</i>	216
<i>lab coat-disposable xxl</i>	216
<i>labetalol hcl</i>	102
<i>labetalol hcl-dextrose</i>	102
<i>labetalol hcl-sodium chloride</i>	102
<i>lacosamide</i>	43
LACTEROL	149
<i>lactic acid</i>	128
<i>lactic acid e</i>	128
<i>lactulose</i>	152
<i>lactulose encephalopathy</i>	152
<i>ladycare menopause</i>	216
LAMICTAL.....	41
LAMICTAL ODT	41
LAMICTAL STARTER	41
LAMICTAL XR.....	41
<i>lamivudine</i>	78, 79
<i>lamivudine-zidovudine</i>	81
<i>lamotrigine</i>	41
<i>lamotrigine er</i>	42
<i>lamotrigine starter kit-blue</i>	42
<i>lamotrigine starter kit-green</i>	42
<i>lamotrigine starter kit-orange</i>	42
LAMPIT	69
LAND BEFORE TIME MULTIVITAMIN	144

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<i>lanolin anhydrous</i>	216	LENVIMA (4 MG DAILY DOSE).....	65
LANOXIN	107	LENVIMA (8 MG DAILY DOSE).....	65
LANSINOH BREASTFEEDING PILLOW ...	216	LESCOL XL.....	111
LANSINOH BREASTMILK COLLECTOR ...	216	LESSINA	171
LANSINOH EXTRA PUMPING SET	216	LETAIRIS	261
LANSINOH MANUAL BREAST PUMP	216	<i>letrozole</i>	63
LANSINOH POSTPART WASH BOTTLE...	216	<i>lets</i>	22
LANSINOH PUMP ADAPTERS	217	<i>leucovorin calcium</i>	62
LANSINOH SMART PUMP TOTE BAGS ...	217	LEUKERAN.....	58
LANSINOH SMARTPUMP	217	LEUKINE.....	93
LANSINOH SMARTPUMP 2.0.....	217	<i>leuprolide acetate</i>	179
<i>lansoprazole</i>	153	<i>levabuterol hcl</i>	259
<i>lanthanum carbonate</i>	140	<i>levabuterol tartrate</i>	260
LANTUS.....	90	<i>levatio</i>	7
LANTUS SOLOSTAR	90	LEVBID	148
<i>lapatinib ditosylate</i>	65	LEVEMIR	90
LARIN 1.5/30	171	LEVEMIR FLEXPEN	90
LARIN 1/20	171	<i>levetiracetam</i>	38
LARIN 24 FE.....	171	<i>levetiracetam er</i>	38
LARIN FE 1.5/30.....	171	<i>levobunolol hcl</i>	251
LARIN FE 1/20.....	171	<i>levocarnitine</i>	217
LASIX.....	109	<i>levocarnitine sf</i>	217
<i>latanoprost</i>	254	<i>levocetirizine dihydrochloride</i>	256
<i>latanoprost-timolol maleate</i>	251	<i>levofloxacin</i>	36
LATCH ASSIST NIPPLE EVERTER.....	217	<i>levoleucovorin calcium</i>	62
LATUDA.....	75	LEVONEST	171
<i>lavare wound wash</i>	128	<i>levonorgest-eth est & eth est</i>	171
LAYOLIS FE	171	<i>levonorgest-eth estrad 91-day</i>	171, 172
LDO PLUS	22	<i>levonorgestrel</i>	176
<i>leader insulin syringe</i>	217	<i>levonorgestrel-ethinyl estrad</i>	172
LEADER UNIFINE PENTIPS	217	<i>levonorg-eth estrad triphasic</i>	172
LEADER UNIFINE PENTIPS PLUS.....	217	LEVORA 0.15/30 (28)	172
<i>lecithin</i>	217	<i>levorphanol tartrate</i>	19
<i>lecithin organogel</i>	217	LEVO-T	178
<i>ledipasvir-sofosbuvir</i>	78	<i>levothyroxine sodium</i>	178
LEENA	171	LEVOXYL.....	178
<i>leflunomide</i>	187	LEVSIN	148
LEMTRADA	119	LEVSIN/SL	148
<i>lenalidomide</i>	58	LEVULAN KERASTICK.....	128
<i>lenscale</i>	265	LEXAPRO	47
LENVIMA (10 MG DAILY DOSE).....	65	LEXETTE	123
LENVIMA (12 MG DAILY DOSE).....	65	LEXIVA.....	80
LENVIMA (14 MG DAILY DOSE).....	65	LIALDA.....	188
LENVIMA (18 MG DAILY DOSE).....	65	LIBRAX	148
LENVIMA (20 MG DAILY DOSE).....	65	LIBTAYO	68
LENVIMA (24 MG DAILY DOSE).....	65	LICART	11

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LIDO BDK	22	LIPITOR	111
LIDO KING	22	<i>lipo cream base</i>	217
<i>lidocaine</i>	22	LIPOBASE	217
<i>lidocaine hcl</i>	22, 23, 120	LIPOCREAM BASE	217
<i>lidocaine hcl (pf)</i>	23	LIPOFEN	110
<i>lidocaine hcl urethral/mucosal</i>	23	<i>lipolayer</i>	217
<i>lidocaine max st 24 hours</i>	23	<i>lipopen ultra base</i>	217
<i>lidocaine pain relief</i>	23	<i>liposomal heavy</i>	217
<i>lidocaine pain relief max st</i>	23	<i>liposomal regular</i>	217
<i>lidocaine pain relieving</i>	23	LIPOZYME	217
<i>lidocaine viscous hcl</i>	120	<i>lisdexamphetamine dimesylate</i>	114
<i>lidocaine-hydrocort (perianal)</i>	128	<i>lisinopril</i>	99
<i>lidocaine-hydrocortisone ace</i>	123, 128, 129	<i>lisinopril-hydrochlorothiazide</i>	107
<i>lidocaine-prilocaine</i>	23	LITE'N UP 50	217
<i>lidocanna</i>	23	LITE'N UP 90	217
LIDOCARE ARM/NECK/LEG	23	LITETOUCH INSULIN SYRINGE	217
LIDOCARE BACK/SHOULDER	23	LITETOUCH PEN NEEDLES	218
<i>lidocidex i</i>	162	<i>lithium</i>	84
<i>lidocore</i>	23	<i>lithium carbonate</i>	84
LIDOCORT	129	<i>lithium carbonate er</i>	84
LIDODERM	23	LITHOBID	84
<i>lido-epinephrine-tetracaine</i>	23	LITHOSTAT	159
<i>lidolog</i>	162	LIVALO	111
<i>lidomark 1/5</i>	23	LIVIXIL PAK	23
<i>lidomark 2/5</i>	23	LIVMARLI	151
<i>lidopin</i>	23	LMR PLUS	24
LIDOPURE PATCH	23	LO LOESTRIN FE	172
<i>lido-racepinephrine-tetracaine</i>	23	LOCOID	123
LIDOREX	23	LOCOID LIPOCREAM	123
<i>lidorx</i>	23	LODINE	11
LIDO-SORB	23	LODOSYN	72
<i>lidostream</i>	23	LOESTRIN 1.5/30 (21)	172
LIDOTHOL	23	LOESTRIN 1/20 (21)	172
LIDOTRAL	23	LOESTRIN FE 1.5/30	172
<i>lidovix I</i>	23	LOESTRIN FE 1/20	172
LIDTOPIC MAX	23	LOJAIMIESS	172
LILETTA (52 MG)	176	LOKELMA	140
LINCOCIN	30	LOMOTIL	149
<i>lincomycin hcl</i>	30	<i>longs insulin syringe</i>	218
<i>linezolid</i>	31	LONSURF	62
<i>linezolid in sodium chloride</i>	31	<i>loperamide hcl</i>	149, 150
LINZESS	151	LOPID	110
LIOPEN ABSORPTION ENHANCING	217	<i>lopinavir-ritonavir</i>	81
LIORESAL	77	LOPRESSOR	102
<i>liothyronine sodium</i>	178	LOPROX	52
<i>lip balm base</i>	217	<i>lorazepam</i>	83

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LORAZEPAM INTENSOL	83
LORBRENA	65
LOREEV XR	83
LORYNA	172
LORZONE.....	268
<i>los yankauer holder</i>	218
<i>losartan potassium</i>	99
<i>losartan potassium-hctz</i>	107
LOTEMAX.....	252
LOTEMAX SM	252
LOTENSIN	99
LOTENSIN HCT.....	107
<i>loteprednol etabonate</i>	252
LOTREL	107
LOTRONEX	151
<i>lovastatin</i>	111
LOVAZA.....	112
LOW-OGESTREL	172
<i>loxapine succinate</i>	73
LO-ZUMANDIMINE.....	172
<i>lubiprostone</i>	151
LUCEMYRA.....	218
<i>luer tip cap tray</i>	218
<i>lugols strong iodine</i>	31
<i>luliconazole</i>	53
<i>lullaby dbl elect breast pump</i>	218
LUMAKRAS	65
<i>lumbar cushion</i>	218
<i>lumbar support cushion</i>	218
LUMIGAN.....	254
LUMIZYME	155
LUNESTA	269
LUPKYNIS	182
LUPRON DEPOT (1-MONTH)	179
LUPRON DEPOT (3-MONTH)	179
LUPRON DEPOT (4-MONTH)	179
LUPRON DEPOT (6-MONTH)	179
LUPRON DEPOT-PED (1-MONTH)	179
LUPRON DEPOT-PED (3-MONTH)	180
LUPRON DEPOT-PED (6-MONTH)	180
<i>lurasidone hcl</i>	75
LUTATHERA.....	62
LUTERA.....	172
LUXAMEND	218
LUZU	53
LYBALVI	47

LYDEXA.....	24
LYLEQ.....	176
LYLLANA	172
LYNPARZA	65
LYRICA	118
LYRICA CR	118
LYSODREN	179
LYUMJEV.....	90
LYUMJEV KWIKPEN	90
LYZA	176

M

MACROBID.....	31
MACRODANTIN.....	31
<i>mafenide acetate</i>	31
MAGELLAN INSULIN SAFETY SYR	218
<i>magnesium sulfate</i>	137
<i>magnifier hands-free</i>	218
MALARONE	69
<i>malathion</i>	70
MARATHON MEDICAL PENTIPS.....	218
<i>maraviroc</i>	80
MARCAINE	24
MARCAINE PRESERVATIVE FREE	24
MARGENZA.....	68
MARINOL.....	51
<i>marlido</i>	24
MARLIDO-25.....	24
<i>marlissa</i>	172
MARPLAN	46
MARVONA SUIK.....	24
MAS CARE-PAK	162
<i>massager</i>	218
<i>mattress cover</i>	218
<i>mattress pad</i>	218
MATULANE.....	58
MATZIM LA	104
MAVENCLAD (10 TABS)	119
MAVENCLAD (4 TABS)	119
MAVENCLAD (5 TABS)	119
MAVENCLAD (6 TABS)	119
MAVENCLAD (7 TABS)	119
MAVENCLAD (8 TABS)	119
MAVENCLAD (9 TABS)	119
MAVYRET	78
MAXALT.....	55
MAXALT-MLT	56

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MAXFE	144	<i>mephalan</i>	58
MAXICOMFORT II PEN NEEDLE	218	<i>mephalan hcl</i>	58
MAXI-COMFORT INSULIN SYRINGE.....	218	<i>memantine hcl</i>	45
MAXI-COMFORT SAFETY PEN NEEDLE .	218	<i>memantine hcl er</i>	45
MAXICOMFORT SYR 27G X 1/2.....	218	MENEST	172
MAXIDEX.....	252	MENOSTAR.....	172
MAXITROL.....	252	MENQUADFI.....	188
<i>maxx</i>	218	<i>meperidine hcl</i>	19
<i>maxx plus</i>	218	<i>meprobamate</i>	82
MAXZIDE	107	MEPRON	69
MAXZIDE-25.....	107	MEPSEVII	155
MAYZENT.....	119	<i>mercaptopurine</i>	59
MAYZENT STARTER PACK	119	<i>meropenem</i>	35
<i>mazerustar mixer/mix container</i>	218	<i>meropenem-sodium chloride</i>	35
<i>me/naphos/mb/hyo1</i>	31	MERZEE	172
<i>meadow fescue grass pollen</i>	265	<i>mesalamine</i>	188
<i>meclizine hcl</i>	50	<i>mesalamine er</i>	188
<i>meclofenamate sodium</i>	11	<i>mesna</i>	69
MEDELA DOUBLE BREAST PUMP	218	MESNEX	69
MEDELA LACTINA DOUBLE PUMPING ...	219	<i>mesquite</i>	265
MEDELA PUMP IN STYLE.....	219	MESTINON	57
<i>medic insulin syringe</i>	219	<i>metal reacher</i>	219
<i>medicine dropper</i>	219	METAXALL CP	268
<i>medicine dropper/calibrated</i>	219	<i>metaxalone</i>	268
<i>medicine shoppe pen needles</i>	219	<i>metered nasal spray pump 15ml</i>	219
<i>medicine spoon</i>	219	<i>metformin hcl</i>	86
MEDI-COOLER.....	219	<i>metformin hcl er</i>	86
MEDIDERM	219	<i>metformin hcl er (mod)</i>	86
MEDI-FRIDGE IIX.....	219	<i>metformin hcl er (osm)</i>	86
MEDI-PHEDRYL.....	256	<i>methadone hcl</i>	15
<i>medi-rdt blister packs</i>	219	METHADONE HCL INTENSOL	15
<i>medneb neb-with dispo neb kit</i>	219	METHADOSE	15
MEDROL.....	160, 162	METHADOSE SUGAR-FREE	15
MEDROLOAN II SUIK	162	<i>methamphetamine hcl</i>	114
MEDROLOAN SUIK	162	<i>methazolamide</i>	251
<i>medroxyprogesterone acetate</i>	176	<i>methenamine hippurate</i>	31
<i>mefenamic acid</i>	11	<i>methenamine mandelate</i>	31
<i>mefloquine hcl</i>	69	METHERGINE	219
<i>megestrol acetate</i>	176	<i>methimazole</i>	180
<i>meijer antihistamine allergy</i>	256	<i>methitest</i>	167
<i>meijer aspirin ec</i>	11	<i>methocarbamol</i>	268
<i>meijer pen needles</i>	219	<i>methohexital sodium</i>	219
MEKINIST	65	<i>methotrexate sodium</i>	183
MEKTOVI.....	65	<i>methotrexate sodium (pf)</i>	183
<i>melaleuca</i>	265	<i>methoxsalen rapid</i>	186
<i>meloxicam</i>	11	<i>methscopolamine bromide</i>	149

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<i>methyldopa</i>	98	<i>midazolam-sodium chloride</i>	83
<i>methylergonovine maleate</i>	219	<i>midodrine hcl</i>	98
METHYLIN	116	MIFEPREX.....	166
<i>methylphenidate hcl</i>	116	<i>mifepristone</i>	166
<i>methylphenidate hcl er</i>	116	MIGERGOT.....	55
<i>methylphenidate hcl er (cd)</i>	116	<i>miglitol</i>	86
<i>methylphenidate hcl er (la)</i>	116	<i>miglustat</i>	155
<i>methylphenidate hcl er (osm)</i>	116	MIGRANAL	55
<i>methylphenidate hcl er (xr)</i>	116	MIGRANOW.....	56
<i>methylprednisolone</i>	160, 162	MILI	173
<i>methylprednisolone acetate</i>	160, 162	MILLIPRED	162
<i>methylprednisolone sodium succ</i>	160, 162	<i>milrinone lactate</i>	108
<i>methylprednisolone-bupivacaine</i>	162	<i>milrinone lactate in dextrose</i>	108
<i>methyltestosterone</i>	167	MIMVEY	173
<i>metoclopramide hcl</i>	51, 150	MIMYX	129
<i>metolazone</i>	110	MINASTRIN 24 FE	173
<i>metoprolol succinate er</i>	102	<i>mineral oil heavy</i>	152
<i>metoprolol tartrate</i>	102	MINI COMPRESSOR.....	219
<i>metoprolol-hydrochlorothiazide</i>	107	MINI DIFFUSER.....	219
METROCREAM	129	<i>mini mallet 3/4</i>	219
METROGEL.....	129	<i>mini transfer pin</i>	219
METROLOTION.....	129	MINIMED MIO ADVANCE INFUSE SET....	219
<i>metronidazole</i>	31, 129, 133	MINIMED PUMP RESERVOIR 3ML	219
METRONIDAZOLE BENZO+SYRSPEND	31	MINIMED QUICK SET INF SET 18.....	219
<i>metytrosine</i>	107	MINIMED QUICK SET INF SET 23.....	220
<i>mexiletine hcl</i>	100	MINIMED QUICK SET INF SET 32.....	220
MIACALCIN	189	MINIMED QUICK SET INF SET 43.....	220
MIBELAS 24 FE	172	MINIPRESS	98
<i>micafungin sodium</i>	53	MINIVELLE	173
MICARDIS	99	<i>minocycline hcl</i>	37
MICARDIS HCT	107	<i>minocycline hcl er</i>	37
<i>miconazole 3</i>	133	MINOLIRA.....	37
<i>miconazole-zinc oxide-petrolat</i>	53	<i>minoxidil</i>	112
MICROCLENS WALL MOUNT BRACKET .	219	MIOCHOL-E.....	248
<i>microderm base</i>	219	MIRALAX	152
MICRODOT PEN NEEDLE.....	219	MIRALAX MIX-IN PAX	152
MICROGESTIN 1.5/30.....	172	MIRAPEX ER	71
MICROGESTIN 1/20.....	172	MIRCERA.....	93
MICROGESTIN 24 FE	172	MIRCETTE.....	173
MICROGESTIN FE 1.5/30	172	MIRENA (52 MG)	176
MICROGESTIN FE 1/20	173	<i>mirtazapine</i>	45
<i>microplegia msa-msg</i>	140	MIRVASO.....	129
MICROSOME BASE.....	219	<i>misoprostol</i>	153
<i>midazolam hcl</i>	83	<i>mite (d. farinae)</i>	265
<i>midazolam hcl-sodium chloride</i>	83	<i>mite (d. pteronyssinus)</i>	265
MIDAZOLAM+SYRSPEND SF	83	MITIGARE	54

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MITIGO	15	<i>montelukast sodium</i>	258
<i>mitomycin</i>	61, 220	<i>morphine sulfate</i>	15, 19
MITOSOL	220	<i>morphine sulfate (concentrate)</i>	20
<i>mitoxantrone hcl</i>	62	<i>morphine sulfate (pf)</i>	20
<i>mixed feathers</i>	185	<i>morphine sulfate er</i>	15
<i>mixed ragweed</i>	265	<i>morphine sulfate er beads</i>	16
<i>mixer/mazerustar emp jar adp</i>	220	<i>morphine sulfate-nacl</i>	20
<i>mixer/mazerustar kk-250s-300ss</i>	220	MOTEGRITY	150
<i>mixer/mazerustar kk-300ss</i>	220	<i>motion sickness relief</i>	50
<i>mixer/mazerustar kk-400w</i>	220	<i>motion-time</i>	50
<i>mixer/mazerustar md pump adp</i>	220	MOTOFEN	150
<i>mixer/mazerustar/jar adp set</i>	220	MOTRIN ARTHRITIS PAIN	11
<i>mixer/mazerustar/jar mxing adp</i>	220	MOUNJARO	86
<i>mixer/mazerustar/unodose adapt</i>	220	<i>mountain cedar</i>	265
<i>mlk f1</i>	162	<i>mouse epithelium</i>	265
<i>mlk f2</i>	162	MOVANTIK	152
<i>mlk f3</i>	162	MOVIPREP	152
MLK F4	162	<i>moxifloxacin hcl</i>	36, 250
MM ALLER-BEN	256	<i>moxifloxacin hcl (2x day)</i>	250
<i>mm arthritis pain reliever</i>	11	<i>moxifloxacin hcl in nacl</i>	36
<i>mm aspirin</i>	11	<i>moxifloxacin hcl-bss</i>	250
MM CLEARLAX	152	MOZOBIL	93
<i>mm insulin syringe/needle</i>	220	MS CONTIN	16
MM PEN NEEDLES	220	<i>ms insulin syringe</i>	221
<i>mn8</i>	220	<i>mucor</i>	265
<i>modafinil</i>	270	<i>mucosal atomization device</i>	221
<i>moexipril hcl</i>	99	MUGARD	120
MOIST-SURE REPLACEMENT COVER/L	220	<i>mugwort</i>	265
MOIST-SURE REPLACEMENT COVER/M	220	MULPLETA	93
MOIST-SURE REPLACEMENT COVER/P	220	MULTAQ	100
MOISTUREPLUS COVER LARGE	220	MULTIBASE	221
MOISTUREPLUS COVER/MEDIUM	220	MULTIGEN	144
MOISTUREPLUS COVER/PETITE	220	MULTIGEN FOLIC	144
<i>molindone hcl</i>	73	MULTIGEN PLUS	144
<i>mometasone furoate</i>	123, 258	<i>multi-specialty</i>	162
MONDOXYNE NL	38	<i>multivitamin childrens gummies</i>	135
MONJUVI	68	<i>multi-vitamin/fluoride/iron</i>	144
MONOFERRIC	137	<i>multivitamins plus iron child</i>	144
MONOJECT BLOOD COLLECTION SET... ..	220	<i>multivit-min gummies childrens</i>	135
MONOJECT BLOOD COLLECTION TUBE	220	MULTRYS	137
MONOJECT HYPODERMIC NEEDLE	220	<i>mupirocin</i>	31
MONOJECT INSULIN SYRINGE	221	<i>mupirocin calcium</i>	31
MONOJECT MAGELLAN SAFETY NDL	221	MVASI	61
MONOJECT ULTRA COMFORT SYRINGE	221	MVW COMPLETE FORMULATION	135
MONO-LINYAH	173	MVW COMPLETE FORMULATION D3000	135
<i>monsels ferric subsulfate</i>	95	MVW COMPLETE FORMULATION D5000	135

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MX-SOL	221
MX-SOL BLEND	221
MX-SOL BLEND SF	221
MX-SOL SF	221
MX-SOL SUSPEND	221
MY CHOICE	177
MY WAY	177
MYAMBUTOL	57
MYCAMINE	53
MYCAPSSA	165
MYCOBUTIN	57
<i>mycophenolate mofetil</i>	183
<i>mycophenolate sodium</i>	183
MYDAYIS	114
MYDRIACYL	248
MYFEMBREE	180
MYLERAN	58
MYOBLOC	129
MYRBETRIQ	157
MYSOLINE	40
MYTESI	150
MYXREDLIN	90

N

<i>na ferric gluc cplx in sucrose</i>	137
NABI-HB	185
<i>nabumetone</i>	11
<i>nadolol</i>	102
<i>nafcillin sodium</i>	34
<i>naftifine hcl</i>	53
NAFTIN	53
NAGLAZYME	155
<i>nail polish bottle/brush 15ml</i>	221
<i>nailit</i>	221
NALFON	11
<i>nalocet</i>	20
<i>naloxone hcl</i>	26
<i>naltrexone hcl</i>	26
NAMENDA	45
NAMENDA TITRATION PAK	45
NAMENDA XR	45
NAMZARIC	44
NAPRELAN	11
<i>napro</i>	11
NAPROSYN	11
<i>naproxen</i>	11, 12
<i>naproxen dr</i>	12

<i>naproxen sodium</i>	12
<i>naproxen sodium er</i>	12
<i>naproxen-esomeprazole mg</i>	12
<i>naratriptan hcl</i>	56
NARCAN	26
NARDIL	46
NASADOCK	221
<i>nasal spray metered pump</i>	221
NASCOBAL	144
NATACHEW	144
NATACYN	53
NATALVIT	144
NATAZIA	173
<i>nateglinide</i>	86
NATESTO	167
NATROBA	70
<i>natural wood cane</i>	221
<i>natural wood walking stick</i>	221
NATURESPIRIT	221
NAYZILAM	39
<i>nebivolol hcl</i>	102
NEBUPENT	69
NEBUSAL	265
NECON 0.5/35 (28)	173
NEEVO DHA	144
<i>nefazodone hcl</i>	47
<i>neomycin sulfate</i>	29
<i>neomycin-bacitracin zn-polymyx</i>	248
<i>neomycin-polymyxin b gu</i>	29
<i>neomycin-polymyxin-dexameth</i>	252
<i>neomycin-polymyxin-gramicidin</i>	248
<i>neomycin-polymyxin-hc</i>	252, 254
<i>neonatal + dha</i>	144
<i>neonatal 19</i>	144
<i>neonatal complete</i>	144
<i>neonatal fe</i>	144
NEO-POLYCIN	248
NEO-POLYCIN HC	253
NEOSALUS	129
<i>neostigmine methylsulfate</i>	57
NEO-SYNALAR	31
NEOTUSS PLUS	265
NEPHRON FA	144
NERLYNX	65
NESINA	86
NESTABS	144

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

NESTABS DHA.....	144	<i>nifedipine er</i>	104
NESTABS ONE	144	<i>nifedipine er osmotic release</i>	104
NEUAC	129	NIFEREX.....	144
NEULASTA	187	<i>night time sleep aid</i>	270
NEULASTA ONPRO.....	187	<i>nighttime sleep aid</i>	270
NEUPOGEN	187	NIKKI.....	173
NEUPRO.....	71	<i>nilutamide</i>	58
NEURAPTINE.....	7	<i>nimodipine</i>	104
<i>neurin-sl</i>	144	NINLARO	65
NEURONTIN.....	40	NIPENT	59
NEVANAC.....	253	NIPRIDE RTU	108
<i>nevirapine</i>	79	<i>nisoldipine er</i>	104
<i>nevirapine er</i>	79	<i>nitazoxanide</i>	69
NEW DAY	177	<i>nitisinone</i>	155
NEXAVAR.....	65	NITRO-BID.....	113
NEXCARE COMFORT FOAM EAR PLUGS		NITRO-DUR	113
.....	222	<i>nitrofurantoin</i>	31
NEXCARE REUSABLE EAR PLUGS	222	<i>nitrofurantoin macrocrystal</i>	31
NEXIUM.....	153	<i>nitrofurantoin monohyd macro</i>	31
NEXIUM I.V.....	153	<i>nitroglycerin</i>	113, 129
NEXLETOL	112	NITROLINGUAL.....	113
NEXLIZET.....	108	NITROSTAT.....	113
NEXPLANON.....	177	NITRO-TIME	113
NEXTERONE.....	100	NITYR	155
NEXTSTELLIS.....	173	NIVA-PLUS	144
NEXVIAZYME.....	155	NIVESTYM.....	187
NG SECURE.....	222	NIX ELECTRONIC LICE COMB	222
<i>niacin (antihyperlipidemic)</i>	112	NIX METAL TWO-SIDED COMB	222
<i>niacin er (antihyperlipidemic)</i>	112	<i>nizatidine</i>	151
NIACOR.....	112	NOC DURNA	165
<i>nicardipine hcl</i>	104	NOKOR VENTED NEEDLE	222
<i>nicardipine hcl in nacl</i>	104	NORA-BE.....	177
NICODERM CQ	28	NORDIPEN 5 INJECTION DEVICE	222
NICORETTE	28	NORDIPEN DELIVERY SYSTEM.....	222
NICORETTE MINI.....	28	NORDITROPIN FLEXPRO	165
NICORETTE STARTER KIT	28	<i>norepinephrine-dextrose</i>	98
<i>nicotine</i>	28	<i>norepinephrine-sodium chloride</i>	98
<i>nicotine mini</i>	28	<i>norethin ace-eth estrad-fe</i>	173
<i>nicotine polacrilex</i>	28	<i>norethindrone</i>	177
<i>nicotine polacrilex mini</i>	28	<i>norethindrone acetate</i>	177
<i>nicotine step 1</i>	28	<i>norethindrone acet-ethinyl est</i>	173
<i>nicotine step 2</i>	28	<i>norethindrone-eth estradiol</i>	173
<i>nicotine step 3</i>	28	<i>norethin-eth estradiol-fe</i>	173
NICOTROL	28	<i>norgesic forte</i>	20
NICOTROL NS	28	<i>norgestimate-eth estradiol</i>	173
<i>nifedipine</i>	104	<i>norgestim-eth estrad triphasic</i>	173

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NORITATE.....	129	NOVOLOG MIX 70/30 FLEXPEN	91
NORLYROC.....	177	NOVOLOG MIX 70/30 RELION	91
NORPACE	100	NOVOLOG PENFILL.....	91
NORPACE CR	100	NOVOLOG RELION.....	91
NORPRAMIN	49	NOVOPEN ECHO	222
NORTREL 0.5/35 (28)	173	NOVOSEVEN RT.....	95
NORTREL 1/35 (21)	173	NOXAFIL	53
NORTREL 1/35 (28)	174	NP THYROID	178
NORTREL 7/7/7	174	NPLATE	93
<i>nortriptyline hcl</i>	49	<i>nuaskin facial scrubber</i>	222
NORVASC	104	<i>nuaskin skin tag remover</i>	222
NORVIR.....	80	<i>nuaskin vacuum pro</i>	222
<i>nouri auto</i>	222	NUBEQA	58, 65
<i>nouri duo</i>	222	NUCALA.....	265
NOURIANZ	71	NUCARACLINPAK.....	129
NOURILITE.....	222	NUCARARXPAK	129
NOURIVAN ANTIOX BASE	222	NUCORT	123
<i>nova bath seat</i>	222	NUCYNTA.....	20
<i>nova cushion gel seat pad</i>	222	NUCYNTA ER	16
<i>nova quad tip-four prongs</i>	222	NUDERMRXPAK 120	186
NOVAFERRUM	137	NUDERMRXPAK 60	186
NOVAFERRUM PEDIATRIC DROPS.....	137	NUDICLO SOLUPAK	12
NOVAFILM.....	222	NUDICLO TABPAK	12
NOVAREL.....	165	NUDROXIPAK	12
<i>novavax covid-19 vaccine</i>	188	NUDROXIPAK DSDR-50	12
NOVOEIGHT	222	NUDROXIPAK DSDR-75	12
NOVOFINE AUTOCOVER PEN NEEDLE ..	222	NUDROXIPAK E-400	12
NOVOFINE PEN NEEDLE.....	222	NUDROXIPAK I-800	12
NOVOFINE PLUS PEN NEEDLE	222	NUDROXIPAK M-15	12
NOVOLIN 70/30.....	90	NUDROXIPAK N-500.....	12
NOVOLIN 70/30 FLEXPEN.....	90	NUDEXTA.....	117
NOVOLIN 70/30 FLEXPEN RELION	90	NUFOL	144
NOVOLIN 70/30 RELION.....	90	NU-GEL.....	222
NOVOLIN N	90	NULEV	149
NOVOLIN N FLEXPEN	90	NULIBRY.....	155
NOVOLIN N FLEXPEN RELION.....	90	NUMBRINO.....	24
NOVOLIN N RELION	90	NUMOISYN	120
NOVOLIN R	90	NUPLAZID	75
NOVOLIN R FLEXPEN	90	NURTEC	55
NOVOLIN R FLEXPEN RELION.....	90	NUSURGEPAK SURGICAL PREP/CARE ..	129
NOVOLIN R RELION.....	90	NUTRIARX CREAMPAK.....	123
NOVOLOG.....	90	NUVAIL	129
NOVOLOG 70/30 FLEXPEN RELION	90	NUVARING	174
NOVOLOG FLEXPEN	90	NUVESSA	133
NOVOLOG FLEXPEN RELION	90	NUVIGIL.....	270
NOVOLOG MIX 70/30	90	NUWIQ.....	95

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NUZYRA	38
<i>nvzzler pro double breast pump</i>	222
<i>nvzzler single breast pump</i>	222
NYAMYC.....	53
NYLIA 7/7/7.....	174
NYMALIZE	104
NYMYO.....	174
<i>nystatin</i>	53
<i>nystatin-triamcinolone</i>	53
NYSTOP	53
NYTOL QUICKCAPS.....	270
NYVEPRIA.....	187

O

OASIS ULTRA MATRIX FENESTRATED...	222
OASIS ULTRA TRI-LAYER MATRIX	222
OASIS WOUND MATRIX FENESTRATED	223
OB COMPLETE	144
OB COMPLETE ONE	144
OB COMPLETE PETITE.....	144
OB COMPLETE PREMIER.....	144
OB COMPLETE/DHA	144
<i>obizur</i>	96
OBSTETRIX DHA	144
OCALIVA	155
OCCLUVAN	223
OCELLA.....	174
OCTAGAM.....	185
<i>octreotide acetate</i>	165
OCUFLOX.....	250
ODACTRA	185
ODEFSEY.....	81
OFEV	265
<i>offset cane</i>	223
<i>ofloxacin</i>	36, 250, 254
OGIVRI	68
<i>ointment tube/metal 1oz</i>	223
<i>ointment tube/metal 2oz</i>	223
<i>ointment tube/metal 4oz</i>	223
<i>ointment tube/opth tip 1/8oz</i>	223
<i>ointment tube/plastic 1oz</i>	223
<i>ointment tube/plastic 2oz</i>	223
<i>ointment tube/plastic 4oz</i>	223
<i>ointment tube/plastic 6oz</i>	223
<i>ointment tube/plastic 8oz</i>	223
<i>olanzapine</i>	75
<i>olanzapine-fluoxetine hcl</i>	47

OLINVYK.....	16
<i>olive tree</i>	265
<i>olmesartan medoxomil</i>	99
<i>olmesartan medoxomil-hctz</i>	108
<i>olmesartan-amlodipine-hctz</i>	108
<i>olopatadine hcl</i>	249, 256
OLUMIANT.....	183
OLUX-E.....	123
OMECLAMOX-PAK.....	150
<i>omega-3-acid ethyl esters</i>	112
OMEGAVEN	223
<i>omeprazole</i>	153
OMEPRAZOLE+SYRSPEND SF ALKA.....	153
<i>omeprazole-sodium bicarbonate</i>	153
OMNARIS	258
OMNIBASE	223
OMNIFLEX DIAPHRAGM	223
ONCASPAR	62
<i>ondansetron</i>	51
<i>ondansetron hcl</i>	51
<i>one ounce medicine cups</i>	223
ONE VITE FERROUS SULFATE.....	134
ONE-A-DAY JOLLY RANCHER.....	135
ONE-DAY-AT-A-TIME PLANNER	223
ONEXTON	129
ONFI.....	40
ONGENTYS	71
ONGLYZA	86
ONPATTRO	155
ONTRUZANT	68
ONUREG	65
ONYCHO-MED	53
<i>onzdeoxia</i>	129
ONZETRA XSAIL	56
OPCICON ONE-STEP	177
OPDIVO	61
<i>opium</i>	150
OPSUMIT	261
OPTION 2	177
OPTIONS GYNOL II CONTRACEPTIVE	159
OPZELURA.....	186
ORA-BLEND	223
ORA-BLEND SF.....	223
ORACEA	129
ORACIT.....	137
<i>oral dose syringe</i>	223

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<i>oral endotracheal device</i>	223	OVACE PLUS	129
<i>oral medicine dropper</i>	223	OVEEZA.....	144
ORAL MIX.....	223	OVIDE	70
ORAL MIX SF	223	<i>oxacillin sodium</i>	34
<i>oral suspend</i>	223	<i>oxaliplatin</i>	61
<i>oral syringe/brush</i>	223	<i>oxaprozin</i>	12
<i>oral syrup</i>	223	OXAYDO	20
<i>oral syrup sf</i>	223	<i>oxazepam</i>	84
ORALAIR	185	OXBRYTA	223
ORALAIR ADULT STARTER PACK	185	<i>oxcarbazepine</i>	43
ORALAIR CHILDRENS STARTER PACK ..	185	<i>oxianujo</i>	129
ORALONE	120	<i>oxiatar</i>	129
ORAPENN SD ANHYD SWEETENED	223	<i>oxiavarry</i>	129
ORAPENN SD ANHYD UNSWEETEN	223	<i>oxiazar</i>	129
ORA-PLUS.....	223	<i>oxiconazole nitrate</i>	53
ORAPRED ODT.....	162	OXISTAT	53
ORA-SWEET	223	OXLUMO.....	159
ORA-SWEET SF.....	223	OXTELLAR XR	43
ORAVIG	53	<i>oxybutynin chloride</i>	157
ORBACTIV	31	<i>oxybutynin chloride er</i>	157
<i>orchard grass pollen</i>	265	<i>oxycodone hcl</i>	16, 20
ORENCIA.....	183	<i>oxycodone hcl er</i>	16
ORENCIA CLICKJECT	183	<i>oxycodone-acetaminophen</i>	20
ORENITRAM	261	OXYCONTIN	16
ORFADIN.....	155	<i>oxymorphone hcl</i>	20
ORGOVYX.....	62	<i>oxymorphone hcl er</i>	16
ORIAHNN	180	<i>oxytocin-lactated ringers</i>	224
ORIG MCKENZIE CERVICAL ROLL	223	<i>oxytocin-sodium chloride</i>	224
ORILISSA	180	OXYTROL	158
<i>o-ring cushion</i>	223	OZEMPIC (0.25 OR 0.5 MG/DOSE)	86
ORKAMBI	260	OZEMPIC (1 MG/DOSE).....	86
ORLADEYO	180	OZEMPIC (2 MG/DOSE).....	86
ORMECA	12	OZOBAX	77
<i>orphenadrine citrate</i>	223	OZURDEX.....	251
<i>orphenadrine citrate er</i>	268	P	
ORPHENGESIC FORTE	20	PACERONE	100
<i>ortho df</i>	144	<i>paclitaxel</i>	61
ORTIKOS.....	162	<i>paclitaxel protein-bound part</i>	61
<i>oscimin</i>	149	PADCEV	68
<i>oseltamivir phosphate</i>	81	<i>pain relief maximum strength</i>	24
OSENI.....	86	<i>pain relieving lidocaine</i>	24
OSMOLEX ER	71	<i>paingo kft</i>	24
OSPHENA	177	PALFORZIA (12 MG DAILY DOSE).....	265
OTEZLA	187	PALFORZIA (120 MG DAILY DOSE).....	265
OTOVEL	254	PALFORZIA (160 MG DAILY DOSE).....	265
OTREXUP.....	183	PALFORZIA (20 MG DAILY DOSE).....	266

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PALFORZIA (200 MG DAILY DOSE)	266	<i>paroxetine hcl</i>	47
PALFORZIA (240 MG DAILY DOSE)	266	<i>paroxetine hcl er</i>	47
PALFORZIA (3 MG DAILY DOSE)	266	<i>paroxetine mesylate</i>	47
PALFORZIA (300 MG MAINTENANCE)	266	PARSABIV	190
PALFORZIA (300 MG TITRATION)	266	PATADAY	249
PALFORZIA (40 MG DAILY DOSE)	266	PATANASE	256
PALFORZIA (6 MG DAILY DOSE)	266	PAXIL	47
PALFORZIA (80 MG DAILY DOSE)	266	PAXIL CR	48
PALFORZIA INITIAL ESCALATION	266	PAXLOVID (150/100)	82
<i>paliperidone er</i>	75	PAXLOVID (300/100)	82
<i>palonosetron hcl</i>	51	<i>pazopanib hcl</i>	65
PALYNZIQ	155	<i>pb-hyoscy-atropine-scopolamine</i>	149
PAMELOR	49	<i>pc pediatric iron drops</i>	137
<i>pamidronate disodium</i>	190	<i>pc pediatric poly-vita/fe drop</i>	144
PANCREAZE	155	<i>pc unifine pentips</i>	224
PANDEL.....	123	<i>p-care k40</i>	162
PANHEMATIN	224	<i>p-care k40g</i>	162
PANRETIN.....	68	<i>p-care k40mx</i>	162
<i>pantoprazole sodium</i>	153	<i>p-care k80</i>	163
PANZYGA.....	185	<i>p-care k80g</i>	163
<i>papaverine hcl</i>	112	<i>p-care k80mx</i>	163
PARADIGM PUMP RESERVOIR 1.8ML	224	PCCA ACACIA SYRUP BASE	224
PARADIGM PUMP RESERVOIR 3ML	224	PCCA ALADERM BASE	225
PARADIGM SILHOUETTE COMBO 23.....	224	PCCA ANHYDROUS LIPODERM BASE	225
PARADIGM SILHOUETTE COMBO 43.....	224	PCCA BASE 7542.....	225
PARAGARD INTRAUTERINE COPPER	224	PCCA BIOPEPTIDE BASE	225
PARAPLATIN.....	58	PCCA CANNIDEX 2.0 CUSTOM BASE.....	225
PARI ALTERA NEBULIZER HANDSET	224	PCCA CANNIDEX CUSTOM BASE.....	225
PARI ALTERA NEBULIZER SYSTEM.....	224	PCCA COBASE #1	225
PARI BABY CONVERSION KIT	224	PCCA COSMETIC HRT BASE	225
PARI ERAPID NEBULIZER HANDSET	224	PCCA CUSTOM LIPO-MAX.....	225
PARI ERAPID NEBULIZER SYSTEM	224	PCCA EMOLLIENT CREAM BASE.....	225
PARI LC PLUS NEB SET PED MASK.....	224	PCCA LIPODERM BASE	225
PARI LC PLUS NEBULIZER.....	224	PCCA LIPOSOMIC BASE DRY	225
PARI LC PLUS VIOS PRO NEB	224	PCCA LIPOSOMIC BASE NORMAL.....	225
PARI LC SPRINT NEBULIZER SET	224	PCCA LIPOSOMIC BASE OILY.....	225
PARI PRONEB MAX LC PLUS.....	224	PCCA LIPOSOMIC BASE SENSITIVE	225
PARI PRONEB MAX LC SPRINT	224	PCCA MVC BASE.....	225
PARI SINUS AEROSOL SYSTEM.....	224	PCCA NATACREAM.....	225
PARI TREK S COMBO PACK	224	PCCA POLYPEG BASE.....	225
PARI TREK S W/12V DC ADAPTOR	224	PCCA PRACASIL TM-PLUS BASE	225
PARI VIOS PRO LC PLUS SYSTEM.....	224	PCCA SWEET-SF.....	225
PARI VIOS PRO LC SPRINT SYSTEM.....	224	PCCA SYRUP VEHICLE.....	225
<i>paricalcitol</i>	190	PCCA VANISHING CREAM BASE	225
PARLODEL.....	71	PCCA VANISHING CREAM LIGHT	225
PARNATE	46	PCCA VANPEN BASE	225

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

PCCA WAV CUSTOM BASE.....	225	PERSERIS	75
PCCA-PLUS	225	PERSONALFIT FLEX CONNECTORS	226
<i>pedal exerciser</i>	225	PERTZYE.....	155
PEDIAPRED	163	<i>petrolatum</i>	226
<i>pediatric compressor nebulizer</i>	225	<i>petrolatum white</i>	226
<i>pedizolpak</i>	53	<i>petroleum jelly</i>	226
<i>peg</i>	225	<i>petroleum jelly baby</i>	226
<i>peg 3350</i>	152	PFCB.....	226
<i>peg 3350-kcl-na bicarb-nacl</i>	152	PFIZERPEN	35
<i>peg blend</i>	225	<i>ph accessories storage sol</i>	226
<i>peg ointment base</i>	225	<i>pharbedryl</i>	256
<i>peg-3350/electrolytes</i>	152	PHARMABASE ANTIOXIDANT	226
<i>peg-3350/electrolytes/ascorbat</i>	152	PHARMABASE COSMETIC	226
PEGASYS.....	78	PHARMABASE COSMETIC NATURAL	226
<i>peg-kcl-nacl-nasulf-na asc-c</i>	152	PHARMABASE HEAVY	226
PEG-PREP	152	PHARMABASE LIGHT	226
PEMAZYRE	65	PHARMABASE VAGINAL	226
<i>pen needles</i>	225	PHARMACIST CHOICE DICLOFENAC.....	12
<i>pen needles 5/16</i>	226	PHARMACIST CHOICE LIDOCAINE.....	24
<i>penciclovir</i>	78	PHARMACIST CHOICE PAIN RELIEF	24
PENCREAM.....	226	PHENAZO	159
<i>penderm</i>	226	<i>phenazopyridine hcl</i>	159
<i>penicillamine</i>	159	<i>phenelzine sulfate</i>	46
<i>penicillin g potassium</i>	34	PHENERGAN	50
<i>penicillin g sodium</i>	34	<i>phenobarbital</i>	40
<i>penicillin v potassium</i>	34, 35	PHENOHYTRO	149
<i>penicillium notatum</i>	266	<i>phenol</i>	31
PENLEN.....	129	<i>phenoxybenzamine hcl</i>	98
PENNSAID.....	12	<i>phentolamine mesylate</i>	98
<i>pensomal</i>	226	<i>phenylephrine hcl</i>	98, 159, 248
PENTAM	70	<i>phenylephrine hcl (pressors)</i>	98
<i>pentamidine isethionate</i>	70	<i>phenylephrine hcl-nacl</i>	98
PENTASA	188	PHENYTEK.....	43
<i>pentazocine-naloxone hcl</i>	20	<i>phenytoin</i>	43
PENTIPS.....	226	PHENYTOIN INFATABS.....	43
<i>pentosan polysulfate sodium</i>	159	<i>phenytoin sodium</i>	43
<i>pentoxifylline er</i>	108	<i>phenytoin sodium extended</i>	43
PEPCID.....	151	<i>pheodoyo</i>	53
PERCOCET	20	PHESGO.....	62
<i>perennial rye grass pollen</i>	266	PHEXXI	159
PERFOROMIST.....	260	<i>phoyo</i>	53
<i>perindopril erbumine</i>	99	PHILITH	174
PERJETA.....	61, 68	PHLAG SPRAY	129
<i>permethrin</i>	70	PHOSPHA 250 NEUTRAL	137
<i>perphenazine</i>	73	PHOSPHOLINE IODIDE	251
<i>perphenazine-amitriptyline</i>	49	<i>phosphorous</i>	137

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

PHOSPHO-TRIN 250 NEUTRAL.....	137	PLAVIX.....	97
PHOTOFRIN.....	61	PLEGRIDY.....	119
PHOTREXA-PHOTREXA VISCOUS KIT	248	PLEGRIDY STARTER PACK.....	119
<i>phoxillum b22k4/0</i>	140	PLENITY	117
<i>phoxillum bk4/2.5</i>	140	PLENITY WELCOME KIT	117
<i>physicians ez use b-12</i>	145	PLENVU.....	152
<i>physicians ez use joint/tunnel</i>	163	PLEXION.....	129
<i>physicians ez use m-pred</i>	163	PLEXION CLEANSER	129
PHYSIOLYTE	226	PLEXION CLEANSING CLOTH.....	129
PHYSIOSOL IRRIGATION	226	PLIAGLIS	24
PHYTOBASE	226	PLO GEL - MEDIFLO.....	227
PIFELTRO	79	PLO GEL - MEDIFLO 30 PRE-MIXED	227
<i>pill box 7 day</i>	226	PLO GEL - MEDIFLO PRE-MIXED	227
<i>pill counting tray/right hand</i>	226	<i>plo transdermal</i>	227
<i>pill crusher</i>	226	PLO20 FLOWABLE.....	227
<i>pill pouch</i>	226	PLO20 NON-FLOWABLE	227
<i>pill splitter</i>	226	PLO-DICLOGEL.....	227
<i>pilocarpine hcl</i>	120, 251	<i>pnv prenatal plus multivit+dha</i>	145
<i>pimecrolimus</i>	183	<i>pnv tabs 20-1</i>	145
<i>pimozide</i>	73	<i>pnv-dha</i>	145
PIMTREA.....	174	<i>pnv-dha+docusate</i>	145
<i>pindolol</i>	102	<i>pnv-omega</i>	145
<i>pioglitazone hcl</i>	86	<i>pnv-select</i>	145
<i>pioglitazone hcl-glimepiride</i>	86	<i>pocket magnifier</i>	227
<i>pioglitazone hcl-metformin hcl</i>	86	<i>pocket pro+ replacement sensor</i>	227
<i>pip pen needles 31g x 5mm</i>	226	<i>pod-care 100c</i>	163
<i>pip pen needles 32g x 4mm</i>	226	<i>pod-care 100cg</i>	163
<i>piperacillin sod-tazobactam so</i>	35	<i>pod-care 100k</i>	163
PIQRAY (200 MG DAILY DOSE).....	66	<i>pod-care 100kg</i>	163
PIQRAY (250 MG DAILY DOSE).....	66	<i>pod-care 100kmx</i>	163
PIQRAY (300 MG DAILY DOSE).....	66	PODOCON-25	129
<i>pirfenidone</i>	262	<i>podofilox</i>	129
<i>piroxicam</i>	12	POINT OF CARE L.2	163
<i>pitavastatin calcium</i>	111	POINT OF CARE L.5	163
PLAN B ONE-STEP.....	177	POINT OF CARE LM DEP 2	163
PLAQUENIL.....	70	POINT OF CARE LM-2.2	24
PLASMA-LYTE 148	137	POINT OF CARE LM-2.5	24
PLASMA-LYTE A.....	137	<i>polidocanol</i>	227
<i>plastic bed pan</i>	226	POLIVY	68
<i>plastic bottles 30ml</i>	226	<i>poly hub needle</i>	227
<i>plastic bottles 90ml</i>	226	POLYCIN	248
<i>plastic enema bottle</i>	226	<i>polyethylene glycol 3350</i>	152
<i>plastic jar 6oz</i>	227	<i>polyethylene glycol 8000</i>	152
<i>plastic scoop 1ml</i>	227	<i>poly-iron 150 forte</i>	145
<i>platform walker attachment</i>	227	<i>polymyxin b sulfate</i>	31
<i>platinum reacher 31</i>	227	<i>polymyxin b-trimethoprim</i>	248

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

<i>polypropylene cap-liner</i>	227	PRECISION TISSUE GRINDER 50ML	227
<i>polysaccharide iron forte</i>	145	PRECISION URINE SPECIMEN SYS.....	227
<i>poly-vita/iron</i>	145	PRED FORTE	253
POMALYST	66	PRED MILD.....	253
PONVORY	119	<i>prednisol ace-moxiflox-bromfen</i>	253
PONVORY STARTER PACK.....	119	<i>prednisolone</i>	163
PORTIA-28	174	<i>prednisolone acetate</i>	253
<i>posaconazole</i>	53	<i>prednisolone acetate p-f</i>	253
POSIDYNE ELD FILTER/0.2UM.....	227	<i>prednisolone acetate-nepafenac</i>	253
<i>posture seat</i>	227	<i>prednisolone acet-moxifloxacin</i>	253
<i>pot & sod cit-cit ac</i>	137	<i>prednisolone sodium phosphate</i>	163, 253
<i>potassium chloride</i>	137	<i>prednisolone-bromfenac</i>	253
<i>potassium chloride crys er</i>	137	<i>prednisolone-gatifloxacin</i>	253
<i>potassium chloride er</i>	137, 138	<i>prednisolone-moxifloxacin</i>	253
<i>potassium chloride in nacl</i>	138	<i>prednisolon-gatiflox-bromfenac</i>	253
<i>potassium citrate er</i>	138	<i>prednisolon-moxiflox-bromfenac</i>	253
<i>potassium citrate-citric acid</i>	138	<i>prednisolon-moxiflox-ketorolac</i>	253
<i>potassium phosphate dibasic</i>	227	<i>prednisolon-moxiflox-nepafenac</i>	253
<i>potassium phosphates(71 meq k)</i>	138	<i>prednisone</i>	163
POTELIGEO	68	PREDNISON INTENSOL.....	163
<i>povidone-iodine</i>	31	<i>preferred plus insulin syringe</i>	227
<i>power adaptor pump in style</i>	227	<i>preferred plus unifine pentips</i>	228
PR BENZOYL PEROXIDE.....	129	PREFEST.....	174
PR BENZOYL PEROXIDE WASH	129, 130	<i>pregabalin</i>	118
PR CREAM.....	130	<i>pregabalin er</i>	118
PRADAXA.....	92	<i>pregen dha</i>	145
PRALUENT	112	<i>pregenna</i>	145
<i>pramipexole dihydrochloride</i>	71	PREGNYL	165
<i>pramipexole dihydrochloride er</i>	71	PREMARIN	174
PRAMOSONE.....	123	PREMESISRX.....	145
PRAMOTIC	254	<i>premium lidocaine</i>	24
PRASTERA.....	12	<i>premium pill crusher</i>	228
<i>prasugrel hcl</i>	97	<i>premium scar</i>	24
<i>pravastatin sodium</i>	111	PREMPHASE.....	174
PRAXBIND.....	227	PREMPRO	174
<i>praziquantel</i>	69	<i>prena 1 true</i>	145
<i>prazosin hcl</i>	98	<i>prena1</i>	145
PRECEDEX	82	<i>prena1 pearl</i>	145
PRECISION CATHETER URINE SYS.....	227	<i>prenaissance</i>	145
PRECISION MIDSTREAM KIT	227	<i>prenaissance plus</i>	145
PRECISION SPECIMEN CONTAINER	227	PRENATABS RX.....	145
PRECISION SPUTUM COLLECTOR	227	<i>prenatal</i>	145
PRECISION STOOL COLLECTOR	227	<i>prenatal 19</i>	145
PRECISION SURE-DOSE SYRINGE	227	<i>prenatal plus</i>	145
PRECISION TISSUE GRINDER.....	227	PRENATAL-U	145
PRECISION TISSUE GRINDER 15ML	227	PRENATE	145

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

PRENATE AM.....	145	PRISMASOL BK 0/0/1.2.....	140
PRENATE DHA	145	PRISTIQ.....	48
PRENATE ELITE	145	<i>privet</i>	266
PRENATE ENHANCE	145	<i>pro comfort foot bath</i>	228
PRENATE ESSENTIAL	145	PRO COMFORT INSULIN SYRINGE	228
PRENATE MINI	145	<i>pro comfort pen needles</i>	228
PRENATE PIXIE.....	145	<i>pro comfort pulse oximeter</i>	228
PRENATE RESTORE.....	145	PROAIR DIGIHALER	258
<i>prenatvite complete</i>	146	PROAIR RESPICLICK	260
<i>prenatvite plus</i>	146	<i>probenecid</i>	54
<i>prenatvite rx</i>	146	<i>probichew</i>	150
PREPIDIL.....	166	PROBINATE	150
<i>pre piv supply</i>	24	<i>procainamide hcl</i>	100
<i>press-in bottle adapters</i>	228	PROCARDIA XL	104
PRESTALIA	108	PRO-C-DURE 5	164
<i>pretomanid</i>	57	PRO-C-DURE 6	164
PREVACID.....	153	PROCENTRA.....	114
PREVACID SOLUTAB	154	<i>prochlorperazine</i>	73
PREVALITE	112	<i>prochlorperazine edisylate</i>	73
PREVENT DROPSAFE PEN NEEDLES ...	228	<i>prochlorperazine maleate</i>	73
PREVENT SAFETY PEN NEEDLES	228	PROCORT	130
PREVIDOLRX ANALGESIC	12	PROCRT	93
<i>previdolrx plus analgesic</i>	12	PROCTOCORT.....	54
PREVYMIS	77	PROCTOFOAM HC	130
PREZCOBIX	81	PROCTO-MED HC.....	54
PREZISTA	80	PROCTOSOL HC.....	54
PRIFTIN	57	PROCTOZONE-HC.....	54
PRILO PATCH	24	PROCYSBI.....	155
PRILOSEC.....	154	PRODIGY INSULIN SYRINGE	228
<i>prilovix</i>	24	PROFILNINE.....	96
<i>prilovix lite</i>	24	<i>progesterone</i>	177
<i>prilovix lite plus</i>	24	<i>progesterone micronized</i>	177
<i>prilovix plus</i>	24	PROGLYCEM	88
<i>prilovix ultralite</i>	24	PROGRAF	123, 183
<i>prilovix ultralite plus</i>	24	PROLASTIN-C	155
<i>prilovixil</i>	24	PROLATE	21
PRIMACARE.....	146	PROLENSA.....	253
<i>primaquine phosphate</i>	70	PROLEUKIN	61
PRIMATENE MIST	260	PROLIA.....	190
<i>primidone</i>	40	PROMACTA.....	93
PRISMASOL B22GK 4/0.....	140	<i>promella in prebiotic</i>	150
PRISMASOL BGK 0/2.5	140	<i>promethazine hcl</i>	50
PRISMASOL BGK 2/0	140	<i>promethazine vc</i>	266
PRISMASOL BGK 2/3.5	140	<i>promethazine vc/codeine</i>	266
PRISMASOL BGK 4/0/1.2.....	140	<i>promethazine-codeine</i>	266
PRISMASOL BGK 4/2.5	140	<i>promethazine-dm</i>	266

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

<i>promethazine-phenylephrine</i>	266	PX CHILDRENS VITAMIN	146
PROMETHEGAN	50	<i>px enteric aspirin</i>	12
PROMETRIUM	177	<i>px extra short pen needles</i>	229
PROMISEB	130	<i>px folic acid</i>	146
<i>propafenone hcl</i>	100	<i>px insulin syringe</i>	229
<i>propafenone hcl er</i>	100	<i>px mini pen needles</i>	229
<i>proparacaine hcl</i>	248	<i>px pen needle</i>	229
<i>proparacaine-fluorescein</i>	248	<i>px shortlength pen needles</i>	229
PROPEL	258	<i>px stop smoking aid</i>	28
PROPEL MINI	258	PYLERA	150
<i>propranolol hcl</i>	102	<i>pyrazinamide</i>	57
<i>propranolol hcl er</i>	102	PYRIDIUM.....	159
<i>propylthiouracil</i>	180	<i>pyridostigmine bromide</i>	57
PROSCAR	158	<i>pyridostigmine bromide er</i>	57
PROSILK	130	<i>pyrimethamine</i>	70
<i>protective safety eyeware</i>	228	<i>pyrimethamine-leucovorin</i>	70
PROTEXT	228	<i>pyrogalllic acid</i>	130
PROTONIX	154	Q	
<i>protriptyline hcl</i>	49	QBRELIS.....	100
PROVENGE.....	187	QBREXZA	130
PROVENTIL HFA	260	<i>qc allergy relief</i>	256
PROVERA	177	<i>qc aspirin</i>	12
PROVIDA OB.....	146	<i>qc aspirin low dose</i>	12, 13
PROVIGIL	270	<i>qc childrens aspirin</i>	13
PROZAC	48	<i>qc childrens complete</i>	146
PRUCLAIR.....	130	<i>qc childrens vitamins/iron</i>	146
PRUDOXIN	130	<i>qc complete allergy medicine</i>	256
PRUMYX.....	130	<i>qc diclofenac sodium</i>	13
<i>p-siloxan ds</i>	228	<i>qc enteric aspirin</i>	13
PULMICORT	258	<i>qc folic acid</i>	146
PULMICORT FLEXHALER.....	258	<i>qc lidocaine pain relief</i>	24
PULMOSAL	266	<i>qc natura-lax</i>	152
PULMOZYME	260	<i>qc nicotine transdermal system</i>	28
<i>pulse oximeter</i>	228	<i>qc olopatadine hcl</i>	249
<i>pulse oximeter deluxe</i>	228	<i>qc pen needles</i>	229
<i>pulse oximeter for finger</i>	228	<i>qc rest simply</i>	270
PUMP IN STYLE ADVANCED.....	228	<i>qc travel ease</i>	50
PUMP IN STYLE/MAXFLOW.....	228	<i>qc unifine pentips</i>	229
PUMP IN STYLE/MAXFLOW TUBING	228	QDOLO	21
<i>pure comfort leg comp massager</i>	228	QELBREE	117
<i>pure comfort pen needle</i>	228, 229	QINLOCK	66
<i>pure comfort safety pen needle</i>	229	QNASL	258
<i>purevit dualfe plus</i>	146	QNASL CHILDRENS	258
PURIXAN	59	QTERN.....	87
<i>px allergy</i>	256	<i>quad cane</i>	229
<i>px aspirin</i>	12	<i>quad cane tips</i>	229

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

<i>quad cane/small base</i>	229
<i>quad-mix</i>	159
QUALAQUIN	70
QUARTETTE	174
<i>quazepam</i>	269
QUDEXY XR	42
<i>queen palm</i>	267
QUESTRAN	112
QUESTRAN LIGHT	112
<i>quetiapine fumarate</i>	75
<i>quetiapine fumarate er</i>	75
<i>quick-fit crutches</i>	229
<i>quihoxvar</i>	130
QUILLICHEW ER	117
QUILLIVANT XR	117
<i>quinapril hcl</i>	100
<i>quinapril-hydrochlorothiazide</i>	108
<i>quinidine gluconate er</i>	101
<i>quinidine sulfate</i>	101
<i>quinine sulfate</i>	70
QUINIXIL	123
QULIPTA	55
QUTENZA	7
QUTENZA (2 PATCH)	7
QUTENZA (4 PATCH)	7
QUZYTIR	256
QVAR REDHALER	258

R

<i>ra allergy</i>	256
<i>ra allergy medication</i>	256
<i>ra allergy relief</i>	256
<i>ra aspirin adult low dose</i>	13
<i>ra aspirin adult low strength</i>	13
<i>ra aspirin childrens</i>	13
<i>ra aspirin ec</i>	13
<i>ra aspirin ec adult low st</i>	13
<i>ra complete allergy</i>	256
<i>ra deluxe pulse oximeter</i>	229
<i>ra extra comfort night protect</i>	229
<i>ra folic acid</i>	146
<i>ra insulin syringe</i>	229
<i>ra laxative</i>	152
<i>ra lidocaine pain relieving</i>	24
<i>ra mini nicotine</i>	29
<i>ra motion sickness relief</i>	50
<i>ra nicotine</i>	29

<i>ra nicotine gum</i>	29
<i>ra nicotine polacrilex</i>	29
<i>ra nighttime sleep aid</i>	270
<i>ra pain relieving</i>	24
<i>ra pen needles</i>	229
<i>ra petroleum jelly</i>	229
<i>ra sleep aid (diphenhydramine)</i>	270
<i>ra vitamins complete childrens</i>	146
<i>rabbit epithelium</i>	267
<i>rabeprazole sodium</i>	154
RADIAPLEXRX	229
RADIAURA	123
RADICAVA	117
RADIOGARDASE	229
RAGWITEK	267
<i>raised toilet seat</i>	229
<i>raised toilet seat/lock</i>	229
<i>raised toilet seat/lock & arms</i>	229
<i>raloxifene hcl</i>	177
<i>ramelteon</i>	270
<i>ramipril</i>	100
<i>ranolazine er</i>	108
RAPAFLO	158
RAPIVAB	82
<i>rasagiline mesylate</i>	72
<i>raspberry syrup</i>	229
RASUVO	183
RAVICTI	155
<i>raya sure pen needle</i>	229
RAYALDEE	190
RAYOS	164
REACT	177
READYSHARP ANESTH + METHYLPRED	164
READYSHARP-A	24
<i>reality insulin syringe</i>	229
REALITY LATEX CONDOMS	230
REALITY LATEX/ULTRA TEXTURED	230
REALITY LATEX/ULTRA THIN	230
REBIF	119
REBIF REBIDOSE	119
REBIF REBIDOSE TITRATION PACK	119
REBIF TITRATION PACK	119
REBINYN	96
REBLOZYL	93
RECARBRIO	35
RECEDO	130

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

RECLAST	190	<i>resorcinol-sulfur</i>	130
RECLIPSEN.....	174	RESTASIS	248
RECOMBINATE.....	96	RESTASIS MULTIDOSE.....	248
RECONSTITUTE	230	RESTORA RX.....	150
RECOTHROM	96	RESTORE HYDROGEL DRESSING	230
RECOTHROM SPRAY KIT	96	RESTORIL	269
RECTIV.....	130	RETACRIT	93
RECURA.....	53	RETEVMO	66
<i>red maple</i>	267	RETIN-A.....	130
<i>red mulberry</i>	267	RETIN-A MICRO	130
<i>red top grass pollen</i>	267	RETIN-A MICRO PUMP.....	130
REDITREX.....	183	RETISERT	251
<i>reflections aa breast prosthes</i>	230	RETROVIR.....	79
<i>reflections c breast prosthes</i>	230	REVATIO	261
REGENECARE.....	130	REVCovi	230
REGIOCIT.....	140	REVITADERM WOUND CARE	230
REGLAN	150	REVLIMID	59
REGRANEX.....	130	REXASIL PATCH & VITAMIN E LIQ.....	130
RELADOR PAK	24	REXULTI	75
RELADOR PAK PLUS	24	REYATAZ.....	80
RELAFEN DS	13	REYVOW	55
RELENZA DISKHALER	82	REZUROCK	184
RELEXXII.....	117	REZVOGLAR KWIKPEN.....	91
RE-LIEVED MAXIMUM STRENGTH	24	RHOFADE.....	130
RELION INSULIN SYRINGE	230	RHOPRESSA.....	248
RELION MINI PEN NEEDLES	230	RIABNI	68
RELION PEN NEEDLES.....	230	RIASTAP	96
RELION PULSE OXIMETER	230	<i>ribavirin</i>	78, 267
RELION SHORT PEN NEEDLES	230	RIDAURA	187
RELISTOR.....	150	<i>rifabutin</i>	57
<i>relnate dha</i>	146	<i>rifampin</i>	57
RELPAx.....	56	RIFAMPIN+SYRSPEND SF.....	57
RELTONE.....	150	RILUTEK	117
REMERON.....	45	<i>riluzole</i>	117
REMERON SOLTAB	45	<i>rimantadine hcl</i>	82
REMICADE	183	RIMSO-50	159
<i>remigen</i>	130	<i>ring cushion 14</i>	230
REMODULIN	261	<i>ring cushion 16</i>	230
RENACIDIN	159	<i>ring cushion 18</i>	230
RENFLEXIS.....	184	<i>ringers irrigation</i>	230
RENVELA	141	RINVOQ	184
<i>repaglinide</i>	87	RIOMET	87
REPATHA.....	112	<i>risedronate sodium</i>	190
REPATHA PUSHTRONEX SYSTEM	112	RISPERDAL.....	75
REPATHA SURECLICK	112	RISPERDAL CONSTA.....	75
<i>replacement neckband straps</i>	230	<i>risperidone</i>	75

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

RITALIN	117
RITALIN LA.....	117
<i>ritonavir</i>	80
RITUXAN	68
RITUXAN HYCELA.....	59
<i>rivastigmine</i>	44
<i>rivastigmine tartrate</i>	45
RIVELSA.....	174
<i>rixubis</i>	96
<i>rizatriptan benzoate</i>	56
<i>roaxia</i>	130
ROBINUL	149
ROBINUL-FORTE.....	149
ROCALTROL	190
ROCKLATAN.....	254
<i>rocuronium bromide</i>	268
<i>roflumilast</i>	261
<i>rollator ultra-light</i>	230
<i>roller walker</i>	230
<i>rolling walker/burgundy</i>	230
<i>ropinirole hcl</i>	71
<i>ropinirole hcl er</i>	71
<i>ropiv-clonidine-ketorolac</i>	24
<i>rosuvastatin calcium</i>	111
ROSZET	112
<i>rough marsh elder</i>	267
<i>rough pigweed</i>	230
<i>round shower stool</i>	230
ROWASA.....	188
ROWEEPRA	39
ROXICODONE	21
ROXYBOND	21
ROZEREM	270
ROZLYTREK	66
<i>rubber bath mat</i>	230
<i>rubber inflatable cushion</i>	230
RUBRACA	66
RUCONEST.....	180
<i>rufinamide</i>	43
RUKOBIA.....	80
<i>russian thistle</i>	267
RUXIENCE	68
RX LOCKING CAP	230
RYANODEX.....	77
RYBELSUS.....	87
RYBREVANT	68

RYCLORA.....	256
RYDAPT.....	66
RYTARY.....	72
RYTHMOL SR.....	101
RYVENT.....	256

S

<i>sa3 derm</i>	230
SABRIL	40
<i>saccharomyces cerevisiae</i>	267
SAFE-SENSE BEARD NET	230
SAFE-SENSE COVERALL BOOTS.....	230
SAFE-SENSE COVERALL/HOOD/L.....	231
SAFE-SENSE COVERALL/HOOD/M.....	231
SAFE-SENSE COVERALL/HOOD/S	231
SAFE-SENSE COVERALL/HOOD/XL	231
SAFE-SENSE HEAD COVER 21.....	231
SAFE-SENSE HEAD COVER CIRC 21	231
SAFE-SENSE LAB COAT-LARGE.....	231
SAFE-SENSE LAB COAT-MEDIUM	231
SAFE-SENSE LAB COAT-SMALL	231
SAFE-SENSE LAB COAT-XLARGE	231
SAFE-SENSE SHOE COVER NON-SKID ..	231
<i>safety pen needles</i>	231
SAFYRAL.....	174
SALAGEN	120
<i>salicylic acid</i>	130
<i>salicylic acid er</i>	130
<i>salicylic acid wart remover</i>	130
<i>salicylic acid-cleanser</i>	130
<i>salimez</i>	130
<i>salimez forte</i>	130
SALIVAMAX.....	120
SALONPAS PAIN RELIEVING	25
<i>salsalate</i>	13
<i>salt durable cream</i>	231
SALT STABLE LS ADVANCED	231
SALTSTABLE LO.....	231
SALVAX	130
SALVAX DUO PLUS	131
SAMSCA	138
<i>sanadermr skin repair</i>	123
SANARE ADVANCED SCAR THERAPY ...	231
<i>sanare scar therapy</i>	231
SANCUSO	51
SANDIMMUNE.....	184
SANDOSTATIN.....	165

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

SANTYL.....	131	SEREVENT DISKUS.....	260
SAPHNELO	186	SERNIVO	123
SAPHRIS	76	SEROQUEL	76
sapropterin dihydrochloride	155	SEROQUEL XR	76
SARCLISA	68	sertraline hcl.....	48
SAVAYSA	92	serum bottle	232
SAVELLA.....	118	serum bottle stopper 20mm.....	232
SAVELLA TITRATION PACK	118	serum bottles 30ml/amber glass	232
saxagliptin hcl	87	serum bottles 50ml/clear glass	232
saxagliptin-metformin er.....	87	serum bottles/amber glass 20ml	232
sb allergy.....	256	se-tan plus.....	146
sb allergy medicine	256	SETLAKIN.....	174
sb aspirin ec.....	13	settling plate sda/29ml/100x15.....	232
sb childrens aspirin	13	settling plate tsa/25ml/100x15.....	232
sb insulin syringe	231	sevelamer carbonate.....	141
sb low dose asa ec	13	sevelamer hcl.....	141
sb polyethylene glycol 3350.....	152	SEVENFACT.....	96
sb sleep.....	270	sevoflurane.....	232
SCALACORT DK	123	SEYSARA	38
scar care	231	SFROWASA.....	188
SCARCARE GEL-PAD KIT/LARGE.....	131	shagbark hickory	267
scarcin	131	shapers layered breast shaper	232
scarcinpad.....	231	SHAROBEL.....	177
scarsilk	131, 231	sharps collector	232
SCARZEN SKIN REPAIR	123	sharps container.....	232
SCEMBLIX.....	66	sharps disposal by mail system.....	232
SCENESSE	155	sheep sorrel	267
scopolamine.....	50	short ragweed pollen ext	267
SEAL-TIGHT CAST/BANDAGE.....	231	shower-pak.....	232
SEAL-TIGHT MID-ARM PROTECTOR.....	231	SIGNATURE PRO ELEC BREAST PUMP ..	232
SEASONIQUE	174	SIGNIFOR.....	165
SECUADO	76	SIGNIFOR LAR.....	165
SECURESAFE INSULIN SYRINGE	231	SIKLOS	59
SECURESAFE SAFETY PEN NEEDLES...	232	SILA III	123
SEGLUROMET.....	87	silatrix.....	120
SELECT-OB.....	146	sildenafil citrate	261
SELECT-OB+DHA.....	146	SILENOR	270
selegiline hcl	72	SILHOUETTE 23.....	232
selenious acid	138	SILHOUETTE 43.....	232
selenium sulfide	131	SILHOUETTE INFUSION SET 18.....	232
SELZENTRY	80	silicone ear plugs	232
se-natal 19	146	silicone ear plugs for kids	232
SENSIPAR.....	190	SILIQ	186
SENSORCAINE.....	25	silodosin	158
SENSORCAINE-MPF	25	silprotex plus	232
SERAQUA	232	SILTREX	232

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

SILVADENE.....	31	<i>sm aspirin ec</i>	13
<i>silver nitrate</i>	31	<i>sm aspirin ec low strength</i>	13
<i>silver sulfadiazine</i>	31	<i>sm aspirin low dose</i>	13
SILVERSEAL HYDROGEL DRESSING	232	<i>sm benzoin tincture</i>	131
SIMBRINZA	251	<i>sm benzoin tincture nfxi</i>	131
SIMLIYA.....	174	<i>sm childrens aspirin</i>	13
SIMPESSE.....	174	SM CLEARLAX	152
<i>simple syrup</i>	232	<i>sm foam ear plugs</i>	233
SIMPLE WISHES PUMPING BRA.....	232	<i>sm folic acid</i>	146
SIMPLY SLEEP	270	<i>sm nicotine</i>	29
SIMPLYGO BREAST PUMP.....	232	<i>sm nicotine polacrilex</i>	29
SIMPONI.....	184	<i>sm nighttime sleep aid</i>	270
SIMPONI ARIA	184	<i>sm olopatadine hcl</i>	249
SIMULECT.....	187	<i>sm walker/youth</i>	233
<i>simvastatin</i>	111	SMARTY PANTS KIDS COMPLETE	135
SINEMET	72	SMOOTH LAX.....	152
SINGULAIR.....	258	<i>snap-on chlorobutyl stopper</i>	233
SINUVA.....	267	<i>sod benz-sod phenylacet</i>	155
<i>sirolimus</i>	184, 232	<i>sod citrate-citric acid</i>	138
SIRTURO.....	57	<i>sodium bicarbonate</i>	138
SITAVIG.....	78	<i>sodium bicarbonate-dextrose</i>	138
<i>sitz bath</i>	232	<i>sodium chloride</i>	138, 267
SIVEXTRO.....	31	<i>sodium chloride (pf)</i>	138
<i>skin protectant</i>	232	<i>sodium citrate lock flush</i>	92
SKLICE	70	<i>sodium fluoride</i>	138
SKYADERM-LP	25	<i>sodium iodide i-131</i>	180
SKYLA	177	<i>sodium phenylbutyrate</i>	155
SKYRIZI.....	186	<i>sodium polystyrene sulfonate</i>	140
SKYRIZI PEN.....	186	<i>sodium sulfacetamide</i>	131
SKYTROFA.....	166	<i>sofosbuvir-velpatasvir</i>	78
<i>skyy dermat</i>	232	SOFT HANDS COTTON GLOVE.....	233
<i>sleep aid (diphenhydramine)</i>	270	SOHONOS.....	233
<i>sleep tabs</i>	270	<i>solaravix</i>	25
SLEEPRIGHT BREATHE AID	232	<i>solifenacin succinate</i>	158
SLEEPRIGHT DENTAL GUARD	232	SOLQUA	87
SLEEPRIGHT DENTAL GUARD DURA	232	SOLIRIS	186
SLEEPRIGHT DENTAL GUARD SLIM.....	232	SOLODYN.....	38
SLEEPRIGHT SPORT BREATHE AID	233	SOLOSEC.....	70
SLEEPRIGHT VAPOR INHALER	233	SOLOSITE WOUND GEL	233
<i>sleep-tabs</i>	270	SOLOX.....	233
SLYND	177	SOLTAMOX	59
<i>sm allergy relief</i>	256	SOLU-CORTEF	164
<i>sm animal shapes complete</i>	146	SOLU-MEDROL	164
<i>sm anti-diarrheal</i>	150	SOLYDRA	233
<i>sm arthritis pain</i>	13	SOMA.....	268
<i>sm aspirin adult low strength</i>	13	SOMINEX.....	270

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

SOMINEX NIGHTTIME SLEEP-AID	270	STALEVO 150.....	72
SONAFINE.....	233	STALEVO 200.....	72
SOOLANTRA.....	131	STALEVO 50.....	72
SOOTHEE	25	STALEVO 75.....	72
SOOTHIES COOLING GEL PADS	233	<i>standard crutch tip</i>	233
SOOTHIES GEL PADS	233	<i>steel rolling walker</i>	233
<i>sorbitol candy base</i>	113	STEGLATRO	87
SORILUX.....	131	STEGLUJAN	87
<i>sorrel/dock mix</i>	233	STELARA.....	131, 186
SOSWEET	233	<i>step counter</i>	233
<i>sotalol hcl</i>	101	STEP N REST II WALKER.....	233
<i>sotalol hcl (af)</i>	101	STEP N REST WALKER.....	233
SOTYLIZE.....	101	STERILE TOPICAL L.E.T. GEL	25
SOVALDI	78	STERI-STRIP COMPOUND BENZOIN.....	131
SPIKEVAX	188	<i>stethoscope</i>	233
<i>spinosad</i>	70	<i>stethoscope dual head</i>	233
SPINRAZA.....	155	<i>stethoscope single head</i>	233
<i>spiny pigweed</i>	267	STIMULEN	233
SPIRIVA HANDIHALER.....	259	STIOLTO RESPIMAT.....	267
SPIRIVA RESPIMAT	259	<i>stirring rod/glass 12x1/4</i>	233
<i>spiro pd</i>	233	STIVARGA.....	66
<i>spironolactone</i>	109	<i>stocking applicator petite</i>	233
<i>spironolactone-hctz</i>	108	<i>stocking applicator regular</i>	233
<i>splash shield full face</i>	233	<i>stop lice egg & nit removal</i>	233
<i>splash shield short face</i>	233	<i>strainer/stainless steel/2.5</i>	233
<i>split handgrips</i>	233	STRATA CTX.....	131
SPONGEBOB SQUAREPANTS GUMMIES.....	135	STRATA GRT	233
SPORANOX.....	53	STRATA MARK.....	131
SPRAVATO (56 MG DOSE)	45	STRATA TRIZ	131
SPRAVATO (84 MG DOSE)	46	STRATA XRT	131
<i>spray applicator kit</i>	233	STRATAGRAFT	233
<i>spray bottle/plastic 120ml</i>	233	STRATTERA.....	117
SPRINTEC 28.....	174	STRENSIQ	156
SPRITAM	39	<i>streptomycin sulfate</i>	29
SPRIX	13	STRIBILD	81
SPRYCEL	66	STRIVERDI RESPIMAT	260
SPS.....	140	STROMECTOL	69
SRONYX.....	174	SUBLOCADE	16
SSD	31	SUBOXONE.....	26
SSKI.....	233	SUBVENITE.....	42
<i>sss 10-5</i>	131	SUBVENITE STARTER KIT-BLUE	42
ST JOSEPH ASPIRIN.....	13	SUBVENITE STARTER KIT-GREEN.....	42
ST JOSEPH LOW DOSE.....	13	SUBVENITE STARTER KIT-ORANGE	42
<i>stahist tp</i>	267	<i>succinylcholine chloride</i>	268
STALEVO 100	72	<i>sucralfate</i>	153
STALEVO 125	72	<i>suction grab bar</i>	233

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

<i>suction tips</i>	233	SUPREP BOWEL PREP KIT	152
SULAR	104	<i>sure comfort insulin syringe</i>	234
<i>sulconazole nitrate</i>	53	<i>sure comfort pen needles</i>	234
<i>sulfacetamide sodium</i>	36, 131	<i>sure result dss premium pack</i>	13
<i>sulfacetamide sodium (acne)</i>	36	<i>sure result o3d3 system</i>	108
<i>sulfacetamide sodium (cleans)</i>	131	SURE T INFUSION SET 23	234
<i>sulfacetamide sodium-sulfur</i>	131, 132	SURE T INFUSION SET 32	234
<i>sulfacetamide sod-sulfur wash</i>	132	SURELIFE CLEARWAVE II OXIMETER.....	234
<i>sulfacetamide-prednisolone</i>	253	SURELIFE CLEARWAVE OXIMETER.....	234
<i>sulfacetamide-sulfur in urea</i>	132	SURVANTA.....	267
SULFACLEANSE 8/4.....	132	SUSPENDIT ANHYDROUS.....	234
<i>sulfadiazine</i>	36	SUSPENDRX W/BITTERBLOC SWEET	234
<i>sulfamethoxazole-trimethoprim</i>	36	SUSPENDRX W/BITTERBLOC UNSWEET	235
<i>sulfamez wash</i>	132	<i>suspension vehicle</i>	235
SULFAMYLON.....	31	SUSTOL.....	51
<i>sulfasalazine</i>	189	SUTAB	152
SULFATRIM PEDIATRIC.....	36	SUTENT	66
<i>sulfurated lime</i>	70	<i>sweet gum</i>	267
<i>sulindac</i>	13	<i>sweet vernal grass pollen</i>	267
SUMADAN	132	<i>swim earplugs</i>	235
SUMADAN WASH	132	SWING MAXI HANDS-FREE PUMP	235
SUMADAN XLT	132	SX1 MEDICATED POST-OPERATIVE	25
SUMANSETRON	56	SYEDA.....	174
<i>sumatriptan</i>	56	SYLVANT	186
<i>sumatriptan succinate</i>	56	SYMBICORT	267
<i>sumatriptan succinate refill</i>	56	SYMBYAX.....	48
<i>sumatriptan-naproxen sodium</i>	56	SYMDEKO	260
SUMAXIN.....	132	SYMFI	81
SUMAXIN CP.....	132	SYMFI LO	81
<i>sunitinib malate</i>	66	SYMJEPI.....	260
SUNOSI	270	SYMLINPEN 120	87
<i>super bi-mix</i>	159	SYMLINPEN 60	87
<i>super quad-mix</i>	159	SYMPAZAN	40
<i>super tri-mix</i>	159	SYMPHONY DOUBLE PUMPING SYSTEM	
<i>suppository mold 2gm</i>	234		235
<i>suppository mold/aluminum 2 gm</i>	234	SYMPROIC	150
<i>suppository molds 1.3 ml</i>	234	SYMTUZA	81
<i>suppository molds 2 cc/v-notch</i>	234	SYNAGIS	187
<i>suppository molds 2 ml</i>	234	SYNALAR	124
<i>suppository molds 2.25 ml</i>	234	SYNALAR (CREAM)	124
<i>suppository molds 3 ml</i>	234	SYNALAR (OINTMENT)	124
<i>suppository shell rack</i>	234	SYNALAR TS.....	124
<i>suppository shells 2.0 ml</i>	234	SYNAPRYN FUSEPAQ	16
<i>suppository shells 2.4ml</i>	234	SYNAREL	180
SUPPRELIN LA	180	SYNDROS	51
SUPRANE.....	234	SYNERA	25

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

SYNERDERM	132	TAPERDEX 6-DAY	164
SYNJARDY	87	TAPERDEX 7-DAY	164
SYNJARDY XR	87	TAP-N-CLICK SILICONE PAD	235
SYNTHROID	178	TARCEVA	66
SYRINGE AVITENE	235	<i>tardeoxia</i>	132
<i>syringe dial-a-dose</i>	235	<i>tardimaxia</i>	132
SYRPALTA	235	TARGADOX	38
SYRPALTA (RED)	235	TARGRETIN	68
SYRSPEND SF	235	TARINA 24 FE	174
<i>syrup nf</i>	235	TARINA FE 1/20 EQ	174
<i>syrup vehicle</i>	235	<i>taron forte</i>	146
<i>syrup vehicle sf</i>	235	TARON-C DHA	146
T		<i>taroxia</i>	132
T		TASIGNA	66
FLEX T		TASMAR	71
LOCK CARTRIDGE 4.8ML	235	<i>tavaborole</i>	53
SLIM X2 3ML CARTRIDGE	235	TAVALISSE	97
SLIM X2/BASAL-IQ/ACC/INSTR	235	TAVNEOS	186
SLIM X2/CONTROL-IQ/ACC/INSTR	235	TAYSOFY	174
<i>tablet cutter/crusher</i>	235	TAYTULLA	174
<i>tablet cutter/deluxe safety</i>	235	<i>tazarotene</i>	132
<i>tablet cutter/safety shield</i>	235	TAZICEF	33
<i>tablet cutter-crusher</i>	235	TAZORAC	132
TABLOID	59, 61	TAZTIA XT	104, 105
TABRADOL FUSEPAQ	268	TAZVERIK	66
TABRECTA	66	TDC MAX	235
TACHOSIL	235	TECARTUS	61, 62
TACLONEX	124	TECENTRIQ	68
<i>tacrolimus</i>	184	TECFIDERA	119
<i>tadalafil (pah)</i>	261	<i>techlite insulin syringe</i>	235
TAFINLAR	66	TECHLITE PEN NEEDLES	235
<i>tafluprost (pf)</i>	254	TECHLITE PLUS PEN NEEDLES	236
TAGRISSO	66	TEFLARO	33
TAKE ACTION	177	TEGADERM AG MESH	236
TAKEAWAY ENVIRONMENTAL RETURN	235	TEGADERM HYDROGEL WOUND FILLER	236
TAKHZYRO	180	TEGRETOL	43
TALICIA	150	TEGRETOL-XR	44
TALIVA	146	TEGSEDI	156
<i>tall ragweed</i>	267	TEKTURNA	108
TALTZ	186	TEKTURNA HCT	108
TALZENNA	66	<i>telmisartan</i>	99
TAMIFLU	82	<i>telmisartan-amlodipine</i>	108
<i>tamoxifen citrate</i>	59	<i>telmisartan-hctz</i>	108
<i>tamsulosin hcl</i>	158	<i>temazepam</i>	269
TANDEM PLUS	146	TEMODAR	58
TAPERDEX 12-DAY	164		

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

<i>temozolomide</i>	58	THROMBI-GEL 10	236
<i>temsirolimus</i>	66	THROMBI-GEL 100	236
TENCON.....	7	THROMBI-GEL 40	236
<i>tenofovir disoproxil fumarate</i>	79	THROMBIN-JMI	96
TENORETIC 100	108	THROMBIN-JMI EPISTAXIS.....	96
TENORETIC 50	108	THROMBI-PAD	236
TENORMIN.....	102	THROMBOGEN	96
TEPEZZA.....	248	THYMOGLOBULIN	185
TEPMETKO	66	THYQUIDITY	178
<i>terazosin hcl</i>	158	<i>thyroid</i>	178
<i>terbinafine hcl</i>	53	TIADYLT ER	105
<i>terbutaline sulfate</i>	260	<i>tiagabine hcl</i>	40
<i>terconazole</i>	134	TIAZAC	105
<i>teriflunomide</i>	120	TIBSOVO	66
<i>teriparatide</i>	190	TICE BCG	61
<i>teriparatide (recombinant)</i>	190	TIGAN	50
<i>teroderm</i>	236	<i>tigecycline</i>	31
<i>teroderm-plus</i>	236	TIGLUTIK	117
TERRELL.....	236	TIKOSYN	101
TESTIM.....	167	TILIA FE	174
TESTONE CIK	167	<i>timolol maleate</i>	102, 251
TESTOPEL	167	<i>timolol maleate (once-daily)</i>	251
<i>testosterone</i>	167	TIMOLOL MALEATE OCUDOSE.....	251
<i>testosterone cypionate</i>	167	<i>timolol maleate pf</i>	251
<i>testosterone enanthate</i>	167	<i>timolol-brimon-dorzol-latanopr</i>	251
<i>tetrabenazine</i>	117	<i>timolol-brimonidine-dorzolamid</i>	251
<i>tetracaine hcl</i>	249	<i>timolol-dorzolamid-latanoprost</i>	251
<i>tetracycline hcl</i>	38	TIMOPTIC OCUDOSE	251
TEXACORT	124	<i>timothy grass pollen allergen</i>	267
THALITONE.....	110	<i>tinidazole</i>	70
THALOMID	59	<i>tiopronin</i>	159
THE DOCTORS NIGHTGUARD.....	236	<i>tiotropium bromide monohydrate</i>	259
THE LIQUILIFT TRACE	138	<i>tip rectal/vag w/perforations</i>	236
THE SIDE RESTER CUSHION	236	TIROSINT	178
THEO-24.....	261	TIROSINT-SOL	178
<i>theophylline</i>	261	TISSEEL	96
<i>theophylline er</i>	261	TIS-U-SOL	236
<i>theracare lidocaine max str</i>	25	TIVDAK	61
<i>theracare pain relief</i>	25	TIVICAY	79
THIOLA.....	159	TIVICAY PD	79
THIOLA EC	159	<i>tizanidine hcl</i>	77
<i>thioridazine hcl</i>	73	TOBI.....	260
<i>thiotepa</i>	58	TOBI PODHALER	260
<i>thiothixene</i>	73	TOBRADEX	253
THRIVE.....	29	TOBRADEX ST	253
<i>thrivite rx</i>	146	<i>tobramycin</i>	250, 260

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

<i>tobramycin-dexamethasone</i>	253	TOPROL XL	103
TOBREX	250	<i>toremifene citrate</i>	59
TODAY SPONGE	159	TORONOVA II SUIK	13
<i>todays health pen needles</i>	236	TORONOVA SUIK	13
<i>todays health short pen needle</i>	236	<i>torse mide</i>	109
<i>toilet safety frame</i>	236	TOSYMRA	56
<i>toilet seat elevator</i>	236	<i>total allergy</i>	256
TOLAK	59	<i>total comfort chair cushion</i>	237
<i>tolcapone</i>	71	<i>total comfort seat cushion</i>	237
<i>tolmetin sodium</i>	13	TOUJEO MAX SOLOSTAR	91
<i>tolsura</i>	53	TOUJEO SOLOSTAR	91
<i>tolterodine tartrate</i>	158	TOVET	124
<i>tolterodine tartrate er</i>	158	TOVIAZ	158
<i>tolvaptan</i>	138	TRACLEER	261
TOMMEE TIPPEE BREAST PUMP	236	<i>traction floor stand</i>	237
TOMMEE TIPPEE BREAST PUMP ADTP	236	<i>traction head halter rope</i>	237
<i>tongue cleaner/comfort curve</i>	236	<i>traction pelvic belt</i>	237
<i>tongue depressors</i>	236	<i>traction weight bag</i>	237
<i>toothette bite block</i>	236	TRADJENTA	87
TOPAMAX	42	TRALEMENT	138
TOPAMAX SPRINKLE	42	<i>tramadol hcl</i>	21
<i>topcare clickfine pen needles</i>	236	<i>tramadol hcl (er biphasic)</i>	16
<i>topcare ultra comfort ins syr</i>	236	<i>tramadol hcl er</i>	16
<i>topi-click 1 port</i>	236	<i>tramadol-acetaminophen</i>	21
<i>topi-click 140</i>	236	<i>trandolapril</i>	100
<i>topi-click 3 port</i>	237	<i>trandolapril-verapamil hcl er</i>	108
TOPI-CLICK APPLICATOR	237	<i>tranexamic acid</i>	96
<i>topi-click applicator micro</i>	237	<i>tranexamic acid-nacl</i>	96
<i>topi-click dose check</i>	237	<i>transdermal pain base</i>	237
<i>topi-click micro angled aa</i>	237	TRANSDERM-SCOP	50
<i>topi-click micro pin point aa</i>	237	<i>transfer bench</i>	237
<i>topi-click micro rounded aa</i>	237	<i>transfer board</i>	237
TOPI-CLICK NOZZLE	237	<i>transfer pin</i>	237
TOPI-CLICK PERL APPLICATOR 4ML	237	<i>transport chair</i>	237
TOPI-CLICK PERL DOSE LOAD 35ML	237	<i>tranylcypromine sulfate</i>	46
TOPI-CLICK PERL VAGINAL DOSING	237	TRAVATAN Z	254
<i>topi-click uv blocking</i>	237	<i>travel pouch</i>	237
<i>topi-click vaginal applicator</i>	237	<i>traveler 3 wheel roll walker</i>	237
<i>topi-click vaginal dose loader</i>	237	<i>travoprost (bak free)</i>	254
<i>topi-click vaginal dosing</i>	237	TRAZIMERA	68
TOPICORT	124	<i>trazodone hcl</i>	48
TOPICORT SPRAY	124	TREANDA	61
<i>topidex</i>	164	TRECATOR	57
<i>topiramate</i>	42	TRELEGY ELLIPTA	267
<i>topiramate er</i>	42	TREMFYA	186
<i>topotecan hcl</i>	63, 66	<i>treprostinil</i>	262

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

TRESIBA.....	91	<i>trimethoprim</i>	31
TRESIBA FLEXTOUCH	91	TRI-MILI	175
<i>tretinoin</i>	68, 132	<i>trimipramine maleate</i>	49
<i>tretinoin microsphere</i>	132	<i>tri-mix</i>	159
<i>tretinoin microsphere pump</i>	132	TRIMO-SAN	31
TRETTEN	96	<i>trinatal rx 1</i>	146
TREXALL	184	TRINATE	146
TREXIMET	56	TRINTELLIX	48
TREZIX	21	TRI-NYMYO	175
<i>triamcinolone acetonide</i>	120, 124, 164	<i>trio rolling walker</i>	237
<i>triamcinolone in absorbase</i>	124	<i>triple complex formula 3 kit</i>	13
<i>triamcinolone-bupivacaine</i>	164	<i>triple pmb</i>	253
<i>triamterene</i>	109	<i>triple pmk</i>	253
<i>triamterene-hctz</i>	108	TRIPTODUR	180
TRIANEX	124	TRI-SPRINTEC	175
<i>triazolam</i>	269	<i>tristart dha</i>	146
TRIBENZOR	108	TRITOCIN	124
TRICARE	146	TRIUMEQ.....	81
<i>trichophyton mentagrophytes</i>	267	TRIVIX.....	124
TRICITRASOL	92	TRIVORA (28).....	175
<i>tricitrates</i>	138	TRI-VYLIBRA	175
TRICON	146	TRI-VYLIBRA LO	175
TRICOR	110	TRIZIVIR	81
TRIDERGEL	237	<i>troche mold 30 cavity</i>	237
TRIDERM.....	124	TRODELVY	68
TRIDESILON	124	TROGARZO	80
<i>trientine hcl</i>	159	TROKENDI XR.....	42
TRI-ESTARYLLA	174	<i>tropicamide</i>	249
<i>trifluoperazine hcl</i>	73	<i>tropicamide-cyclopentolate-pe</i>	249
<i>trifluridine</i>	78	<i>tropicamide-phenylephrine</i>	249
<i>trigger release junior walker</i>	237	<i>tropic-cyclopent-pe-ketorolac</i>	249
<i>tri-grip bathtub rail</i>	237	<i>tropic-proparaca-pe-ketorolac</i>	249
<i>trihexyphenidyl hcl</i>	70	<i>trospium chloride</i>	158
TRIJARDY XR	87	<i>trospium chloride er</i>	158
TRIKAFTA.....	260	TRUDHESA	237
TRI-LEGEST FE	174	<i>true comfort insulin syringe</i>	237
TRILEPTAL	44	<i>true comfort pen needles</i>	238
TRI-LINYAH	174	<i>true comfort pro insulin syr</i>	238
TRILIPIX	110	<i>true comfort pro pen needles</i>	238
TRILOAN II SUIK	164	<i>true cover</i>	238
TRILOAN SUIK	164	<i>true folic acid</i>	146
TRI-LO-ESTARYLLA	174	<i>true laxative</i>	153
TRI-LO-MARZIA	175	TRUEPLUS 5-BEVEL PEN NEEDLES	238
TRI-LO-MILI	175	TRUEPLUS INSULIN SYRINGE	238
TRI-LO-SPRINTEC	175	TRUEPLUS PEN NEEDLES	238
<i>trimethobenzamide hcl</i>	50	TRULANCE	150

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TRULICITY	87	ULTICARE INSULIN SYR 1/2 UNIT	239
TRUSTEEL INFUSION SET	239	ULTICARE INSULIN SYRINGE	239
TRUSTEX COLOR CONDOMS + LUBE	239	ULTICARE MICRO PEN NEEDLES.....	240
TRUSTEX LUB/RIBBED/STUDDED.....	239	ULTICARE MINI PEN NEEDLES.....	240
TRUSTEX LUB/SPERMICIDE EX ST.....	239	ULTICARE PEN NEEDLES	240
TRUSTEX LUB/SPERMICIDE XL.....	239	ULTICARE SHORT PEN NEEDLES	240
TRUSTEX LUBRICATED.....	239	ULTIGUARD SAFEPAK PEN NEEDLE....	240
TRUSTEX LUBRICATED EX LARGE.....	239	ULTIGUARD SAFEPAK SYR/NEEDLE....	240
TRUSTEX LUBRICATED EXTRA ST	239	ULTILET PEN NEEDLE	240
TRUSTEX LUBRICATED/SPERMICIDE	239	ULTILET SHARPS CONTAINER 1QT	240
TRUSTEX NATURAL CONDOMS + LUBE	239	ULTILET SHARPS CONTAINER 2QT	240
TRUSTEX NON-LUBRICATED	239	ULTOMIRIS.....	186
TRUSTEX RIA LUB/SPERMICIDE	239	<i>ultra care ear wax remover</i>	240
TRUSTEX RIA LUBRICATED.....	239	ULTRA CHOICE MULTIVITAMIN KIDS.....	146
TRUSTEX RIA NON-LUBRICATED	239	<i>ultra comfort body massager</i>	240
TRUSTEX-NONOXYNOL-9/RIB/STUD	239	<i>ultra comfort insulin syringe</i>	240
TRUVADA.....	81	<i>ultra fit smart body scale</i>	240
TRUXIMA.....	68	ULTRA FLO INSULIN PEN NEEDLES	241
<i>tub transfer board</i>	239	ULTRA FLO INSULIN SYR 1/2 UNIT	241
TUDORZA PRESSAIR	259	ULTRA FLO INSULIN SYRINGE	241
TUKYSA.....	66	ULTRA THIN PEN NEEDLES	241
<i>turpentine</i>	7	<i>ultracare insulin syringe</i>	241
TUXARIN ER	267	<i>ultracare pen needles</i>	241
<i>twin medicine spoon</i>	239	ULTRAFOAM SPONGE 2X6.25X7CM.....	241
TWIRLA	175	ULTRAFOAM SPONGE 8X12.5X1CM.....	241
TYBLUME.....	175	ULTRAFOAM SPONGE 8X12.5X3CM.....	241
TYBOST.....	80	ULTRAFOAM SPONGE 8X25X1CM.....	241
TYDEMY	175	ULTRAFOAM SPONGE 8X6.25X1CM.....	241
TYGACIL.....	31	ULTRASAL-ER	132
TYKERB.....	66	ULTRA-THIN II INS SYR SHORT	241
TYMLOS	190	ULTRA-THIN II INSULIN SYRINGE.....	242
TYPHIM VI.....	188	ULTRA-THIN II MINI PEN NEEDLE.....	242
TYRVAYA	239	ULTRA-THIN II PEN NEEDLE SHORT	242
TYSABRI.....	120	ULTRA-THIN II PEN NEEDLES	242
TYVASO	262	ULTRAVATE	124
TYVASO REFILL KIT.....	262	UMECTA MOUSSE.....	132
TYVASO STARTER KIT	262	U-MILD.....	242
TYVEK PROTECTIVE SLEEVES	239	UNASYN	35
U		UNGUATOR 100/200/57MM.....	242
U-BASE.....	239	UNGUATOR 15/20/30/36MM.....	242
UBRELVY	55	UNGUATOR 50/43MM/DISP BLADES	242
UCERIS	189	UNGUATOR APPLICATOR 1	242
UDENYCA	94, 187	UNGUATOR APPLICATOR 2.5	242
ULORIC	54	UNGUATOR EXACTDOSE 0.5ML.....	242
ULTANE.....	239	UNGUATOR JAR 100/140 BLUE LID	242
ULTICARE INSULIN SAFETY SYR.....	239	UNGUATOR JAR 100/140 RED LID	242

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

UNGUATOR JAR 15/20 BLUE LID	242	UPLIZNA	249
UNGUATOR JAR 15/20 GREEN LID	242	UPNEEQ	253
UNGUATOR JAR 15/20 RED LID	242	UPTRAVI	262
UNGUATOR JAR 15/28 BLUE LID	242	UPTRAVI TITRATION	262
UNGUATOR JAR 20/33 BLUE	242	URAMAXIN	132
UNGUATOR JAR 20/33 RED LID	242	urea	132, 133
UNGUATOR JAR 20/33 WHITE	242	urea hydrating	133
UNGUATOR JAR 200/280 BLUE LID	242	urea nail	133
UNGUATOR JAR 200/280 GREEN LID	242	UREDEB	133
UNGUATOR JAR 200/280 RED LID	242	URELLE	32
UNGUATOR JAR 200/280 WHITE	242	uremez-40	133
UNGUATOR JAR 30/42 BLUE	243	URESOL	133
UNGUATOR JAR 30/42 BLUE LID	243	URETRON D/S	32
UNGUATOR JAR 30/42 GREEN LID	243	URIBEL	32
UNGUATOR JAR 30/42 RED LID	243	URIMAR-T	32
UNGUATOR JAR 30/42 TURQUOISE	243	urin ds	32
UNGUATOR JAR 30/42 WHITE LID	243	uro-458	32
UNGUATOR JAR 30/42 YELLOW	243	UROCIT-K 10	138
UNGUATOR JAR 50/70 BLUE	243	UROCIT-K 15	138
UNGUATOR JAR 50/70 BLUE LID	243	UROCIT-K 5	138
UNGUATOR JAR 50/70 GREEN LID	243	UROGESIC-BLUE	32
UNGUATOR JAR 50/70 PINK	243	uro-mp	32
UNGUATOR JAR 50/70 RED LID	243	UROXATRAL	158
UNGUATOR JAR 50/70 TURQUOISE	243	URSO 250	150
UNGUATOR JAR 50/70 WHITE LID	243	URSO FORTE	150
UNGUATOR JAR 50/70 YELLOW	243	ursodiol	150
UNGUATOR JAR AIRDYNAMIK	243	URSODIOL+SYRSPEND SF	150
UNGUATOR JAR W/SPINDLE 300/390	243	UTIRA-C	32
UNGUATOR JAR W/SPINDLE 500/600	243	v	
UNGUATOR LID 1000ML	243	VABOMERE	35
unguator lid 500ml	243	VAGIFEM	175
UNGUATOR VARIONOZZLE 1MM	243	vaginal suppository applicator	244
UNGUATOR VARIONOZZLE 4MM	243	valacyclovir hcl	78
UNIFINE PENTIPS	243	VALCYTE	77
UNIFINE PENTIPS PLUS	243	valganciclovir hcl	77
UNIFINE PROTECT PEN NEEDLE	244	VALIUM	84
UNIFINE SAFECONTROL PEN NEEDLE ..	244	valproic acid	40
UNIFINE ULTRA PEN NEEDLE	244	valrubicin	62
UNISPEND ANHYDROUS SWEETENED ..	244	valsartan	99
UNISPEND ANHYDROUS UNSWEETENED	244	valsartan-hydrochlorothiazide	109
UNITHROID	179	VALSTAR	62
universal quick adjust crutch	244	VALTOCO 10 MG DOSE	41
universal tips	244	VALTOCO 15 MG DOSE	41
universal walker organizer	244	VALTOCO 20 MG DOSE	41
UNODOSE APPLICATOR	244	VALTOCO 5 MG DOSE	41
		VALTREX	78

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<i>value health insulin syringe</i>	244	<i>venlafaxine hcl</i>	48
VANADOM	269	<i>venlafaxine hcl er</i>	48
VANCOCIN	32	VENNGEL ONE	13
<i>vancomycin hcl</i>	32	VENOFER	138
<i>vancomycin hcl in nacl</i>	32	VENTAVIS	262
VANCOMYCIN+SYRSPEND SF	32	VENTOLIN HFA	260
VANDAZOLE	134	<i>verapamil hcl</i>	105
VANIBASE	244	<i>verapamil hcl er</i>	105
VANIQA	133	VERDESO	124
<i>vanishing</i>	244	VEREGEN	133
<i>vanishing cream botanical base</i>	244	VERELAN	105
<i>vanish-pen</i>	244	VERELAN PM	105
VANISHPOINT INSULIN SYRINGE	244	VERIFINE INSULIN PEN NEEDLE	244, 245
VANISHPOINT TUBE HOLDER	244	VERIFINE INSULIN SYRINGE	245
VANOS	124	VERIFINE PLUS PEN NEEDLE	245
VANOXIDE-HC	133	VERIFINE SHARPS CONTAINER	245
<i>vardimaxia</i>	133	VERQUVO	109
<i>varenicline tartrate</i>	29	VERSACLOZ	76
VARISOFT INFUSION SET	244	VERSAFREE	245
VARITHENA ADMINISTRATION PACK	244	VERSAPLUS	245
VARIZIG	185	VERSAPRO	245
VAROPHEN	13	VERSAPRO ANHYDROUS BASE	245
<i>varoxia</i>	133	<i>versatile cream base</i>	245
VARUBI (180 MG DOSE)	51	VERSATILE RICH BASE	245
VASCEPA	112	VERSIGEL	245
VASERETIC	109	VERZENIO	62, 67
<i>vasopressin-dextrose</i>	109	VESICARE	158
VASOSTRICT	166	VESICARE LS	158
VASOTEC	100	VESTURA	175
VAXCHORA	188	VFEND	53
VAXELIS	188	VFEND IV	53
VCF VAGINAL CONTRACEPTIVE	159	VIBE 6	245
VECAMEYL	109	VIBERZI	151
VECTIBIX	66, 68	VIBRAMYCIN	38
VECTICAL	133	<i>vibrating foot bath</i>	245
<i>vecuronium bromide</i>	269	VICTOZA	87
VELCADE	61	<i>vida cellular scale</i>	245
VELETRI	262	VIENVA	175
VELIVET	175	<i>vigabatrin</i>	41
VELPHORO	141	VIGADRONE	41
VELTASSA	140	VIGAMOX	250
VEMLIDY	78	VIIBRYD	48
VENCLEXTA	66	VILAMIT MB	32
VENCLEXTA STARTING PACK	67	<i>vilazodone hcl</i>	48
VENELEX	133	VILEVEV MB	32
VENIPUNCTURE PX1 PHLEBOTOMY	25	VILTEPSO	156

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VIMIZIM	156	VIVELLE-DOT	175
VIMOVO.....	13	VIVI EPI.....	245
VIMPAT.....	44	VIVITROL.....	26
VINATE DHA RF.....	146	VIVOTIF	188
VINATE II.....	146	VIZIMPRO.....	67
VINATE ONE	146	VOCABRIA.....	79
<i>vinblastine sulfate</i>	61	VOGELXO.....	167
<i>vincristine sulfate</i>	61	VOGELXO PUMP	167
<i>vinorelbine tartrate</i>	61	VOLNEA.....	175
<i>vinyl inflatable cushion</i>	245	VOLTAREN ARTHRITIS PAIN.....	14
VIOKACE.....	156	VONVENDI	96
<i>viorele</i>	175	VORAXAZE.....	69
VIOS AEROSOL DELIVERY SYSTEM.....	245	<i>voriconazole</i>	54
VIOS LC PLUS	245	VORTEX HOLD CHMBR/MASK/CHILD.....	245
VIOS LC PLUS DELUXE	245	VORTEX HOLD CHMBR/MASK/TODDLER.....	245
VIOS LC PLUS PEDIATRIC	245	VORTEX VALVED HOLDING CHAMBER ..	245
VIOS LC SPRINT.....	245	VOSEVI.....	78
VIOS LC SPRINT PEDIATRIC.....	245	VOTRIENT	67
VIRACEPT	80	<i>vp dermabase</i>	245
<i>virage custom breast prosthes</i>	245	<i>vp fc kit</i>	14
VIRASAL.....	133	<i>vp gkl kit</i>	14
VIRAZOLE	267	<i>vp insulin syringe</i>	245
VIREAD.....	80	VPRIV	156
VISBIOME.....	150	VRAYLAR	76
VISIONBLUE	250	VUMERITY.....	120
VISTARIL.....	256	VUSION	54
VISTOGARD.....	245	VYEPTI	55
<i>vitachew multiple vitamin</i>	135	VYFEMLA	175
VITAFOL FE+	147	VYLEESI	117
VITAFOL GUMMIES.....	147	VYLIBRA	175
VITAFOL STRIPS	147	VYNDAMAX	156
VITAFOL ULTRA	147	VYNDAQEL.....	156
VITAFOL-NANO	147	VYONDYS 53.....	156
VITAFOL-OB.....	147	VYTONE	54
VITAFOL-OB+DHA.....	147	VYTORIN	112
VITAFOL-ONE.....	147	VYVANSE	115
VITALETS CHILDRENS	135	VYZULTA.....	254
VITAMEDMD ONE RX/QUATREFOLIC	147	W	
VITAMEDMD REDICHEW RX	147	WAKIX.....	270
VITAMEZ	147	WAL-DRYL ALLERGY	256
<i>vitamin d (ergocalciferol)</i>	147	<i>walker</i>	246
<i>vitamin deficiency system-b12</i>	147	<i>walker auto glides</i>	246
VITAPEARL	147	<i>walker basket</i>	246
VITATRUE	147	<i>walker glide wheels</i>	246
VITRAKVI.....	67	<i>walker ski glides</i>	246
VIVA DHA	147	<i>walker swivel wheels</i>	246

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walker tall extension legs	246
walker tips	246
walker tips 1-1/8.....	246
walker wheels	246
wall grab bar	246
warfarin sodium.....	92
wash gloves pre-moistened	246
waterproof sheeting	246
wee care	138
wegmans unifine pentips plus	246
weigh boat.....	246
WELCHOL	112
WELIREG	67
WELLBUTRIN SR.....	46
WELLBUTRIN XL	46
WELMATE LIDOCAINE PAIN RELIEV	25
WERA	175
westab one.....	147
western juniper.....	267
westgel dha.....	147
WET-STOP 3	246
wheelchair.....	246
wheelchair cushion	246
wheelchair invalid ring.....	246
white birch.....	267
white mulberry.....	268
white oak.....	268
white petrolatum.....	246
white pine.....	268
WIDE-SEAL DIAPHRAGM 60.....	246
WIDE-SEAL DIAPHRAGM 65.....	246
WIDE-SEAL DIAPHRAGM 70.....	246
WIDE-SEAL DIAPHRAGM 75.....	246
WIDE-SEAL DIAPHRAGM 80.....	246
WIDE-SEAL DIAPHRAGM 85.....	246
WIDE-SEAL DIAPHRAGM 90.....	246
WIDE-SEAL DIAPHRAGM 95.....	246
WILATE.....	96
WINLEVI	133
WIXELA INHUB	268
wooden cane 7/8.....	246
work belt.....	246
wound care	246
wound gel.....	246
wound gel spray.....	246
WOUN'DRES	247

wpr plus wound healing system	25
wrist brace	247
wrist sleep support	247
WYMZYA FE.....	175
WYNZORA.....	124
x	
XADAGO	72
XALATAN	254
XALIX	133
XALKORI.....	67
XANAX	84
XANAX XR	84
XARACOLL	25
XARELTO	92
XARELTO STARTER PACK	93
XATMEP	184
XCEL 100.....	247
XCOPRI	39
XCOPRI (250 MG DAILY DOSE)	39
XCOPRI (350 MG DAILY DOSE)	39
XELJANZ	184
XELJANZ XR	184
XELODA.....	59
XELPROS	254
XEMATOP BASE	247
XEMBIFY	185
XENAZINE	118
XEPI	36
XERAC AC	133
XERALUX	133
XERAVA.....	38
XERESE.....	79
XERMELO.....	150
XGEVA.....	190
XHANCE	258
XIAFLEX	133
XIFAXAN.....	32
XIGDUO XR	87
XIIDRA	249
XIMINO	38
XOFIGO	63
XOFLUZA (40 MG DOSE)	82
XOFLUZA (80 MG DOSE)	82
XOLAIR	186
XOLEGEL COREPAK	54
XOLEGEL DUO/HEAD & SHOULDERS	54

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XOLEGEL DUO/XOLEX	54	ZANOSAR	58
XOPENEX HFA	260	ZARONTIN	39
XOSPATA	67	ZARXIO	187
XPOVIO (100 MG ONCE WEEKLY)	67	ZAVESCA	156
XPOVIO (40 MG ONCE WEEKLY)	67	ZEBUTAL	7
XPOVIO (40 MG TWICE WEEKLY)	67	ZEGALOGUE	88
XPOVIO (60 MG ONCE WEEKLY)	67	ZEGERID	154
XPOVIO (60 MG TWICE WEEKLY)	67	zelac	150
XPOVIO (80 MG ONCE WEEKLY)	67	ZELAPAR	72
XPOVIO (80 MG TWICE WEEKLY)	67	ZELBORAF	67
XRYLIX	14	ZEMAIRA	156
XTAMPZA ER	17	ZEMBRACE SYMTOUCH	56
XTANDI	58	ZEMDRI	29
XULANE	175	ZEMPLAR	190
XULTOPHY	88	ZENATANE	133
xurea	133	ZENPEP	156
XURIDEN	156	ZENZEDI	115
XYLOCAINE	25	ZEPATIER	78
XYLOCAINE-MPF	25	ZEPOSIA	120
XYNTHA	96	ZEPOSIA 7-DAY STARTER PACK	120
XYNTHA SOLOFUSE	96	ZEPOSIA STARTER KIT	120
XYOSTED	167	ZEPZELCA	61
XYREM	270	ZERBAXA	33
XYWAV	270	zeruvia	25
Y		ZERVIAE	249
YASMIN 28	175	ZESTORETIC	109
YAZ	175	ZESTRIL	100
yellow dock	268	ZETIA	112
yellow petrolatum	247	ZETONNA	258
YF-VAX	188	ZEVALIN Y-90	61
yl folic acid	147	zevrx insulin syringe	247
YONSA	58	zevrx pen needles	247
YOSPRALA	97	ZEWA ELECTRODES	247
youth push button alum crutch	247	ZIAC	109
YUMVSKIDS MULTI ZERO	135	ZIAGEN	80
YUPELRI	259	ZIANA	133
YUVAFEM	175	ZICLOPRO	14
Z		zidovudine	80
ZACARE	133	ZIEXTENZO	187
zaclir cleansing	133	zileuton er	258
ZAFEMY	175	ZILRETTA	164
zafirlukast	258	ZILXI	133
zaleplon	269	zinc sulfate	139
zalvit	147	ZINGO	25
ZANAFLEX	77	ZINPLAVA	187
		zionodil	25

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<i>zionodil 100</i>	25	ZOLGENSMA 9.6-10.0 KG	157
ZIOPTAN	254	ZOLINZA	63, 67
<i>zippered mattress cover</i>	247	<i>zolmitriptan</i>	56
<i>ziprasidone hcl</i>	76	ZOLOFT	48
<i>ziprasidone mesylate</i>	76	<i>zolpidem tartrate</i>	269
ZIPSOR.....	14	<i>zolpidem tartrate er</i>	269
ZIRABEV.....	62	ZOMACTON.....	166
ZIRGAN	77	ZOMIG	56
ZITHRANOL.....	133	ZONALON	133
ZITHROMAX	36	ZONEGRAN	39
ZITHROMAX TRI-PAK.....	36	<i>zonisamide</i>	39
ZITHROMAX Z-PAK	36	ZONTIVITY	97
ZOCOR	111	ZOO FRIENDS MULTI GUMMIES	135
ZOKINVY	186	<i>zoom 20 rolling walker</i>	247
ZOLADEX	63, 180	ZORTRESS.....	184
<i>zoledronic acid</i>	190	ZORVOLEX.....	14
ZOLGENSMA 10.1-10.5 KG	156	ZOVIA 1/35 (28)	175
ZOLGENSMA 10.6-11.0 KG	156	ZOVIRAX	79
ZOLGENSMA 11.1-11.5 KG	156	ZTLIDO	25
ZOLGENSMA 11.6-12.0 KG	156	ZUBSOLV	26
ZOLGENSMA 12.1-12.5 KG	156	ZULRESSO	46
ZOLGENSMA 12.6-13.0 KG	156	ZUMANDIMINE	176
ZOLGENSMA 13.1-13.5 KG	156	ZYCLARA.....	133
ZOLGENSMA 2.6-3.0 KG	156	ZYCLARA PUMP	133
ZOLGENSMA 3.1-3.5 KG	156	ZYDELIG.....	67
ZOLGENSMA 3.6-4.0 KG	156	ZYFLO.....	258
ZOLGENSMA 4.1-4.5 KG	156	ZYKADIA.....	67
ZOLGENSMA 4.6-5.0 KG	157	ZYLET	253
ZOLGENSMA 5.1-5.5 KG	157	ZYLOPRIM.....	54
ZOLGENSMA 5.6-6.0 KG	157	ZYNLONTA	68
ZOLGENSMA 6.1-6.5 KG	157	ZYNRELEF	14
ZOLGENSMA 6.6-7.0 KG	157	ZYPITAMAG	111
ZOLGENSMA 7.1-7.5 KG	157	ZYPREXA	76
ZOLGENSMA 7.6-8.0 KG	157	ZYPREXA RELPREVV	76
ZOLGENSMA 8.1-8.5 KG	157	ZYPREXA ZYDIS.....	76
ZOLGENSMA 8.6-9.0 KG	157	ZYTIGA	58
ZOLGENSMA 9.1-9.5 KG	157	ZYVOX.....	32

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