



Lista de Medicamentos de 2025

(Actualizado en enero 2025)

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

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente

Segundo Nivel: Medicamentos de Marca.

Tercer Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos

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

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

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]	6
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	7
ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA] ..	7
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]	7
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	8
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	10
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	12
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	12
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR Náusea y VÓMITO]	14
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	14
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	15
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	15
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	15
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	15
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	15
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	16
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	21

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

ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	22
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	23
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	25
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	25
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	27
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	27
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	28
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]	29
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	30
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	35
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	36
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	37
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	37
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	37
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	39
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES,	

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

ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	39
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	41
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]	41
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	43
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	44
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	44
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	44
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	45
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....	45
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]	46
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	47
MISCELLANEOUS [MISCELÁNEOS]	47
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]	62
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	62
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	64

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

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] 64

SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] 68

SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] 68

THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS] 68

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]			
<i>butalbital-apap-cafeine 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	1	ZIPSOR	
<i>diclofenac sodium 2 % ext soln</i>	1	PENNSAID	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>ibuprofen 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA
<i>morphine sulfate er 10 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA

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

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</i>	1	AVINZA	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>codeine sulfate 60 mg tab</i>	1		
<i>hydrocodone-acetaminophen 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 7.5-300 mg tab</i>	1	VICODIN	
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq</i>	1	DILAUDID	
<i>hydromorphone hcl er 8 mg tab er 24 hr</i>	1		PA
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	PERCOCET	
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA]			
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 32 mg tab</i>	1	ATACAND	
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]			
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	PA, QL(106 / 365)
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % oint</i>	1	GARAMYCIN	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % ext soln</i>	1	CLEOCIN-T	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 25 mg/ml soln</i>	1		
<i>vancomycin hcl 125 mg cap, 250 mg</i>	1	VANCOCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cap</i>			
XIFAXAN 200 mg tab, 550 mg tab	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	1	CECLOR	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 250 mg inj soln</i>	1	ROCEPHIN	
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 250-125 mg tab, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
<i>BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs</i>	2		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>azithromycin 1 gm pckt, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
ERYTHROCIN STEARATE 250 mg tab	2		
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		
<i>erythromycin base 500 mg tab</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	1	LEVAQUIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap</i>	1	MONODOX	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	KLONOPIN	
<i>DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	2		
<i>diazepam 5 mg/ml inj soln</i>	1		
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix</i>	1		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	1	MYSOLINE	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 25 mg tab chew</i>	1	LAMICTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate er 200 mg cap er 24 hr</i>	1	TROKENDI XR	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>carbamazepine 100 mg tab chew, 200 mg tab chew</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 200 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 200 mg tab er 12 hr</i>	1	TEGRETOL XR	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	1	VIMPAT	
<i>oxcarbazepine 150 mg tab</i>	1	TRILEPTAL	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	1	DILANTIN	
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	1	NAMENDA	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrssi/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab</i>	1	PROZAC	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	1	PAXIL	
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ELAVIL	
<i>amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab</i>	1	ELAVIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<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>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>promethazine hcl 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 50 mg/ml inj soln</i>	1	PHENERGAN	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 24 mg tab</i>	1	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	QL(9 / 30)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>itraconazole 100 mg cap</i>	1	SPORANOX	PA
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1</i>	1	MYCOLOG	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>			
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
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>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros -			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Antiinfecciosos Misceláneos			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>busulfan 6 mg/ml iv soln</i>	3	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	1		PA
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	3		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	3		PA
LEUKERAN 2 mg tab	3		PA
MATULANE 50 mg cap	3		PA
<i>melphalan 2 mg tab</i>	3	ALKERAN	PA
<i>melphalan hcl 50 mg iv soln</i>	3	ALKERAN	PA
MYLERAN 2 mg tab	3		PA
TEMODAR 100 mg iv soln	3		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	3	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	3	THIOPLEX	PA
ZANOSAR 1 gm iv soln	3		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	3		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	3	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	3	CASODEX	
ERLEADA 60 mg tab	3		PA
<i>nilutamide 150 mg tab</i>	3	NILANDRON	PA
NUBEQA 300 mg tab	3		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap</i>	3	REVLIMID	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	3		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	3		PA
SOLTAMOX 10 mg/5ml soln	3		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	3	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	3	XELODA	PA
CARAC 0.5 % crm	3		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	2		
<i>fluorouracil 0.5 % crm</i>	3	CARAC	PA
<i>fluorouracil 5 % crm</i>	3	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	3	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	3	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	3	PURINETHOL	PA
NIPENT 10 mg iv soln	3		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	3		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	3		PA
ARRANON 5 mg/ml iv soln	3		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	3	TRISENOX	PA
<i>bendamustine hcl 100 mg iv soln, 25 mg iv soln</i>	3	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	3		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	3	BLENOXANE	PA
<i>bortezomib 3.5 mg iv soln</i>	3		PA
<i>bortezomib 3.5 mg inj soln</i>	3	VELCADE	PA
<i>carmustine 300 mg iv soln, 50 mg iv soln</i>	3		PA
<i>carmustine 100 mg iv soln</i>	3	BICNU	PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	3		PA
<i>cladribine 10 mg/10ml iv soln</i>	3	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	3	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	3		PA
<i>cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln</i>	3		PA
<i>dacarbazine 100 mg iv soln, 200 mg iv soln</i>	3		PA
<i>dactinomycin 0.5 mg iv soln</i>	3	COSMEGEN	PA

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	3	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	3	TAXOL	PA
<i>paclitaxel protein-bound part 100 mg iv susp</i>	3	ABRAXANE	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	3	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	3		PA
PHOTOFRIN 75 mg iv soln	3		PA
PROLEUKIN 22000000 unit iv soln	3		PA
<i>romidepsin 10 mg iv soln</i>	3	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	3		PA
TICE BCG 50 mg i-vesic susp	2		PA
TREANDA 100 mg iv soln, 25 mg iv soln	3		PA
VELCADE 3.5 mg inj soln	3		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	3		PA
<i>vincristine sulfate 1 mg/ml iv soln, 2 mg/2ml iv soln</i>	3	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	3	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	3		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	3	PARAPLATIN	PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	3		PA
<i>fludarabine phosphate 50 mg iv soln</i>	3	FLUDARA	PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	3		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	3	FUSILEV	PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	3		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	3	NOVANTRONE	PA
ONCASPAS 750 unit/ml inj soln	3		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZOLINZA 100 mg cap	3		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	3	ARIMIDEX	
<i>exemestane 25 mg tab</i>	3	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	3	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	3		PA
<i>etoposide 50 mg cap</i>	3		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	3	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	3		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	3		PA
<i>topotecan hcl 4 mg iv soln</i>	3	HYCANTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	3		PA
CAPRELSA 100 mg tab, 300 mg tab	3		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	3		PA
<i>dasatinib 100 mg tab, 140 mg tab, 50 mg tab, 70 mg tab, 80 mg tab</i>	1		PA
ERIVEDGE 150 mg cap	3		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	3	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	3	AFINITOR	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	3		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	3	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	3		PA
IRESSA 250 mg tab	3		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	3		PA
KEYTRUDA 100 mg/4ml iv soln	3		PA
<i>lapatinib ditosylate 250 mg tab</i>	3	TYKERB	PA
NEXAVAR 200 mg tab	3		PA
<i>pazopanib hcl 200 mg tab</i>	3		PA
ROZLYTREK 100 mg cap, 200 mg cap	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sorafenib tosylate 200 mg tab</i>	3	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	3		PA
STIVARGA 40 mg tab	3		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	3	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	3		PA
TYKERB 250 mg tab	3		PA
VOTRIENT 200 mg tab	3		PA
XALKORI 200 mg cap, 250 mg cap	3		PA
ZELBORAF 240 mg tab	3		PA
ZYDELIG 100 mg tab, 150 mg tab	3		PA
ZYKADIA 150 mg tab	3		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	3		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	3		PA
GAZYVA 1000 mg/40ml iv soln	3		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	3		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	3		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	3		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	3	TARGRETIN	PA
<i>bexarotene 1 % gel</i>	3	TARGRETIN	PA
PANRETIN 0.1 % gel	3		PA
TARGRETIN 1 % gel	3		PA
<i>tretinoin 10 mg cap</i>	3	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	3	MESNEX	PA
MESNEX 400 mg tab	3		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	2		QL(60 / 3)
hydroxychloroquine sulfate 200 mg tab	1	PLAQUENIL	
nitazoxanide 500 mg tab	1	ALINIA	
primaquine phosphate 26.3 (15 Base) mg tab	1		
quinine sulfate 324 mg cap	1	QUALAQUIN	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
permethrin 5 % crm	1	ELIMITE	PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
trihexyphenidyl hcl 2 mg tab	1	ARTANE	
trihexyphenidyl hcl 5 mg tab	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
bromocriptine mesylate 2.5 mg tab	1	PARLODEL	
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	
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	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	1	PARCOPA	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	1	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	1	SINEMET CR	
carbidopa-levodopa-entacapone 12.5-	1	STALEVO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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			
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
selegiline hcl 5 mg tab	1		
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]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	THORAZINE	
fluphenazine decanoate 25 mg/ml inj soln	1	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	1	PROLIXIN	
haloperidol 0.5 mg tab, 20 mg tab	1	HALDOL	
haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	1	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	1	HALDOL	
haloperidol lactate 5 mg/ml inj soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc	1	HALDOL	
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	1	LOXITANE	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	
pimozide 1 mg tab, 2 mg tab	1	ORAP	
prochlorperazine 25 mg rect supp	1	COMPRO	
prochlorperazine edisylate 10 mg/2ml inj soln	1		
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	MELLARIL	
thiothixene 1 mg cap	1	NAVANE	
thiothixene 10 mg cap, 2 mg cap, 5 mg cap	1	NAVANE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	3		PA
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	3		PA
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	3		PA
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	LATUDA	
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	1	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER			
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>valganciclovir hcl 450 mg tab</i>	1	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
<i>MAVYRET 100-40 mg tab</i>	3		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	3	EPCLUSA	PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
<i>ribavirin 200 mg tab</i>	3	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	3	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>acyclovir 5 % oint</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	3		PA
ISENTRESS 400 mg tab	3		PA
ISENTRESS HD 600 mg tab	3		PA
STRIBILD 150-150-200-300 mg tab	3		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	3	SUSTIVA	PA
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	3	ATRIPLA	PA
<i>etravirine 100 mg tab, 200 mg tab</i>	3	INTELENCE	PA
<i>nevirapine 50 mg/5ml susp</i>	3	VIRAMUNE	PA
<i>nevirapine 200 mg tab</i>	3	VIRAMUNE	PA
<i>nevirapine er 400 mg tab er 24 hr</i>	3	VIRAMUNE XR	PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
<i>abacavir sulfate 300 mg tab</i>	3	ZIAGEN	PA
DOVATO 50-300 mg tab	3		PA
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab</i>	3	TRUVADA	PA
EMTRIVA 10 mg/ml soln	3		PA
<i>lamivudine 150 mg tab, 300 mg tab</i>	3	EPIVIR	PA
<i>lamivudine 10 mg/ml soln</i>	3	EPIVIR	PA
<i>lamivudine-zidovudine 150-300 mg tab</i>	3	COMBIVIR	PA
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	VIREAD	PA
<i>zidovudine 100 mg cap, 300 mg tab</i>	3	RETROVIR	PA
<i>zidovudine 50 mg/5ml syr</i>	3	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	3		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	3	SELZENTRY	PA
SELZENTRY 20 mg/ml soln	3		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
APTIVUS 250 mg cap	3		PA
fosamprenavir calcium 700 mg tab	1	LEXIVA	PA
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	3	KALETRA	PA
lopinavir-ritonavir 400-100 mg/5ml soln	3	KALETRA	PA
NORVIR 100 mg cap, 100 mg pckt	3		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	3		PA
PREZISTA 100 mg/ml susp	3		PA
ritonavir 100 mg tab	3	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	3		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 45 mg cap, 75 mg cap	1	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	1	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwr br act	2		QL(20 / 180)
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	2		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	BUSPAR	
hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln	1	VISTARIL	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
diazepam 5 mg/ml oral conc	1		
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	
diazepam 5 mg/5ml soln	1	VALIUM	
diazepam intensol 5 mg/ml oral conc	2		
lorazepam 4 mg/ml inj soln	1		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	1	ATIVAN	
lorazepam 2 mg/ml inj soln	1	ATIVAN	
lorazepam 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD -			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
FARXIGA 10 mg tab, 5 mg tab	2		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		PA
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1		ST
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
<i>insulin lispro 100 unit/ml inj soln</i>	1	HUMALOG	QL(20 / 30)
<i>insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj</i>	1	HUMALOG MIX 75/25 KWIKPEN	QL(15 / 30)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN R 100 unit/ml inj soln	2		QL(20 / 30)
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	1	PRADAXA	
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml</i>	3	LOVENOX	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>			
PRADAXA 110 mg cap	2		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO 1 mg/ml susp	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
FULPHILA 6 mg/0.6ml sc soln pfs	3		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	3		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	3		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	3		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	3		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>methyldopa 500 mg tab</i>	1	ALDOMET	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>diltiazem hcl er 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>	1		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardíacos Misceláneos]			
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardíacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardíacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
25 mg tab, 50 mg tab			
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ISORDIL TITRADOSE	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	
isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
isosorbide mononitrate er 120 mg tab er 24 hr	1	IMDUR	
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	1	NITRO-DUR	
nitroglycerin 0.6 mg tab sub	1	NITROSTAT	
nitroglycerin 0.3 mg tab sub, 0.4 mg tab sub	1	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	1	ADDERALL XR	
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	1	ADDERALL	
dextroamphetamine sulfate 10 mg tab, 5 mg tab	1	DEXTROSTAT	
dextroamphetamine sulfate 5 mg/5ml soln	1	PROCENTRA	
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	1	DEXEDRINE	
lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap	1		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap</i>	1	LYRICA	PA, QL(90 / 30)
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
<i>dalfampridine er 10 mg tab er 12 hr</i>	3	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	3	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	3	TECFIDERA STARTER PACK	PA
<i>ingolimod hcl 0.5 mg cap</i>	3	GILENYA	PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	3	COPAXONE	PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	3	SORIATANE	PA
<i>adapalene 0.1 % gel</i>	1	DIFFERIN	
<i>adapalene treatment 0.1 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
<i>cvs adapalene 0.1 % gel</i>	1	DIFFERIN	
<i>DIFFERIN 0.1 % gel</i>	1		
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>sulfacetamide sodium (cleans) 10 % gel</i>	1		
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	1	ROSULA CLEANSER	
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	PA
<i>tretinoin 0.01 % gel, 0.05 % crm</i>	1	RETIN-A	PA
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
<i>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</i>	2		
<i>CYSTAGON 150 mg cap, 50 mg cap</i>	2		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	1	BENTYL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subling</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subling</i>	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>acid control maximum strength 20 mg tab</i>	1	PEPCID	
<i>acid controller max st 20 mg tab</i>	1	PEPCID	
<i>acid reducer maximum strength 20 mg tab</i>	1	PEPCID	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>cvs acid controller max st 20 mg tab</i>	1	PEPCID	
<i>eq famotidine max st 20 mg tab</i>	1	PEPCID	
<i>eq heartburn prevention 20 mg tab</i>	1	PEPCID	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>famotidine maximum strength 20 mg tab</i>	1	PEPCID	
<i>ft acid reducer max strength 20 mg tab</i>	1	PEPCID	
<i>gnp acid reducer max st 20 mg tab</i>	1	PEPCID	
<i>heartburn relief max st 20 mg tab</i>	1	PEPCID	
<i>kls acid controller max st 20 mg tab</i>	1	PEPCID	
<i>mm acid-pep maximum strength 20 mg tab</i>	1	PEPCID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PEPCID AC MAXIMUM STRENGTH 20 mg tab	1		
<i>qc acid controller max st 20 mg tab</i>	1	PEPCID	
<i>qc famotidine acid reducer 20 mg tab</i>	1	PEPCID	
<i>ra acid reducer max st 20 mg tab</i>	1	PEPCID	
<i>sb acid controller max st 20 mg tab</i>	1	PEPCID	
<i>sm acid reducer max st 20 mg tab</i>	1	PEPCID	
<i>zantac 360 max st 20 mg tab</i>	1	PEPCID	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>omeprazole 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
<i>urin ds 81.6 mg tab</i>	1		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>sevelamer carbonate 800 mg tab</i>	1	REVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES,			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 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>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml</i>	1	DEPO-MEDROL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>inj susp, 80 mg/ml inj susp</i>			
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisone 10 mg (21) tab pack, 10 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	1		
<i>triamcinolone acetonide 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
<i>triamcinolone in absorbbase 0.05 % oint</i>	1	TRIANEX	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln</i>	1	DEPO-TESTOSTERONE	PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>DEPO-ESTRADIOL 5 mg/ml im oil</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	2		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	1	DEMULEN	QL(28 / 28)
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	QL(1 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	2		
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	QL(91 / 91)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg</i>	1	AMETHYST 28 DAY	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab</i>			
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ENPRESSE 28 DAY	QL(28 / 28)
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	2		QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	1	FEMCON FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	1	GENERESS FE	QL(28 / 28)
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ORTHO TRI-CYCLEN	QL(28 / 28)
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	3	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	3	MEGACE	PA
<i>MIRENA (52 MG) 20 mcg/day iud</i>	3		PA
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
<i>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</i>	2	SYNTHROID	
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	1	TIROSINT	
<i>SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	2		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
<i>LYSODREN 500 mg tab</i>	3		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
<i>ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit</i>	3		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	3	LUPRON	PA
<i>ZOLADEX 10.8 mg sc implant, 3.6 mg</i>	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
sc implant			
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	3		PA
ORLADEYO 110 mg cap, 150 mg cap	3		PA
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
<i>adalimumab-adbm (2 pen) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	3		PA
<i>adalimumab-adbm (2 syringe) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit</i>	3		PA
<i>adalimumab-adbm(cd/uc/hs str) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	3		PA
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	3		PA
AMJEVITA 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	3		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs	3		PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	3	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	3	NEORAL	PA
CYLTEZO (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Kit			
CYLTEZO (2 SYRINGE) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	3		PA
CYLTEZO-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	3		PA
CYLTEZO-PSORIASIS/UV STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	3		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	3		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	3		PA
<i>infliximab 100 mg iv soln</i>	3		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj soln</i>	3		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	3		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	3	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	3	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	3	MYFORTIC	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	3	PROGRAF	PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
PROLIA 60 mg/ml sc soln pfs	3		PA
<i>teriparatide 600 mcg/2.4ml sc soln pen-inj</i>	3		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	3	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	3	ZOMETA	PA
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
<i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>1st tier unifine pentips 32G X 4 MM misc</i>	1		
<i>1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>1st tier unifine pentips plus 32G X 4 MM misc</i>	1		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	1		
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	1		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	1		
<i>aurora pen needles 29G X 12MM misc, 31G X 8 MM misc</i>	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ml misc	1		
BD INSULIN SYRINGE 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ml misc	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 U/F 32G X 4 MM misc	1		
BD PEN NEEDLE SHORT U/F 31G X 8 MM misc	1		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 31G X 15/64" 0.3 ml misc	1		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ml misc	1		
CAREFINE PEN NEEDLES 29G X 12MM misc, 31G X 8 MM misc	1		
CAREFINE PEN NEEDLES 32G X 4 MM misc	1		
<i>careone insulin syringe 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc</i>	1		
<i>careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>careone unifine pentips plus 32G X 4 MM misc</i>	1		
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ml misc	1		
CARETOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
CARETOUCH PEN NEEDLES 32G X 4 MM misc	1		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc	1		
<i>clickfine pen needles 31G X 8 MM misc</i>	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
<i>clickfine pen needles 32G X 4 MM misc</i>	1		
CLICKFINE PEN NEEDLES 32G X 4 MM misc	1		
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc, 31G X 8 MM misc</i>			
<i>easy comfort pen needles 32G X 4 MM misc</i>	1		
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc	1		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
EASY TOUCH PEN NEEDLES 32G X 4 MM misc	1		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ml misc	1		
EMBRACE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
EMBRACE PEN NEEDLES 32G X 4 MM misc	1		
<i>eql insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>eql insulin syringe 30G X 5/16" 1 ml misc</i>	1		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
FIFTY50 PEN NEEDLES 32G X 4 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>global ease inject pen needles 32G X 4 MM misc</i>	1		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>global inject ease insulin syr 30G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc</i>	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc	1		
<i>gnp clickfine pen needles 31G X 8 MM misc</i>	1		
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>gnp pen needles 32G X 4 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 5 MM</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc, 31G X 8 MM misc</i>			
<i>gnp ulticare pen needles 32G X 4 MM misc</i>	1		
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc	1		
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 4 MM misc	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	1		
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM misc	1		
<i>healthwise insulin syr/needle 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise insulin syr/needle 30G 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		
<i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>h-e-b incontrol pen needles 32G X 4 MM misc</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 8 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc	1		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	1		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM misc	1		
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM misc	1		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 30G X 5/16" 1 ml misc</i>	1		
<i>insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>insupen pen needles 32G X 4 MM misc</i>	1		
<i>kinray insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>croger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>croger insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>croger pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>croger pen needles 32G X 4 MM misc</i>	1		
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>leader insulin syringe 30G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc	1		
LEADER UNIFINE PENTIPS 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
LITETOUCH PEN NEEDLES 32G X 4 MM misc	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ml misc	1		
<i>medicine shoppe pen needles 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>meijer pen needles 29G X 12MM misc, 31G X 8 MM misc</i>	1		
MICRODOT PEN NEEDLE 32G X 4 MM misc	1		
<i>mm insulin syringe/needle 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>mm insulin syringe/needle 30G X 5/16" 1 ml misc</i>	1		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc	1		
MM PEN NEEDLES 32G X 4 MM misc	1		
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	1		
MONOJECT ULTRA COMFORT	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc			
<i>ms insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
<i>pc unifine pentips 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needle/5-bevel tip 32G X 4 MM misc</i>	1		
<i>pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needles 32G X 4 MM misc</i>	1		
<i>pen needles 5/16" 31G X 8 MM misc</i>	1		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
PENTIPS 32G X 4 MM misc	1		
PENTIPS GENERIC PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM misc	1		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	1		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	1		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc</i>	1		
<i>preferred plus insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>preferred plus unifine pentips 29G X 12MM misc</i>	1		
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM misc	1		
PREVENT SAFETY PEN NEEDLES 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
PRO COMFORT INSULIN SYRINGE	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SECURES SAFE INSULIN SYRINGE 29G X 1/2" 1 ml misc	1		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>sure comfort pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>sure comfort pen needles 32G X 4 MM misc</i>	1		
<i>techlite insulin syringe 31G X 15/64" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	1		
<i>today's health pen needles 29G X 12MM misc</i>	1		
<i>today's health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 31G X 8 MM misc</i>	1		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>topcare ultra comfort ins syr 30G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 5/16" 1 ml misc</i>	1		

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

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

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

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

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM misc	1		
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc	1		
VERIFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>wegmans unifine pentips plus 32G X 4 MM misc</i>	1		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>zevrx pen needles 32G X 4 MM misc</i>	1		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	
<i>cvs olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>eq olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>eye allergy itch relief 0.2 % ophth soln</i>	1	PATADAY	
<i>ft eye allergy itch relief 0.2 % ophth soln</i>	1	PATADAY	
<i>gnp olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>hm eye allergy itch relief 0.2 % ophth soln</i>	1	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>PATADAY 0.2 % ophth soln</i>	1		
<i>qc olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>sm olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
<i>brimonidine tartrate 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 2-0.5 % ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT	
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate pf 0.25 % ophth soln</i>	1	TIMOPTIC	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
Ophthalmic Prostaglandin And Prostanamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanamidas - Medicamentos Para Glaucoma]			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>all-day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>allergy relief 5 mg tab</i>	1	XYZAL	
<i>allergy relief childrens 1 mg/ml soln</i>	1	ZYRTEC	
<i>allergy relief childrens 24-hr 1 mg/ml soln</i>	1	ZYRTEC	
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	QL(30 / 30)
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	1	ZYRTEC	
<i>cetirizine hcl childrens alrgy 1 mg/ml</i>	1	ZYRTEC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
<i>childrens 24 hour allergy 1 mg/ml soln</i>	1	ZYRTEC	
<i>cvs allergy relief 5 mg tab</i>	1	XYZAL	
<i>cvs allergy relief childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>desloratadine 5 mg tab</i>	1	CLARINEX	
<i>eq allerg relief child (cetir) 5 mg/5ml soln</i>	1	ZYRTEC	
<i>eq allergy relief 5 mg tab</i>	1	XYZAL	
<i>eq allergy relief (cetirizine) 1 mg/ml soln</i>	1	ZYRTEC	
<i>eq all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>ft all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>ft allergy relief childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>gnp all day allergy childrens 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
<i>gnp allergy relief 24 hr 5 mg tab</i>	1	XYZAL	
<i>goodsense all day allergy 5 mg/5ml soln</i>	1	ZYRTEC	
<i>hm all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap</i>	1	VISTARIL	
<i>kls aller-tec childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
<i>qc allergy relief childrens 1 mg/ml syr</i>	1	ZYRTEC	
<i>qc childrens allergy 5 mg/5ml soln</i>	1	ZYRTEC	
<i>ra allergy relief childrens 1 mg/ml soln, 5 mg/5ml soln, 5 mg/5ml syr</i>	1	ZYRTEC	
<i>sb cetirizine hcl childrens 1 mg/ml soln</i>	1	ZYRTEC	
<i>sm all day allergy childrens 5 mg/5ml soln</i>	1	ZYRTEC	
<i>wal-zyr 5 mg/5ml soln</i>	1	ZYRTEC	
<i>wal-zyr all day allergy child 5 mg/5ml</i>	1	ZYRTEC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
<i>wal-zyr allergy childrens 1 mg/ml soln</i>	1	ZYRTEC	
<i>wal-zyr childrens 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	
XYZAL ALLERGY 24HR 5 mg tab	1		
ZYRTEC CHILDRENS ALLERGY 1 mg/ml soln, 5 mg/5ml soln	1		
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(60 / 30), AL
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	2	XOPENEX HFA	QL(30 / 30), ST
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
<i>tobramycin 300 mg/5ml inh neb soln</i>	3	TOBI	PA
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
<i>roflumilast 500 mcg tab</i>	1	DALIRESP	
<i>theophylline er 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
<i>ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab</i>	3		PA
<i>sildenafil citrate 20 mg tab</i>	3	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	3	REVATIO	PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
<i>pirfenidone 534 mg tab</i>	3		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	3	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer</i>	2		QL(12 / 30)
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
<i>BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs</i>	3		PA
<i>breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.3 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.2 / 30)
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		
<i>wixela inhub 100-50 mcg/act inh aer pwrdr br act, 250-50 mcg/act inh aer pwrdr br act, 500-50 mcg/act inh aer pwrdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
<i>cyclobenzaprine hcl 10 mg tab</i>	1	FLEXERIL	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	1	ROBAXIN	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>temazepam 15 mg cap, 30 mg cap</i>	1	RESTORIL	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	PA
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	1	KLOR-CON	

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

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>	1	MICRO-K	
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 29-1 mg tab</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>sodium polystyrene sulfonate oral pwdr</i>	1	KAYEXALATE	

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

1		
1st tier unifine pentips	47	
1st tier unifine pentips plus.....	47	
A		
abacavir sulfate	26	
abiraterone acetate	16	
ABRAXANE	17	
acarbose	28	
acetaminophen-codeine.....	7	
acetazolamide	63	
acetic acid	64	
acid control maximum strength	38	
acid controller max st	38	
acid reducer maximum strength	38	
acitretin	37	
acyclovir	25, 26	
adalimumab-adbm (2 pen).....	45	
adalimumab-adbm (2 syringe)	45	
adalimumab-adbm(cd/uc/hs strt).....	45	
adalimumab-adbm(ps/uv starter)	45	
adapalene	37	
adapalene treatment	37	
adapalene-benzoyl peroxide	37	
ADEMPAS	67	
ADVAIR HFA	67	
ADVOCATE INSULIN PEN NEEDLE	47	
ADVOCATE INSULIN PEN NEEDLES	47	
ADVOCATE INSULIN SYRINGE	47	
albuterol sulfate.....	66	
albuterol sulfate hfa.....	66	
alendronate sodium	47	
ALIMTA.....	17	
ALINIA	22	
all day allergy childrens.....	64	
all-day allergy childrens	64	
allergy relief.....	64	
allergy relief childrens	64	
allergy relief childrens 24-hr	64	
allopurinol.....	15	
amantadine hcl.....	22	
amiloride hcl.....	33	
amiloride-hydrochlorothiazide	33	
aminocaproic acid	30	
amiodarone hcl	31	
amitriptyline hcl	13	
AMJEVITA.....	45	
AMJEVITA-PED 15KG TO <30KG	45	
amlodipine besylate.....	32	
amoxicillin.....	9	
amoxicillin-pot clavulanate	9	
amoxicillin-pot clavulanate er	9	
amphetamine-dextroamphet er	35	
amphetamine-dextroamphetamine.....	35	
ampicillin	9	
anagrelide hcl.....	30	
anastrozole.....	20	
APTIVUS.....	26	
aripiprazole.....	24	
ARRANON	17	
arsenic trioxide	17	
ARZERRA	21	
asenapine maleate	24	
ASSURE ID DUO PRO PEN NEEDLES	47	
atenolol.....	31	
atenolol-chlorthalidone	33	
atomoxetine hcl	35	
atorvastatin calcium.....	34	
atropine sulfate.....	62	
aum insulin safety pen needle.....	47	
aum mini insulin pen needle	47	
aum pen needle	47	
AUM READYGARD DUO PEN NEEDLE	48	
AUM SAFETY PEN NEEDLE.....	48	
aurora pen needles	48	
azathioprine.....	45	
azelastine hcl	62, 64	
azithromycin	9, 10	
B		
bacitracin.....	63	
bacitracin-polymyxin b.....	62	
baclofen.....	25	
BAQSIMI ONE PACK.....	29	
BD INSULIN SYR ULTRAFINE II	48	
BD INSULIN SYRINGE	48	
BD INSULIN SYRINGE MICROFINE	48	
BD INSULIN SYRINGE U/F	48	
BD INSULIN SYRINGE ULTRAFINE	48	
BD PEN NEEDLE MINI U/F	48	
BD PEN NEEDLE NANO 2ND GEN	48	
BD PEN NEEDLE NANO U/F	48	
BD PEN NEEDLE SHORT U/F	48	

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

BD SAFETYGLIDE INSULIN SYRINGE	48
BD VEO INSULIN SYR U/F 1/2UNIT	48
BD VEO INSULIN SYRINGE U/F	48
<i>bendamustine hcl</i>	17
BENDEKA.....	17
<i>benzonatate</i>	67
<i>benztropine mesylate</i>	22
<i>betamethasone dipropionate aug</i>	40
<i>betamethasone sod phos & acet</i>	40
<i>betamethasone valerate</i>	40
<i>betaxolol hcl</i>	63
<i>bexarotene</i>	21
BEYFORTUS	67
<i>bicalutamide</i>	16
BICILLIN L-A.....	9
BIKTARVY	26
<i>bleomycin sulfate</i>	17
<i>bortezomib</i>	17
BOSULIF.....	20
<i>breyana</i>	67
BRILINTA.....	30
<i>brimonidine tartrate</i>	63
<i>bromocriptine mesylate</i>	22
<i>budesonide</i>	66
<i>budesonide-formoterol fumarate</i>	67
<i>bumetanide</i>	33
<i>buprenorphine hcl</i>	8
<i>buprenorphine hcl-naloxone hcl</i>	8
<i>bupropion hcl</i>	13
<i>bupropion hcl er (smoking det)</i>	8
<i>bupropion hcl er (sr)</i>	13
<i>bupropion hcl er (xl)</i>	13
<i>buspirone hcl</i>	27
<i>busulfan</i>	16
<i>butalbital-apap-cafeine</i>	6

C

<i>cabergoline</i>	44
<i>calcipotriene</i>	37
<i>calcitriol</i>	47
<i>calcium acetate (phos binder)</i>	39
<i>candesartan cilexetil</i>	7, 31
<i>candesartan cilexetil-hctz</i>	33
<i>capecitabine</i>	17
CAPRELSA.....	20
CARAC	17
<i>carbamazepine</i>	12

<i>carbamazepine er</i>	12
<i>carbidopa-levodopa</i>	22
<i>carbidopa-levodopa er</i>	22
<i>carbidopa-levodopa-entacapone</i>	22
<i>carboplatin</i>	19
CAREFINE PEN NEEDLES	48
<i>careone insulin syringe</i>	48, 49
<i>careone unifine pentips plus</i>	49
CARETOUCH INSULIN SYRINGE	49
CARETOUCH PEN NEEDLES	49
<i>carmustine</i>	17
<i>carvedilol</i>	31
<i>cefaclor</i>	9
<i>cefadroxil</i>	9
<i>cefdinir</i>	9
<i>cefprozil</i>	9
<i>ceftriaxone sodium</i>	9
<i>cephalexin</i>	9
<i>cetirizine hcl</i>	64
<i>cetirizine hcl allergy child</i>	64
<i>cetirizine hcl childrens alrgy</i>	64
<i>childrens 24 hour allergy</i>	64
<i>chlorpromazine hcl</i>	23
<i>chlorthalidone</i>	34
<i>cholestyramine</i>	34
<i>cholestyramine light</i>	34
<i>cilostazol</i>	30
<i>cimetidine hcl</i>	38
<i>cinacalcet hcl</i>	44
<i>ciprofloxacin hcl</i>	10, 63
<i>ciprofloxacin-dexamethasone</i>	64
<i>cisplatin</i>	17
<i>citalopram hydrobromide</i>	13
<i>cladribine</i>	17
<i>clarithromycin</i>	10
<i>clarithromycin er</i>	10
CLEVER CHOICE COMFORT EZ	49
<i>clickfine pen needles</i>	49
CLICKFINE PEN NEEDLES	49
<i>clindamycin hcl</i>	8
<i>clindamycin phos-benzoyl perox</i>	37
<i>clindamycin phosphate</i>	8
<i>clindamycin-tretinoin</i>	37
<i>clofarabine</i>	17
<i>clonazepam</i>	11
<i>clonidine hcl</i>	30

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

<i>clonidine hcl er</i>	36
<i>clopidogrel bisulfate</i>	30
<i>clotrimazole</i>	14
<i>clotrimazole-betamethasone</i>	14
<i>clozapine</i>	25
<i>codeine sulfate</i>	7
<i>colchicine</i>	15
<i>colchicine-probenecid</i>	15
COMFORT EZ INSULIN SYRINGE	49
COMFORT EZ MICRO PEN NEEDLES	49
COMFORT EZ PEN NEEDLES	49
COMFORT EZ PRO PEN NEEDLES	49
COMFORT EZ SHORT PEN NEEDLES	50
COMFORT TOUCH INSULIN PEN NEED	50
<i>cortisone acetate</i>	40
CREON	37
<i>cromolyn sodium</i>	38
<i>cvs acid controller max st</i>	38
<i>cvs adapalene</i>	37
<i>cvs allergy relief</i>	64
<i>cvs allergy relief childrens</i>	64
<i>cvs olopatadine hcl</i>	62
<i>cyclobenzaprine hcl</i>	68
<i>cyclophosphamide</i>	16
<i>cyclosporine</i>	62
<i>cyclosporine modified</i>	45
CYLTEZO (2 PEN)	45
CYLTEZO (2 SYRINGE)	45
CYLTEZO-CD/UC/HS STARTER	45
CYLTEZO-PSORIASIS/UV STARTER	46
CYRAMZA	20
CYSTAGON	37
<i>cytarabine</i>	17
<i>cytarabine (pf)</i>	17

D

<i>dabigatran etexilate mesylate</i>	29
<i>dacarbazine</i>	17
<i>dactinomycin</i>	17
<i>dalfampridine er</i>	36
<i>dantrolene sodium</i>	25
<i>dapsone</i>	16
<i>dasatinib</i>	20
<i>daunorubicin hcl</i>	18
<i>decitabine</i>	18
DEPAKOTE	11
DEPO-ESTRADIOL	41

<i>desloratadine</i>	64
<i>desmopressin ace spray refrig</i>	41
<i>desmopressin acetate</i>	41
<i>desmopressin acetate spray</i>	41
<i>desogestrel-ethinyl estradiol</i>	41
<i>dexamethasone</i>	40
<i>dexamethasone sod phosphate pf</i>	40
<i>dexamethasone sodium phosphate</i>	40, 63
<i>dexmethylphenidate hcl</i>	36
<i>dexrazoxane hcl</i>	18
<i>dextroamphetamine sulfate</i>	35
<i>dextroamphetamine sulfate er</i>	35
DIATHRIVE PEN NEEDLE	50
<i>diazepam</i>	11, 27
<i>diazepam intensol</i>	27
<i>diclofenac potassium</i>	6
<i>diclofenac sodium</i>	6, 63
<i>diclofenac sodium er</i>	6
<i>dicyclomine hcl</i>	37
DIFFERIN	37
<i>digoxin</i>	33
<i>diltiazem hcl er</i>	32
<i>diltiazem hcl er beads</i>	32
<i>diltiazem hcl er coated beads</i>	32
<i>dilt-xr</i>	32
<i>dimethyl fumarate</i>	36
<i>dimethyl fumarate starter pack</i>	36
<i>diphenoxylate-atropine</i>	38
DIURIL	34
<i>divalproex sodium</i>	11
<i>docetaxel</i>	18
<i>donepezil hcl</i>	12
<i>dorzolamide hcl</i>	63
<i>dorzolamide hcl-timolol mal</i>	63
<i>dorzolamide hcl-timolol mal pf</i>	63
DOVATO	26
<i>doxepin hcl</i>	14
<i>doxorubicin hcl</i>	18
<i>doxorubicin hcl liposomal</i>	18
<i>doxycycline hyclate</i>	10
<i>doxycycline monohydrate</i>	10
DROPLET INSULIN SYRINGE	50
DROPLET PEN NEEDLES	50
<i>dropsafe safety pen needles</i>	50
<i>drospiren-eth estrad-levomefol</i>	41, 42
<i>drospirenone-ethinyl estradiol</i>	42

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

DROXIA	17	ESTROGEL.....	42
drug mart unifine pentips	50	ethambutol hcl	16
drug mart unifine pentips plus	50	ethosuximide	11
duloxetine hcl	13	ethynodiol diac-eth estradiol.....	42
E		etonogestrel-ethinyl estradiol	42
easy comfort insulin syringe	50	ETOPOPHOS	20
easy comfort pen needles	50	etoposide.....	20
EASY TOUCH FLIPLOCK INSULIN SY	50	etravirine	26
EASY TOUCH INSULIN SAFETY SYR	51	everolimus	20
EASY TOUCH INSULIN SYRINGE	51	exemestane.....	20
EASY TOUCH PEN NEEDLES.....	51	eye allergy itch relief.....	62
EASY TOUCH SHEATHLOCK SYRINGE ...	51	F	
efavirenz	26	famotidine.....	38
efavirenz-emtricitab-tenofo df.....	26	famotidine maximum strength	38
ELIGARD	44	FARXIGA	28
EMBRACE PEN NEEDLES	51	FEMRING.....	42
EMCYT	17	fenofibrate	34
emtricitabine-tenofovir df.....	26	fenofibrate micronized	34
EMTRIVA.....	26	fenofibric acid	34
enalapril-hydrochlorothiazide	33	fentanyl.....	6
enoxaparin sodium.....	29	FIFTY50 PEN NEEDLES	51
entecavir	25	FIFTY50 SUPERIOR COMFORT SYR	51
eq allerg relief child (cetir)	64	finasteride.....	39
eq allergy relief.....	65	fingolimod hcl	36
eq allergy relief (cetirizine)	65	flecainide acetate	31
eq famotidine max st.....	38	floxuridine	18
eq olopatadine hcl.....	62	fluconazole	14
eq all day allergy childrens	65	fludarabine phosphate.....	19
eq heartburn prevention	38	fludrocortisone acetate	40
eq insulin syringe	51	fluorometholone	63
ERBITUX	21	fluorouracil.....	17, 18
ergoloid mesylates	12	fluoxetine hcl	13
ERIVEDGE	20	fluphenazine decanoate	23
ERLEADA	16	fluphenazine hcl	23
erlotinib hcl.....	20	flurazepam hcl.....	68
ERYTHROCIN STEARATE	10	fluticasone-salmeterol	67
erythromycin	63	fosamprenavir calcium	27
erythromycin base.....	10	fosinopril sodium	31
erythromycin ethylsuccinate	10	fosinopril sodium-hctz.....	33
escitalopram oxalate	13	ft acid reducer max strength	38
est estrogens-methyltest.....	42	ft all day allergy childrens	65
est estrogens-methyltest ds	42	ft allergy relief childrens.....	65
est estrogens-methyltest hs	42	ft eye allergy itch relief.....	62
estradiol	42	FULPHILA	30
estradiol valerate.....	42	fulvestrant.....	18
estradiol-norethindrone acet	42	furosemide	33

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

FUZEON 26

G

gabapentin 11
GAZYVA 21
gemcitabine hcl 18
gemfibrozil 34
gentamicin sulfate 8, 63
glatiramer acetate 36
GLEOSTINE 16
glimepiride 28
glipizide 28
glipizide er 28
glipizide xl 28
global ease inject pen needles 51
global easy glide insulin syr 52
global easy glide pen needles 52
global inject ease insulin syr 52
global insulin syringes 52
glucagon emergency 29
GLUCOPRO INSULIN SYRINGE 52
glyburide 28
glyburide-metformin 28
gnp acid reducer max st 38
gnp all day allergy childrens 65
gnp allergy relief 24 hr 65
gnp clickfine pen needles 52
gnp insulin syringe 52
gnp insulin syringes 52
gnp insulin syringes 29gx1/2 52
gnp olopatadine hcl 62
gnp pen needles 52
gnp ulticare pen needles 52
GNP ULTIGUARD SAFEPAK NEEDLE 52
goodsense all day allergy 65
goodsense clickfine pen needle 53
GOODSENSE PEN NEEDLE PENFINE 53

H

HADLIMA 46
HADLIMA PUSHTOUCH 46
HALAVEN 18
haloperidol 23
haloperidol decanoate 23
haloperidol lactate 23
healthwise insulin syr/needle 53
healthwise micron pen needles 53

healthwise short pen needles 53
heartburn relief max st 38
h-e-b incontrol pen needles 53
H-E-B INCONTROL UNIFINE PENTIP 53
hm all day allergy childrens 65
hm eye allergy itch relief 63
HM ULTICARE MINI PEN NEEDLES 53
HM ULTICARE SHORT PEN NEEDLES 53
HYCANTIN 20
hydralazine hcl 34
hydrochlorothiazide 34
hydrocodone-acetaminophen 7
hydrocortisone 40, 46
hydrocortisone (perianal) 15
hydrocortisone ace-pramoxine 15
hydrocortisone acetate 15
hydrocortisone valerate 40
hydrocortisone-acetic acid 64
hydromorphone hcl 7
hydromorphone hcl er 7
hydroxychloroquine sulfate 22
hydroxyurea 17
hydroxyzine hcl 27, 65
hydroxyzine pamoate 65
hyoscyamine sulfate 37, 38
hyoscyamine sulfate er 38

I

IBRANCE 20
ibuprofen 6
idarubicin hcl 18
IFEX 18
ifosfamide 18
imatinib mesylate 20
imipramine hcl 14
imiquimod 37
INCONTROL ULTICARE PEN NEEDLES 53
indapamide 34
indomethacin 6
indomethacin er 6
infliximab 46
INLYTA 20
insulin lispro 29
insulin lispro (1 unit dial) 29
insulin lispro junior kwikpen 29
insulin lispro prot & lispro 29
insulin syringe 53

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

<i>insulin syringe-needle u-100</i>	53, 54	LEADER UNIFINE PENTIPS PLUS	54
<i>insupen pen needles</i>	54	<i>leflunomide</i>	46
INVEGA HAFYERA	24	<i>lenalidomide</i>	16
INVEGA SUSTENNA	24	<i>letrozole</i>	20
INVEGA TRINZA	24	<i>leucovorin calcium</i>	19
<i>ipratropium bromide</i>	66	LEUKERAN	16
<i>ipratropium-albuterol</i>	66	<i>leuprolide acetate</i>	44
<i>irbesartan</i>	31	<i>levabuterol hcl</i>	66
IRESSA	20	<i>levabuterol tartrate</i>	66
<i>irinotecan hcl</i>	18	<i>levetiracetam</i>	11
ISENTRESS	26	<i>levetiracetam er</i>	11
ISENTRESS HD	26	<i>levobunolol hcl</i>	63
<i>isoniazid</i>	16	<i>levocarnitine</i>	62
<i>isosorbide dinitrate</i>	35	<i>levocetirizine dihydrochloride</i>	65
<i>isosorbide mononitrate</i>	35	<i>levofloxacin</i>	10
<i>isosorbide mononitrate er</i>	35	<i>levoleucovorin calcium</i>	19
<i>itraconazole</i>	14	<i>levonorgest-eth est & eth est</i>	42
<i>ivermectin</i>	21	<i>levonorgest-eth estrad 91-day</i>	42
IXEMPRA KIT	18	<i>levonorgestrel-ethinyl estrad</i>	42
J		<i>levonorg-eth estrad triphasic</i>	43
JAKAFI	20	<i>levo-t</i>	44
JANUMET	28	<i>levothyroxine sodium</i>	44
JANUMET XR	28	<i>lidocaine hcl</i>	7
JANUVIA	28	<i>lidocaine viscous hcl</i>	36
JEVTANA	18	<i>linezolid</i>	8
K		<i>lisdexamphetamine dimesylate</i>	35
KADCYLA	18	<i>lisinopril</i>	31
<i>ketoconazole</i>	14	<i>lisinopril-hydrochlorothiazide</i>	33
<i>ketorolac tromethamine</i>	6, 63	LITETOUCH INSULIN SYRINGE	54
KEYTRUDA	20	LITETOUCH PEN NEEDLES	54
<i>kinray insulin syringe</i>	54	<i>lithium carbonate</i>	28
<i>kls acid controller max st</i>	38	<i>lithium carbonate er</i>	28
<i>kls aller-tec childrens</i>	65	<i>longs insulin syringe</i>	55
<i>kroger insulin syringe</i>	54	<i>lopinavir-ritonavir</i>	27
<i>kroger pen needles</i>	54	<i>lorazepam</i>	27
L		<i>losartan potassium</i>	31
<i>labetalol hcl</i>	31, 32	<i>losartan potassium-hctz</i>	33
<i>lacosamide</i>	12	<i>lovastatin</i>	34
<i>lamivudine</i>	26	<i>low-ogestrel</i>	43
<i>lamivudine-zidovudine</i>	26	<i>loxapine succinate</i>	23
<i>lamotrigine</i>	11	<i>lurasidone hcl</i>	24
<i>lapatinib ditosylate</i>	20	LYSODREN	44
<i>latanoprost</i>	64	M	
<i>leader insulin syringe</i>	54	MAGELLAN INSULIN SAFETY SYR	55
LEADER UNIFINE PENTIPS	54	MARATHON MEDICAL PENTIPS	55
		<i>maraviroc</i>	26

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

MATULANE	16	<i>mometasone furoate</i>	41
MAVYRET.....	25	MONOJECT INSULIN SYRINGE.....	55
MAXI-COMFORT INSULIN SYRINGE.....	55	MONOJECT ULTRA COMFORT SYRINGE ..	55
MAXICOMFORT SYR 27G X 1/2.....	55	<i>montelukast sodium</i>	66
<i>medicine shoppe pen needles</i>	55	<i>morphine sulfate</i>	7
<i>medroxyprogesterone acetate</i>	43	<i>morphine sulfate er</i>	6
<i>megestrol acetate</i>	43	<i>morphine sulfate er beads</i>	7
<i>meijer pen needles</i>	55	<i>ms insulin syringe</i>	55
<i>melphalan</i>	16	<i>mupirocin</i>	8
<i>melphalan hcl</i>	16	<i>mycophenolate mofetil</i>	46
<i>memantine hcl</i>	12	<i>mycophenolate sodium</i>	46
<i>meperidine hcl</i>	7	MYLERAN.....	16
<i>mercaptopurine</i>	17	N	
<i>mesalamine</i>	46	<i>na ferric gluc cplx in sucrose</i>	68
<i>mesalamine er</i>	46	<i>nabumetone</i>	6
<i>mesna</i>	21	<i>naltrexone hcl</i>	8
MESNEX.....	21	<i>naproxen</i>	6
<i>metformin hcl</i>	28	<i>nelarabine</i>	18
<i>methenamine hippurate</i>	8	<i>neomycin-polymyxin-dexameth</i>	63
<i>methenamine mandelate</i>	8	<i>neomycin-polymyxin-hc</i>	63, 64
<i>methimazole</i>	45	<i>nevirapine</i>	26
<i>methocarbamol</i>	68	<i>nevirapine er</i>	26
<i>methotrexate sodium</i>	46	NEXAVAR	20
<i>methotrexate sodium (pf)</i>	46	<i>nifedipine er</i>	32
<i>methyl dopa</i>	30	<i>nifedipine er osmotic release</i>	32
<i>methylphenidate hcl</i>	36	<i>nilutamide</i>	16
<i>methylphenidate hcl er</i>	36	NIPENT	17
<i>methylphenidate hcl er (osm)</i>	36	<i>nitazoxanide</i>	22
<i>methylprednisolone</i>	40	<i>nitrofurantoin</i>	8
<i>methylprednisolone acetate</i>	40	<i>nitrofurantoin macrocrystal</i>	8
<i>methylprednisolone sodium succ</i>	40	<i>nitrofurantoin monohyd macro</i>	8
<i>metoclopramide hcl</i>	38	<i>nitroglycerin</i>	35
<i>metoprolol succinate er</i>	32	NIVESTYM.....	30
<i>metoprolol tartrate</i>	32	<i>norethin ace-eth estrad-fe</i>	43
<i>metoprolol-hydrochlorothiazide</i>	33	<i>norethindrone</i>	43
<i>metronidazole</i>	8	<i>norethindrone acetate</i>	43
<i>mexiletine hcl</i>	31	<i>norethindrone acet-ethinyl est</i>	43
MICRODOT PEN NEEDLE.....	55	<i>norethindrone-eth estradiol</i>	43
<i>minocycline hcl</i>	10	<i>norethin-eth estradiol-fe</i>	43
MIRENA (52 MG).....	43	<i>norgestimate-eth estradiol</i>	43
<i>mirtazapine</i>	13	<i>norgestim-eth estrad triphasic</i>	43
<i>mitomycin</i>	18	<i>nortriptyline hcl</i>	14
<i>mitoxantrone hcl</i>	19	NORVIR	27
<i>mm acid-pep maximum strength</i>	38	NOVOFINE PLUS PEN NEEDLE	55
<i>mm insulin syringe/needle</i>	55	NOVOLIN 70/30	29
MM PEN NEEDLES.....	55	NOVOLIN 70/30 FLEXPEN.....	29

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

NOVOLIN 70/30 FLEXPEN RELION	29
NOVOLIN 70/30 RELION.....	29
NOVOLIN N	29
NOVOLIN N FLEXPEN	29
NOVOLIN N FLEXPEN RELION.....	29
NOVOLIN R	29
NUBEQA.....	16
<i>nystatin</i>	14
<i>nystatin-triamcinolone</i>	14
O	
<i>ofloxacin</i>	63
<i>olanzapine</i>	24
<i>olopatadine hcl</i>	63, 65
<i>omeprazole</i>	39
ONCASPAR.....	19
<i>ondansetron</i>	14
<i>ondansetron hcl</i>	14
<i>orphenadrine citrate er</i>	68
<i>oscimin</i>	38
<i>oseltamivir phosphate</i>	27
<i>oxaliplatin</i>	18
<i>oxcarbazepine</i>	12
<i>oxybutynin chloride</i>	39
<i>oxycodone-acetaminophen</i>	7
P	
<i>paclitaxel</i>	19
<i>paclitaxel protein-bound part</i>	19
<i>paliperidone er</i>	24
PANRETIN.....	21
<i>paroxetine hcl</i>	13
PATADAY	63
PAXLOVID (150/100).....	27
PAXLOVID (300/100).....	27
<i>pazopanib hcl</i>	20
<i>pc unifine pentips</i>	56
<i>pemetrexed disodium</i>	19
<i>pen needle/5-bevel tip</i>	56
<i>pen needles</i>	56
<i>pen needles 5/16</i>	56
<i>penicillin v potassium</i>	9
PENTIPS.....	56
PENTIPS GENERIC PEN NEEDLES	56
<i>pentoxifylline er</i>	33
PEPCID AC MAXIMUM STRENGTH.....	38
PERJETA.....	19

<i>permethrin</i>	22
<i>perphenazine</i>	23
<i>phenazopyridine hcl</i>	39
<i>phenobarbital</i>	11
<i>phenytoin</i>	12
<i>phenytoin sodium extended</i>	12
PHOTOFRIN	19
<i>pilocarpine hcl</i>	36, 63
<i>pimozide</i>	23
<i>pip pen needles 31g x 5mm</i>	56
<i>pip pen needles 32g x 4mm</i>	56
<i>pirfenidone</i>	67
<i>polymyxin b-trimethoprim</i>	62
<i>potassium chloride</i>	68
<i>potassium chloride crys er</i>	68
<i>potassium chloride er</i>	68
PRADAXA	30
<i>pramipexole dihydrochloride</i>	22
<i>pravastatin sodium</i>	34
<i>prazosin hcl</i>	31
<i>prednisolone</i>	41
<i>prednisolone acetate</i>	64
<i>prednisolone sodium phosphate</i>	64
<i>prednisone</i>	41
<i>preferred plus insulin syringe</i>	56
<i>preferred plus unifine pentips</i>	56
<i>pregabalin</i>	36
<i>prenatal</i>	68
<i>prenatal 19</i>	68
<i>prenatal plus</i>	68
PREVENT DROPSAFE PEN NEEDLES.....	56
PREVENT SAFETY PEN NEEDLES	56
PREZISTA.....	27
<i>primaquine phosphate</i>	22
<i>primidone</i>	11
PRO COMFORT INSULIN SYRINGE	56
<i>pro comfort pen needles</i>	56
<i>prochlorperazine</i>	23
<i>prochlorperazine edisylate</i>	23
<i>prochlorperazine maleate</i>	23
PRODIGY INSULIN SYRINGE	56
<i>progesterone</i>	43
PROLEUKIN	19
PROLIA.....	47
<i>promethazine hcl</i>	14
<i>promethazine-codeine</i>	67

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

<i>propafenone hcl</i>	31
<i>propranolol hcl</i>	32
<i>propranolol hcl er</i>	32
<i>propylthiouracil</i>	45
<i>pure comfort pen needle</i>	56
<i>pure comfort safety pen needle</i>	57
<i>px insulin syringe</i>	57
<i>px mini pen needles</i>	57
<i>px pen needle</i>	57
<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	15
<i>pyridostigmine bromide er</i>	15

Q

<i>qc acid controller max st</i>	38
<i>qc allergy relief childrens</i>	65
<i>qc childrens allergy</i>	65
<i>qc famotidine acid reducer</i>	39
<i>qc olopatadine hcl</i>	63
<i>qc pen needles</i>	57
<i>qc unifine pentips</i>	57
<i>quetiapine fumarate</i>	24
<i>quetiapine fumarate er</i>	24
<i>quinidine gluconate er</i>	31
<i>quinidine sulfate</i>	31
<i>quinine sulfate</i>	22

R

<i>ra acid reducer max st</i>	39
<i>ra allergy relief childrens</i>	65
<i>ra insulin syringe</i>	57
<i>ra pen needles</i>	57
<i>raya sure pen needle</i>	57
<i>reality insulin syringe</i>	57
<i>RELENZA DISKHALER</i>	27
<i>RELION INSULIN SYRINGE</i>	57
<i>RELION PEN NEEDLES</i>	57
<i>RELION SHORT PEN NEEDLES</i>	57
<i>RETACRIT</i>	30
<i>REZVOGLAR KWIKPEN</i>	29
<i>ribavirin</i>	25
<i>rifabutin</i>	16
<i>rifampin</i>	16
<i>RISPERDAL CONSTA</i>	24
<i>risperidone</i>	25
<i>ritonavir</i>	27
<i>rivastigmine tartrate</i>	12

<i>rizatriptan benzoate</i>	15
<i>roflumilast</i>	66
<i>romidepsin</i>	19
<i>ropinirole hcl</i>	22
<i>ROZLYTREK</i>	20
<i>RYBELSUS</i>	28

S

<i>saxagliptin hcl</i>	28
<i>saxagliptin-metformin er</i>	28
<i>sb acid controller max st</i>	39
<i>sb cetirizine hcl childrens</i>	65
<i>sb insulin syringe</i>	57
<i>SECURESAFE INSULIN SYRINGE</i>	57
<i>selegiline hcl</i>	23
<i>SELZENTRY</i>	26
<i>sertraline hcl</i>	13
<i>sevelamer carbonate</i>	39
<i>sevelamer hcl</i>	39
<i>sildenafil citrate</i>	67
<i>silver sulfadiazine</i>	8
<i>simvastatin</i>	34
<i>sm acid reducer max st</i>	39
<i>sm all day allergy childrens</i>	65
<i>sm olopatadine hcl</i>	63
<i>sodium polystyrene sulfonate</i>	69
<i>sofosbuvir-velpatasvir</i>	25
<i>SOLTAMOX</i>	17
<i>sorafenib tosylate</i>	20
<i>sotalol hcl</i>	31
<i>spironolactone</i>	33, 34
<i>SPRYCEL</i>	21
<i>STIVARGA</i>	21
<i>STRIBILD</i>	26
<i>sucralfate</i>	39
<i>sulfacetamide sodium (acne)</i>	10
<i>sulfacetamide sodium (cleans)</i>	37
<i>sulfacetamide-sulfur in urea</i>	37
<i>sulfadiazine</i>	10
<i>sulfamethoxazole-trimethoprim</i>	10
<i>sulfasalazine</i>	46
<i>sulindac</i>	6
<i>sumatriptan</i>	15
<i>sumatriptan succinate</i>	15
<i>sunitinib malate</i>	21
<i>sure comfort insulin syringe</i>	57, 58
<i>sure comfort pen needles</i>	58

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

SYNTHROID	44
T	
TABLOID.....	19
tacrolimus.....	37, 46
tamoxifen citrate.....	17
tamsulosin hcl	39
TARGRETIN	21
TASIGNA.....	21
techlite insulin syringe.....	58
TECHLITE PEN NEEDLES.....	58
TECHLITE PLUS PEN NEEDLES	58
temazepam	68
TEMODAR	16
temozolomide.....	16
tenofovir disoproxil fumarate	26
terazosin hcl.....	39
terbinafine hcl.....	15
terbutaline sulfate.....	66
terconazole	15
teriparatide	47
testosterone cypionate	41
tetracycline hcl	10
THALOMID	17
theophylline er.....	66, 67
thioridazine hcl.....	23
thiotepa	16
thiothixene.....	23
TICE BCG.....	19
timolol maleate.....	63
timolol maleate pf.....	63
tizanidine hcl	25
tobramycin	63, 66
todays health pen needles	58
todays health short pen needle	58
topcare clickfine pen needles.....	58
topcare ultra comfort ins syr.....	58
topiramate	12
topiramate er.....	12
topotecan hcl.....	20
tramadol hcl	7
TRAZIMERA	21
trazodone hcl	13
TREANDA.....	19
tretinoin	21, 37
triamcinolone acetonide	41
triamcinolone in absorbase	41

triamterene-hctz	33
trifluoperazine hcl	23
trifluridine.....	26
trihexyphenidyl hcl.....	22
trimethobenzamide hcl	14
trimethoprim	8
true comfort insulin syringe	58
true comfort pen needles.....	58
true comfort pro insulin syr	58, 59
true comfort pro pen needles	59
TRUEPLUS 5-BEVEL PEN NEEDLES	59
TRUEPLUS INSULIN SYRINGE.....	59
TRUEPLUS PEN NEEDLES	59
TRUXIMA	21
TYKERB.....	21
U	
UDENYCA.....	30
ULTICARE INSULIN SAFETY SYR	59
ULTICARE INSULIN SYR 1/2 UNIT	59
ULTICARE INSULIN SYRINGE	59
ULTICARE MICRO PEN NEEDLES.....	59
ULTICARE PEN NEEDLES	59
ULTICARE SHORT PEN NEEDLES	59
ULTIGUARD SAFEPAK PEN NEEDLE.....	60
ULTIGUARD SAFEPAK SYR/NEEDLE.....	60
ULTILET PEN NEEDLE	60
ULTRA FLO INSULIN PEN NEEDLES	60
ULTRA FLO INSULIN SYR 1/2 UNIT	60
ULTRA FLO INSULIN SYRINGE	60
ULTRA THIN PEN NEEDLES	60
ultracare insulin syringe.....	60
ultracare pen needles.....	60
ULTRA-THIN II INS SYR SHORT	60, 61
ULTRA-THIN II INSULIN SYRINGE.....	61
ULTRA-THIN II MINI PEN NEEDLE.....	61
ULTRA-THIN II PEN NEEDLE SHORT	61
UNIFINE PENTIPS.....	61
UNIFINE PENTIPS PLUS	61
UNIFINE PROTECT PEN NEEDLE	61
UNIFINE SAFECONTROL PEN NEEDLE	61
UNIFINE ULTRA PEN NEEDLE	61
urin ds	39
ursodiol.....	38
V	
valacyclovir hcl	26

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

<i>valganciclovir hcl</i>	25
<i>valproic acid</i>	11
<i>valsartan</i>	31
<i>valsartan-hydrochlorothiazide</i>	33
<i>value health insulin syringe</i>	61
<i>vancomycin hcl</i>	8
VANISHPOINT INSULIN SYRINGE.....	61
<i>varenicline tartrate</i>	8
<i>varenicline tartrate (starter)</i>	8
VECTIBIX.....	21
VELCADE.....	19
<i>venlafaxine hcl</i>	13
<i>venlafaxine hcl er</i>	13
<i>verapamil hcl</i>	33
<i>verapamil hcl er</i>	33
VERIFINE INSULIN PEN NEEDLE.....	61
VERIFINE INSULIN SYRINGE.....	61
VERIFINE PLUS PEN NEEDLE.....	62
VERZENIO.....	19
<i>vinblastine sulfate</i>	19
<i>vincristine sulfate</i>	19
<i>vinorelbine tartrate</i>	19
VIRACEPT.....	27
VOTRIENT.....	21
<i>vp insulin syringe</i>	62
W	
<i>wal-zyr</i>	65
<i>wal-zyr all day allergy child</i>	65
<i>wal-zyr allergy childrens</i>	65
<i>wal-zyr childrens</i>	65

<i>warfarin sodium</i>	30
<i>wegmans unifine pentips plus</i>	62
<i>wixela inhub</i>	67
X	
XALKORI.....	21
XARELTO.....	30
XARELTO STARTER PACK.....	30
XIFAXAN.....	9
XIGDUO XR.....	28
XYZAL ALLERGY 24HR.....	65
Z	
ZANOSAR.....	16
<i>zantac 360 max st</i>	39
ZARXIO.....	30
ZELBORAF.....	21
ZEVALIN Y-90.....	19
<i>zevrx insulin syringe</i>	62
<i>zevrx pen needles</i>	62
<i>zidovudine</i>	26
ZIRABEV.....	16
ZOLADEX.....	44
<i>zoledronic acid</i>	47
ZOLINZA.....	19
<i>zolpidem tartrate er</i>	68
<i>zonisamide</i>	11
ZYDELIG.....	21
ZYKADIA.....	21
ZYRTEC CHILDRENS ALLERGY.....	65

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