



Lista de Medicamentos de 2025

(Actualizado en Septiembre 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

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]	13
ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA]	13
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]	14
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	17
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	17
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	22
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	25
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	26
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	29
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	29
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	31
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	31
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	32
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	33
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	33
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	39

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]	39
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	41
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	44
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALS, OTHERS - DRUGS TO TREAT VIRAL INFECTIONS]	44
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	47
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	48
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	48
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]	52
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	54
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	63
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	66
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	66
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	70
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	70
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	71
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	74

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	75
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	79
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]	79
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	86
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	87
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	87
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	87
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	88
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....	88
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]	91
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	92
MISCELLANEOUS [MISCELÁNEOS]	93
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]....	114
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	117

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

OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	120
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]	121
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	127
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	128
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	128

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
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>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	ORBIVAN CF	QL(90 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	PHRENILIN	QL(90 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(90 / 30)
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	1	FIORINAL	QL(90 / 30)
QUTENZA 8 % ext kit	2		PA
QUTENZA (2 PATCH) 8 % ext kit	2		PA
TENCON 50-325 mg tab	2		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>arthritis pain reliever 1 % gel</i>	1	VOLTAREN	
<i>aspercreme arthritis pain 1 % gel</i>	1	VOLTAREN	
<i>aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 81 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin ec adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin regimen 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>bayer advanced aspirin reg st 325 mg tab</i>	1		QL(30 / 30), AL

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eql aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eql aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 600 mg tab</i>	1	NALFON	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ft arthritis pain 1 % gel</i>	1	VOLTAREN	
<i>ft aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>gnp arthritis pain 1 % gel</i>	1	VOLTAREN	
<i>gnp aspirin 325 mg tab, 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp diclofenac sodium 1 % gel</i>	1	VOLTAREN	
<i>goodsense arthritis pain 1 % gel</i>	1	VOLTAREN	
<i>goodsense aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin adults 325 mg tab</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>hm adult aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ibu 600 mg tab</i>	1	MOTRIN	
<i>ibu 800 mg tab</i>	2	MOTRIN	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
<i>indocin 50 mg rect supp</i>	2		
<i>INDOCIN 25 mg/5ml susp</i>	2		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
<i>kls arthritis pain relief 1 % gel</i>	1	VOLTAREN	
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kls diclofenac sodium 1 % gel</i>	1	VOLTAREN	
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>medi-first aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>medique aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>mm arthritis pain reliever 1 % gel</i>	1	VOLTAREN	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>motrin arthritis pain 1 % gel</i>	1	VOLTAREN	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap	2		
NAPRELAN 750 mg tab er 24 hr	2		
<i>napro 15 % crm</i>	1		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>pharmacist choice diclofenac 1 % gel</i>	1	VOLTAREN	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>qc diclofenac sodium 1 % gel</i>	1	VOLTAREN	
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
<i>sb aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sm childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
SPRIX 15.75 mg/spray nasal soln	2		
<i>st joseph aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>st joseph low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
VOLTAREN ARTHRITIS PAIN 1 % gel	1		
ZIPSOR 25 mg cap	2		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch</i>	1	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	2		PA
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA
<i>levorphanol tartrate 2 mg tab</i>	1		PA
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er</i>	1	KADIAN	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>			
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1	AVINZA	PA
<i>NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr</i>	2		PA
<i>OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr</i>	2		PA
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	
<i>tramadol hcl (er biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	PA
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
DEMEROL 75 mg/ml inj soln	2		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>endocet 2.5-325 mg tab</i>	2	PERCOCET	
<i>fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	1	ACTIQ	
FENTORA 100 mcg bucc tab, 200 mcg bucc tab, 400 mcg bucc tab, 600 mcg bucc tab, 800 mcg bucc tab	2		
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	
<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 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab	2		
<i>oxycodone hcl 15 mg tab abuse-deterr</i>	1		
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	1	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	1	ROXICET	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>ethyl chloride ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	2		
GEBAUERS SPRAY AND STRETCH ext aer	2		
<i>glydo 2 % External Prefilled Syringe</i>	2	GLYDO	
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
<i>premium lidocaine 5 % oint</i>	1		
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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
VIVITROL 380 mg im susp	2		PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>eq nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>ft nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>ft nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ft nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ft nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum, 4 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>habitrol 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>hm nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>kls quit2 2 mg m/t gum, 2 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>kls quit4 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
NICODERM CQ 7 mg/24hr td patch 24hr	2		PA, QL(28 / 365)
NICODERM CQ 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2		PA, QL(84 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
NICORETTE 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	2		PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	2		PA, QL(2772 / 365)
NICORETTE STARTER KIT 2 mg m/t gum, 4 mg m/t gum	2		PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	1		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex mini 2 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
NICOTROL 10 mg inhaler	2		PA, QL(672 / 365)
NICOTROL NS 10 mg/ml nasal soln	2		PA, QL(160 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>sm nicotine 14 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>sm nicotine 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>sm nicotine polacrilex 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>thrive 2 mg m/t gum</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	PA, QL(106 / 365)
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % foam	2		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	2		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	2		
<i>procto-med hc 2.5 % crm</i>	2	ANUSOL HC	
<i>proctosol hc 2.5 % crm</i>	2	ANUSOL HC	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
BETADINE OPHTHALMIC PREP 5 % ophth soln	2		
CLEOCIN 100 mg vag supp	2		
<i>clindacin etz 1 % swab</i>	2	CLEOCIN-T	
<i>clindacin-p 1 % swab</i>	2	CLEOCIN-T	
CLINDAGEL 1 % gel	2		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phos (once-daily) 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	1	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	2		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	2		PA
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<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>ssd 1 % crm</i>	2	SILVADENE	
SULFAMYLON 85 mg/gm crm	2		
<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 cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	2		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin 250 mg tab chew</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>ampicillin 500 mg cap</i>	1		
AUGMENTIN 125-31.25 mg/5ml susp	2		
BICILLIN C-R 1200000 unit/2ml im susp	2		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	2		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	2		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	1	PFIZERPEN	
<i>penicillin g sodium 5000000 unit inj soln</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<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	
DIFICID 200 mg tab	2		
DIFICID 40 mg/ml susp	2		
e.e.s. 400 400 mg tab	2	E.E.S.	
<i>ery 2 % pad</i>	1		
<i>ery-tab 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	2	ERY-TAB	
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<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.	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
ZITHROMAX 1 gm pckt	2		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
CIPRO 250 MG/5ML (5%) susp	2		
<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	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
<i>sulfatrim pediatric 200-40 mg/5ml susp</i>	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
AVIDOXY DK 100 mg cmb kit	2		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
<i>mondoxine nl 100 mg cap</i>	2	MONODOX	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 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	
<i>roweepra 500 mg tab</i>	2	KEPPRA	
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
<i>CELONTIN 300 mg cap</i>	2		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	1	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	1	KLONOPIN	
<i>DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</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
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	2		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	2		
<i>diazepam 5 mg/ml inj soln</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix</i>	1		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	2	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	2		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	1	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	1	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 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]			
BANZEL 200 mg tab, 400 mg tab	2		
BANZEL 40 mg/ml susp	2		
<i>carbamazepine 200 mg tab chew</i>	1		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	2		
DILANTIN 100 mg cap, 30 mg cap	2		
DILANTIN 125 mg/5ml susp	2		
DILANTIN INFATABS 50 mg tab chew	2		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	2		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	1	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	1	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
<i>phenytek 200 mg cap, 300 mg cap</i>	2	DILANTIN	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	1	DILANTIN	
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	
TEGRETOL 200 mg tab	2		
TEGRETOL 100 mg/5ml susp	2		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	2		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	2		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<i>APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr</i>	2		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	1	FORFIVO XL	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>bupropion hcl er (xl) 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>FORFIVO XL 450 mg tab er 24 hr</i>	2		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
<i>EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr</i>	2		
<i>MARPLAN 10 mg tab</i>	2		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln</i>	1	CELEXA	
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 225 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
<i>VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab</i>	2		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ELAVIL	
<i>amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>promethazine hcl 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, 6.25 mg/5ml syr</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp</i>	1	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	2		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	2		QL(2 / 30)
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap</i>	1	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	2		
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	1		
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	1	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	QL(9 / 30)
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	2	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	2		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>ciclodan 8 % ext soln</i>	2	PENLAC	PA
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	PA
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>ciclopirox treatment 8 % ext kit</i>	1	PENLAC	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	
CRESEMBA 186 mg cap	2		PA
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
ERTACZO 2 % crm	2		
EXELDERM 1 % crm	2		
EXELDERM 1 % ext soln	2		
EXODERM 25-1 % lot	2		
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % crm</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1	ALCORTIN A	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	PA
<i>itraconazole 100 mg cap</i>	1	SPORANOX	PA
<i>ketoconazole 2 % foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint</i>	1	VUSION	
<i>naftifine hcl 2 % crm</i>	1	NAFTIN	
NATACYN 5 % ophth susp	2		
NOXAFIL 40 mg/ml susp	2		
<i>nyamyc 100000 unit/gm ext pwdr</i>	2	MYCOSTATIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
ORAVIG 50 mg bucc tab	2		
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % lot	2		
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	2	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	2	VFEND	PA
VUSION 0.25-15-81.35 % oint	2		
XOLEGEL DUO/HEAD & SHOULDERS 2 & 1 % ext kit	2		
XOLEGEL DUO/XOLEX 2 & 1 % ext kit	2		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	2		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	2		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	2		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA
NURTEC 75 mg tab disint	2		PA
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	2		PA
UBRELVY 100 mg tab, 50 mg tab	2		PA
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	2		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln	2		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	1		
PRIFTIN 150 mg tab	2		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
TRECTOR 250 mg tab	2		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>busulfan 6 mg/ml iv soln</i>	2	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	1		PA
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	2		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	2		PA
LEUKERAN 2 mg tab	2		PA
MATULANE 50 mg cap	2		PA
<i>melphalan hcl 50 mg iv soln</i>	2	ALKERAN	PA
MYLERAN 2 mg tab	2		PA
TEMODAR 100 mg iv soln	2		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	2	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	2	THIOPLEX	PA
ZANOSAR 1 gm iv soln	2		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	2		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	2	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	2	CASODEX	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
ERLEADA 240 mg tab, 60 mg tab	2		PA
<i>nilutamide 150 mg tab</i>	2	NILANDRON	PA
NUBEQA 300 mg tab	2		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>	2	REVLIMID	PA
THALOMID 100 mg cap, 50 mg cap	2		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	2		PA
SOLTAMOX 10 mg/5ml soln	2		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	2	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	2	XELODA	PA
CARAC 0.5 % crm	2		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	2		
<i>fluorouracil 0.5 % crm</i>	2	CARAC	PA
<i>fluorouracil 5 % crm</i>	2	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	2	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	2	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	2	PURINETHOL	PA
NIPENT 10 mg iv soln	2		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	2		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	2		PA
ARRANON 5 mg/ml iv soln	2		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	2	TRISENOX	PA
<i>bendamustine hcl 100 mg iv soln, 25 mg iv soln</i>	2	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	2		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	2	BLENOXANE	PA
<i>bortezomib 3.5 mg inj soln</i>	2	VELCADE	PA
<i>carmustine 100 mg iv soln</i>	2	BICNU	PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	2		PA
<i>cladribine 10 mg/10ml iv soln</i>	2	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	2	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	2		PA

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
KANJINTI 150 mg iv soln, 420 mg iv soln	2		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	2	MUTAMYCIN	PA
<i>nelarabine 5 mg/ml iv soln</i>	2	ARRANON	PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	2	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	2	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>	2	TAXOL	PA
<i>paclitaxel protein-bound part 100 mg iv susp</i>	2	ABRAXANE	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	2	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	2		PA
PHOTOFRIN 75 mg iv soln	2		PA
PROLEUKIN 22000000 unit iv soln	2		PA
<i>romidepsin 10 mg iv soln</i>	2	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	2		PA
TICE BCG 50 mg i-vesic susp	2		PA
TREANDA 100 mg iv soln, 25 mg iv soln	2		PA
VELCADE 3.5 mg inj soln	2		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	2		PA
<i>vincristine sulfate 1 mg/ml iv soln, 2 mg/2ml iv soln</i>	2	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	2	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	2		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>	2	PARAPLATIN	PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	2		PA
<i>fludarabine phosphate 50 mg iv soln</i>	2	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>	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>levoleucovorin calcium 50 mg iv soln</i>	2	FUSILEV	PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	2		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc</i>	2	NOVANTRONE	PA
ONCASPAS 750 unit/ml inj soln	2		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		PA
ZOLINZA 100 mg cap	2		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	2	ARIMIDEX	
<i>exemestane 25 mg tab</i>	2	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	2	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	2		PA
<i>etoposide 50 mg cap</i>	2		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	2	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	2		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	2		PA
<i>topotecan hcl 4 mg iv soln</i>	2	HYCANTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	2		PA
CAPRELSA 100 mg tab, 300 mg tab	2		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	2		PA
<i>dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab</i>	2		PA
ERIVEDGE 150 mg cap	2		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	2	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	2	AFINITOR	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	2		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	2	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
IRESSA 250 mg tab	2		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	2		PA
KEYTRUDA 100 mg/4ml iv soln	2		PA
<i>lapatinib ditosylate 250 mg tab</i>	2	TYKERB	PA
NEXAVAR 200 mg tab	2		PA
<i>pazopanib hcl 200 mg tab</i>	2		PA
ROZLYTREK 100 mg cap, 200 mg cap	2		PA
<i>sorafenib tosylate 200 mg tab</i>	2	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	2		PA
STIVARGA 40 mg tab	2		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	2	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	2		PA
VOTRIENT 200 mg tab	2		PA
XALKORI 200 mg cap, 250 mg cap	2		PA
ZELBORAF 240 mg tab	2		PA
ZYDELIG 100 mg tab, 150 mg tab	2		PA
ZYKADIA 150 mg tab	2		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	2		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	2		PA
GAZYVA 1000 mg/40ml iv soln	2		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	2		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	2		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	2		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	2	TARGRETIN	PA
<i>bexarotene 1 % gel</i>	2	TARGRETIN	PA
PANRETIN 0.1 % gel	2		PA
TARGRETIN 1 % gel	2		PA
<i>tretinoin 10 mg cap</i>	2	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>mesna 100 mg/ml iv soln</i>	2	MESNEX	PA
MESNEX 400 mg tab	2		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	2		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	1	DARAPRIM	
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
<i>crotan 10 % lot</i>	2		PA
<i>cvs ivermectin lice treatment 0.5 % lot</i>	1	SKLICE	PA
<i>eq ivermectin 0.5 % lot</i>	1	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	1	SKLICE	PA
<i>malathion 0.5 % lot</i>	1	OVIDE	PA
NATROBA 0.9 % ext susp	2		PA
<i>permethrin 5 % crm</i>	1	ELIMITE	PA
SKLICE 0.5 % lot	1		PA
<i>spinosad 0.9 % ext susp</i>	1		PA
<i>sulfurated lime ext soln</i>	1		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<i>tolcapone 100 mg tab</i>	2	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	2		
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	2	APOKYN	PA
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
<i>ZELAPAR 1.25 mg tab disint</i>	2		
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]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>compro 25 mg rect supp</i>	1	COMPRO	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	2		
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab	2		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	2		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	2		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	2		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2		
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	LATUDA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>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 Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	2		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
<i>SAPHRIS 10 mg tab subl, 5 mg tab subl</i>	2		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	2		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	1	FAZACLO	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
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 cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALS, OTHERS - DRUGS TO TREAT VIRAL INFECTIONS]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>valganciclovir hcl 450 mg tab</i>	1	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
ZIRGAN 0.15 % ophth gel	2		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab	2		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	2	EPCLUSA	PA
ZEPATIER 50-100 mg tab	2		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>	2	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	2	REBETOL	PA
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	2		PA
BIKTARVY 50-200-25 mg tab	2		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		PA
ISENTRESS HD 600 mg tab	2		PA
STRIBILD 150-150-200-300 mg tab	2		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]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
COMPLERA 200-25-300 mg tab	2		PA
EDURANT 25 mg tab	2		PA
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	2	SUSTIVA	PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	2	ATRIPLA	PA
etravirine 100 mg tab, 200 mg tab	2	INTELENCE	PA
INTELENCE 100 mg tab, 25 mg tab	2		PA
nevirapine 50 mg/5ml susp	2	VIRAMUNE	PA
nevirapine 200 mg tab	2	VIRAMUNE	PA
nevirapine er 400 mg tab er 24 hr	2	VIRAMUNE XR	PA
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	2	ZIAGEN	PA
abacavir sulfate 20 mg/ml soln	2	ZIAGEN	PA
abacavir sulfate-lamivudine 600-300 mg tab	2	EPZICOM	
DESCOVY 120-15 mg tab, 200-25 mg tab	2		PA
DOVATO 50-300 mg tab	2		PA
emtricitabine 200 mg cap	2	EMTRIVA	PA
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	2	TRUVADA	PA
EMTRIVA 10 mg/ml soln	2		PA
lamivudine 150 mg tab, 300 mg tab	2	EPIVIR	PA
lamivudine 10 mg/ml soln	2	EPIVIR	PA
lamivudine-zidovudine 150-300 mg tab	2	COMBIVIR	PA
RETROVIR 10 mg/ml iv soln	2		PA
tenofovir disoproxil fumarate 300 mg tab	2	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		PA
VIREAD 40 mg/gm oral pwdr	2		PA
zidovudine 100 mg cap, 300 mg tab	2	RETROVIR	PA
zidovudine 50 mg/5ml syr	2	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	2		PA
maraviroc 150 mg tab, 300 mg tab	2	SELZENTRY	PA
SELZENTRY 150 mg tab, 300 mg tab	2		PA
SELZENTRY 20 mg/ml soln	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	2		PA
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	2	REYATAZ	PA
darunavir 600 mg tab, 800 mg tab	2	PREZISTA	PA
fosamprenavir calcium 700 mg tab	1	LEXIVA	PA
KALETRA 100-25 mg tab	2		PA
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	2	KALETRA	PA
NORVIR 100 mg pckt	2		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		PA
PREZISTA 100 mg/ml susp	2		PA
ritonavir 100 mg tab	2	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	2		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)
rimantadine hcl 100 mg tab	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	2		
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm, 5 % oint	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
DENAVIR 1 % crm	2		
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	2	FAMVIR	
penciclovir 1 % crm	1	DENAVIR	
trifluridine 1 % ophth soln	1	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
XERESE 5-1 % crm	2		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	2		QL(20 / 5), AL

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	2		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
<i>diazepam intensol 5 mg/ml oral conc</i>	2		
DORAL 15 mg tab	2		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1	DORAL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>lithium 8 meq/5ml soln</i>	1		
<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	
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	2	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	2	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	2	OSENI	ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		PA
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		PA
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		PA
CYCLOSET 0.8 mg tab	2		
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>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	2		PA
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
ONGLYZA 5 mg tab	2		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	2		PA
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		PA
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		PA
QTERN 10-5 mg tab, 5-5 mg tab	2		ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		PA
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</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
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		ST
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	2		ST
STEGLATRO 15 mg tab, 5 mg tab	2		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	2		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	2		PA
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	2		PA
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(6 / 30)
<i>insulin lispro 100 unit/ml inj soln</i>	1	HUMALOG	QL(20 / 30)
<i>insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj</i>	1	HUMALOG MIX 75/25 KWIKPEN	QL(15 / 30)
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		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 N RELION 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	2		QL(20 / 30)
NOVOLIN R RELION 100 unit/ml inj soln	2		QL(20 / 30)
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	1	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	2	ARIXTRA	PA
FRAGMIN 10000 unit/4ml sc soln, 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	2		PA
<i>jantoven 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab</i>	2	COUMADIN	
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 STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150 mcg/0.3ml inj soln pfs, 200 mcg/0.4ml	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln			
<i>azacitidine 100 mg inj susp</i>	2	VIDAZA	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	2		PA
FULPHILA 6 mg/0.6ml sc soln pfs	2		PA
MOZOBIL 24 mg/1.2ml sc soln	2		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	2		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	2		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	2		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	2		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	2		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
<i>ticagrelor 60 mg tab, 90 mg tab</i>	1		

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

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

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	2		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	2		
<i>pacerone 100 mg tab, 200 mg tab, 400 mg tab</i>	2	CORDARONE	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	2		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	2		
<i>labetalol hcl 400 mg tab</i>	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>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	2		
<i>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>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 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>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	1	DYNACIRC	
<i>matzim la 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	2		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>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	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
BIDIL 20-37.5 mg tab	2		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	1	CAPOZIDE	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
<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	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	BIDIL	
<i>ivabradine hcl 7.5 mg tab</i>	1		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSE	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	2		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSpra	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	2		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
FIBRICOR 105 mg tab, 35 mg tab	2		
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	2		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	2		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1		
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>cholestyramine light 4 gm/dose oral pwr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	2		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
<i>prevalite 4 gm/dose oral pwr</i>	2	QUESTRAN LIGHT	
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	1	IMDUR	
NITRO-BID 2 % td oint	2		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	2		
NITRO-TIME 9 mg cap er	2		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subling</i>	1	NITROSTAT	
<i>nitroglycerin 0.3 mg tab subling, 0.4 mg tab subling</i>	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]			
<i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	1	PROCENTRA	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	
<i>lisdexamfetamine dimesylate 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</i>	1		
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
<i>VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap</i>	2		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	2		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	1	RITALIN LA	
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	2		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	2		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
<i>gabapentin (once-daily) 300 mg tab</i>	1		
GRALISE 300 mg tab, 600 mg tab	2		
HORIZANT 300 mg tab er, 600 mg tab er	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
NUDEXTA 20-10 mg cap	2		
<i>riluzole 50 mg tab</i>	2	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	2	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	2		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	2		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	2		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	2	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	2	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	2	TECFIDERA STARTER PACK	PA
<i>fingolimod hcl 0.5 mg cap</i>	2	GILENYA	PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	2	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	2		PA
MAYZENT 0.25 mg tab, 2 mg tab	2		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	2		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	2		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln auto-inj, 63 & 94 mcg/0.5ml sc soln pfs	2		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	2	AUBAGIO	PA
VUMERITY 231 mg cap dr	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ZEPOSIA 0.92 mg cap	2		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	2		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92mg(21) cap pack	2		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	2		
BOCASAL m/t pckt	2		
CAPHOSOL m/t soln	2		
cevimeline hcl 30 mg cap	1	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	2		
lidocaine hcl 4 % m/t soln	1	XYLOCAINE	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
NUMOISYN m/t liq	2		
oralone 0.1 % m/t paste	2	KENALOG IN ORABASE	
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	SALAGEN	
SALIVAMAX m/t pckt	2		
triamcinolone acetonide 0.1 % m/t paste	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACANYA 1.2-2.5 % gel	2		ST
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	2	SORIATANE	PA
adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel	1	DIFFERIN	
adapalene-benzoyl peroxide 0.3-2.5 % gel	1	EPIDUO	
adapalene-benzoyl peroxide 0.1-2.5 % gel	1	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	2		
avar cleanser 10-5 % ext liq	2		
avar-e emollient 10-5 % crm	2	PLEXION	
AZELEX 20 % crm	2		
benzoyl peroxide 8 % gel	1	BREVOXYL	
benzoyl peroxide-erythromycin 5-3 % gel	1	BENZAMYCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BIONECT 0.2 % gel	2		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	1		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	1	TACLONEX	
<i>calcitrene 0.005 % oint</i>	2	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CLINDACIN ETZ 1 % ext kit	2		
<i>clindamycin phos-benzoyl perox 1.2-3.75 % gel</i>	1		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	2		
CORTANE-B 10-10-1 mg/ml lot	2		
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	2		PA
EPIDUO 0.1-2.5 % gel	2		
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	1	ANALPRAM HC	
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1	ANALPRAM HC	
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	1	ZYCLARA	PA
<i>iodosorb 0.9 % gel</i>	2		
LEVULAN KERASTICK 20 % ext soln	2		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1	RECTAGEL HC	
<i>methoxsalen rapid 10 mg cap</i>	2	OXSORALEN-ULTRA	PA
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
<i>neuac 1.2-5 % gel</i>	2	DUAC	
NORITATE 1 % crm	2		
OVACE PLUS 10 % crm	2		
PANOXYL 2.5 % ext liq	1		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	
<i>podofilox 0.5 % gel</i>	1		
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	2		
PROCTOFOAM HC 1-1 % foam	2		
PROMISEB crm	2		
PRUDOXIN 5 % crm	2		
RECTIV 0.4 % rect oint	2		
REGRANEX 0.01 % gel	2		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	2		PA
SANTYL 250 unit/gm oint	2		
SCALACORT DK 2 & 2-2 % ext kit	2		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	2		PA
<i>selenium sulfide 2.25 % shampoo</i>	1		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	2		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	2		PA
<i>sodium sulfacetamide 10 % shampoo</i>	1		
SORILUX 0.005 % foam	2		
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
<i>sulfacetamide sodium 10 % ext liq</i>	1		
<i>sulfacetamide sodium (cleans) 10 % gel</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>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % crm</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 9-4.5 % ext liq</i>	1	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % ext liq</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % ext emul</i>	1	ROSULA CLEANSER	
TACLONEX 0.005-0.064 % ext susp	2		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	PA
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs, 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	2		PA
<i>tazarotene 0.05 % crm</i>	1		
<i>tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel</i>	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	2		PA
TREMFYA 100 mg/ml sc soln pfs, 200 mg/2ml sc soln pfs	2		PA
TREMFYA ONE-PRESS 100 mg/ml sc soln auto-inj	2		PA
TREMFYA PEN 200 mg/2ml sc soln auto-inj	2		PA
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	PA
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	PA
VECTICAL 3 mcg/gm oint	2		
VEREGEN 15 % oint	2		
WEZLANA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
YESINTEK 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	2		PA
<i>zaclir cleansing 8 % lot</i>	1		
ZIANA 1.2-0.025 % gel	2		ST
ZITHRANOL 1 % shampoo	2		
ZONALON 5 % crm	2		
ZYCLARA 3.75 % crm	2		PA
ZYCLARA PUMP 2.5 % crm	2		
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
<i>ferrous sulfate 220 (44 Fe) mg/5ml soln, 300 mg/6.8ml soln</i>	1		AL
<i>iron supplement 220 (44 Fe) mg/5ml soln</i>	1		AL
<i>one vite ferrous sulfate 220 (44 Fe) mg/5ml soln</i>	1		AL
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	2		
<i>miglustat 100 mg cap</i>	2	ZAVESCA	PA
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	2		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	2		ST
<i>sodium phenylbutyrate 500 mg tab</i>	2	BUPHENYL	PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-	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
63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt			
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
<i>nulev 0.125 mg tab disint</i>	2	ANASPAZ	
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	1	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		QL(336 / 365)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		QL(360 / 365)
<i>chenodal 250 mg tab</i>	2		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
<i>metoclopramide hcl 5 mg tab disint</i>	1	METZOLV	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	2		ST
MOTOFEN 1-0.025 mg tab	2		
MOVANTIK 12.5 mg tab, 25 mg tab	2		ST
<i>prucalopride succinate 1 mg tab</i>	1		ST
PYLERA 140-125-125 mg cap	2		QL(360 / 365)
RELISTOR 150 mg tab	2		ST
RELISTOR 12 mg/0.6ml sc soln, 8 mg/0.4ml sc soln	2		ST
SYMPROIC 0.2 mg tab	2		ST
TRULANCE 3 mg tab	2		ST
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 200 mg/20ml iv soln, 40 mg/4ml iv soln</i>	1		
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>famotidine (pf) 20 mg/2ml iv soln</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		ST
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	ST
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>kristalose 20 gm pckt</i>	2		
<i>kristalose 10 gm pckt</i>	2	KRISTALOSE	
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln</i>	1	SUPREP BOWEL PREP KIT	
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	2		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>dexlansoprazole 30 mg cap dr</i>	1		ST
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	ST
<i>esomeprazole magnesium 5 mg pckt</i>	1		
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	2		
FIRST-OMEPRAZOLE 2 mg/ml susp	2		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	
NEXIUM 2.5 mg pckt, 5 mg pckt	2		ST
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt</i>	1	ZEGERID	QL(90 / 365)
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	PROTONIX	
<i>pantoprazole sodium 40 mg pckt</i>	1	PROTONIX	ST
PRILOSEC 10 mg pckt, 2.5 mg pckt	2		ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	ST

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	1		
GELNIQUE 10 % td gel	2		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	2		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>trospium chloride 20 mg tab</i>	1	SANCTURA	
<i>trospium chloride er 60 mg cap er 24 hr</i>	1	SANCTURA XR	
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
ELMIRON 100 mg cap	2		
ENCARE 100 mg vag supp	2		
LITHOSTAT 250 mg tab	2		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	2		
<i>phenazo 200 mg tab</i>	2	PYRIDIUM	
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
RIMSO-50 50 % i-vesic soln	2		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	2		
<i>trientine hcl 250 mg cap</i>	2	SYPRINE	PA
<i>urelle 81 mg tab</i>	2		
<i>uro-mp 118 mg cap</i>	1		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	2		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	2		
<i>vilamit mb 118 mg cap</i>	2		
<i>vilevev mb 81 mg tab</i>	2		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
<i>sevelamer carbonate 800 mg tab</i>	1	RENVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
ALA SCALP 2 % lot	2		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
APEXICON E 0.05 % crm	2		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	1	OLUX-E	
<i>clodermone pivalate 0.1 % crm</i>	1	CLODERM	
<i>clodan 0.05 % shampoo</i>	2	CLOBEX	
CLODERM 0.1 % crm	2		
CORDRAN 4 mcg/sqcm tape	2		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	2		
<i>desonide 0.05 % gel</i>	1	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	2		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 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>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % oint</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
HALOG 0.1 % oint	2		
HALOG 0.1 % ext soln	2		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>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 butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG-10 10 mg/ml inj susp	2		
MEDROL 2 mg tab	2		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
<i>mometasone furoate 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
PANDEL 0.1 % crm	2		
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 5 mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>prednisone 10 mg (48) tab pack</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	2		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	2		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	2		
SOLU-MEDROL 2 gm inj soln	2		
TEXACORT 2.5 % ext soln	2		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	1	TRIANEX	
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CORTROPHIN 80 unit/ml inj gel	2		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	PA
<i>octreotide acetate 30 mg im kit</i>	2		
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]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<i>testosterone 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	PA
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	2		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	2		PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>amethyst 90-20 mcg tab</i>	2	AMETHYST 28 DAY	QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	2		
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	2	MIRCETTE	QL(28 / 28)
<i>balziva 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	2	SEASONIQUE	QL(91 / 91)
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	2	LOSEASONIQUE	QL(91 / 91)
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	2		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>covaryx 1.25-2.5 mg tab</i>	2	ESTRATEST	
<i>covaryx hs 0.625-1.25 mg tab</i>	2		
<i>dasetta 1/35 (28) 1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	2	SEASONIQUE	QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	2		
<i>delyla 0.1-20 mg-mcg tab</i>	2	ALESSE	QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	2		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	2		
DIVIGEL 1 mg/gm td gel	2		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	2		
<i>elinest 0.3-30 mg-mcg tab</i>	2		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05</i>	1	VIVELLE-DOT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>			
<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)
EVAMIST 1.53 mg/spray td soln	2		
<i>falmina 0.1-20 mg-mcg tab</i>	2	ALESSE	QL(28 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	2		
<i>fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	2	FEMHRT	
<i>introvale 0.15-0.03 mg tab</i>	2	SEASONALE	QL(91 / 91)
<i>isibloom 0.15-30 mg-mcg tab</i>	2	DESOGEN	QL(28 / 28)
<i>jolessa 0.15-0.03 mg tab</i>	2	SEASONALE	QL(91 / 91)
<i>juleber 0.15-30 mg-mcg tab</i>	2	DESOGEN	QL(28 / 28)
<i>junel 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>junel fe 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>kaitlib fe 0.8-25 mg-mcg tab chew</i>	2	GENERESS FE	QL(28 / 28)
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	2	MIRCETTE	QL(28 / 28)
<i>kurvelo 0.15-30 mg-mcg tab</i>	2	NORDETTE	QL(28 / 28)
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>larin 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	2	ENPRESSE 28 DAY	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>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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	QL(91 / 91)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	AMETHYST 28 DAY	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	2	NORDETTE	QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	2		QL(28 / 28)
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	2		QL(28 / 28)
<i>luta 0.1-20 mg-mcg tab</i>	2	ALESSE	QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
MENOSTAR 14 mcg/24hr tdkw patch	2		
<i>mibelas 24 fe 1-20 mg-mcg(24) tab chew</i>	2	MINASTRIN 24 FE	QL(28 / 28)
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>microgestin 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>mono-linyah 0.25-35 mg-mcg tab</i>	2	ORTHO-CYCLEN (28)	QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>nikki 3-0.02 mg tab</i>	2	YAZ	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>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>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	LOESTRIN	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<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)
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	2		QL(1 / 28)
<i>philith 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>pimtreea 0.15-0.02/0.01 mg (21/5) tab</i>	2	MIRCETTE	QL(28 / 28)
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	2		
PREMARIN 0.625 mg/gm vag crm	2		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
<i>reclipsen 0.15-30 mg-mcg tab</i>	2	DESOGEN	QL(28 / 28)
<i>rivelsa 42-21-21-7 days tab</i>	2	QUARTETTE	QL(91 / 91)
<i>setlakin 0.15-0.03 mg tab</i>	2	SEASONALE	QL(91 / 91)
<i>sprintec 28 0.25-35 mg-mcg tab</i>	2	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	2	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	2	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	2	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	2	ORTHO TRI-CYCLEN	QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	2		QL(28 / 28)
<i>vestura 3-0.02 mg tab</i>	2	YAZ	QL(28 / 28)
<i>vienva 0.1-20 mg-mcg tab</i>	2	ALESSE	QL(28 / 28)
<i>violele 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
<i>vyfemla 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>wera 0.5-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>wymzya fe 0.4-35 mg-mcg tab chew</i>	2	FEMCON FE	QL(28 / 28)
<i>xulane 150-35 mcg/24hr tdwk patch</i>	2		QL(3 / 28)
<i>yuvaferm 10 mcg vag tab</i>	2	VAGIFEM	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	2		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>aftera 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>afterpill 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>camila 0.35 mg tab</i>	2	NOR-QD	QL(28 / 28)
CRINONE 4 % vag gel	2		PA
<i>curae 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>deblitane 0.35 mg tab</i>	2	NOR-QD	QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	2		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	2		QL(1 / 90)
<i>econtra one-step 1.5 mg tab</i>	2	PLAN B ONE-STEP	
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	2		PA
<i>her style 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>jencycla 0.35 mg tab</i>	2	NOR-QD	QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
<i>levonorgestrel 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>lyza 0.35 mg tab</i>	2	NOR-QD	QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	2	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	2		PA
<i>my choice 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>my way 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>new day 1.5 mg tab</i>	2	PLAN B ONE-STEP	
NEXPLANON 68 mg sc implant	2		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>norlyroc 0.35 mg tab</i>	2	NOR-QD	QL(28 / 28)
<i>opcicon one-step 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>option 2 1.5 mg tab</i>	2	PLAN B ONE-STEP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PLAN B ONE-STEP 1.5 mg tab	2		
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
<i>react 1.5 mg tab</i>	2	PLAN B ONE-STEP	
<i>sharobel 0.35 mg tab</i>	2	NOR-QD	QL(28 / 28)
<i>take action 1.5 mg tab</i>	2	PLAN B ONE-STEP	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	2		
<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>levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	2	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	2		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150	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
mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap	2		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	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]			
LYSODREN 500 mg tab	2		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	2		PA
FIRMAGON 80 mg sc soln	2		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	2		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	2	LUPRON	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
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	2		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	2		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	2		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	2		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	2		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit, 30 mg im kit	2		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	2		PA
ORILISSA 150 mg tab, 200 mg tab	2		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	2		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agente Angioedema - Medicamentos Para El Sistema Inmune]			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	2		PA
ORLADEYO 110 mg cap, 150 mg cap	2		PA
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
<i>adalimumab-adbm (2 pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	2		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>	2		PA
<i>adalimumab-adbm(cd/uc/hs str) 40 mg/0.4ml Subcutaneous Auto-injector</i>	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>			
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	2		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	2		PA
AMJEVITA-PED 10KG TO <15KG 10 mg/0.2ml sc soln pfs	2		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs	2		PA
<i>azasan 100 mg tab, 75 mg tab</i>	2	AZASAN	PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA
BENLYSTA 120 mg iv soln, 400 mg iv soln	2		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	2		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	2	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	2	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	2	NEORAL	PA
CYLTEZO (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	2		PA
CYLTEZO (2 SYRINGE) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	2		PA
CYLTEZO-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	2		PA
CYLTEZO-PSORIASIS/UV STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	2		PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	2	ZORTRESS	PA
<i>gengraf 100 mg cap, 25 mg cap</i>	2	NEORAL	PA
<i>gengraf 100 mg/ml soln</i>	2	NEORAL	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
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	2		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	2		PA
HUMIRA (1 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	2		PA
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	2		PA
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	2		PA
HUMIRA-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	2		PA
HUMIRA-PSORIASIS/UEIT STARTER 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Auto-injector Kit	2		PA
<i>infliximab 100 mg iv soln</i>	2		PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 1 gm inj soln</i>	2		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	2	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	2	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	2	MYFORTIC	PA
ORENCIA 250 mg iv soln	2		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	2		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	2		PA
RENFLEXIS 100 mg iv soln	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	2		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PROGRAF	PA
<i>temsirolimus 25 mg/ml iv soln</i>	2	TORISEL	PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	2		
XELJANZ 10 mg tab, 5 mg tab	2		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	2		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 100 mcg/0.5ml sc soln	2		PA
ARCALYST 220 mg sc soln	2		PA
ENTYVIO PEN 108 mg/0.68ml sc soln auto-inj	2		PA
ILARIS 150 mg/ml sc soln	2		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	2		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 20 mg tab, 30 mg tab, 4 x 10 & 51 x20 mg tab pack	2		PA
RIDAURA 3 mg cap	2		
TYENNE 162 mg/0.9ml sc soln auto-inj, 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	2		PA
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	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
PENTASA 250 mg cap er, 500 mg cap er	2		
SFROWASA 4 gm/60ml rect enema	2		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
CORTIFOAM 10 % foam	2		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	FOSAMAX	
BINOSTO 70 mg tab eff	2		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	2		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	2	BONIVA	PA
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv soln</i>	2		PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	2		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
<i>teriparatide 560 mcg/2.24ml sc soln pen-inj</i>	2		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	2		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
XGEVA 120 mg/1.7ml sc soln	2		PA
zoledronic acid 5 mg/100ml iv soln	2	RECLAST	PA
zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc	2	ZOMETA	PA
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	1		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	1		
ASSURE ID PRO PEN NEEDLES 30G X 5 MM misc	1		
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	1		
aum insulin safety pen needle 31G X 4 MM misc	1		
aum insulin safety pen needle 31G X 5 MM misc	1		
aum mini insulin pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	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>aum mini insulin pen needle 32G X 4 MM misc</i>	1		
<i>aum pen needle 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	1		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	1		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	1		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM misc	1		
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM misc	1		
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM misc	1		
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM misc	1		
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ml misc	1		
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc	1		
CAREFINE PEN NEEDLES 29G X 12MM misc, 30G X 8 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
<i>careone insulin syringe 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	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
CARETOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 33G X 4 MM misc	1		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ml misc	1		
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	1		
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	1		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
DROPLET PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>dropsafe safety pen needles 31G X 5 MM misc</i>	1		
<i>drug mart unifine pentips 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	1		
<i>easy comfort insulin syringe 29G X 5/16" 0.5 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>easy comfort insulin syringe 31G X 5/16" 0.3 ml misc</i>	1		
<i>easy comfort pen needles 29G X 5MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>easy glide pen needles 33G X 4 MM misc</i>	1		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN BARRELS U-100 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1	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
ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc	1		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	1		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EMBECTA AUTOSHIELD DUO 30G X 5 MM misc	1		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ml misc	1		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ml misc	1		
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ml misc	1		
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ml misc	1		
EMBECTA PEN NEEDLE NANO 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
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM misc	1		
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM misc	1		
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc	1		
EMBRACE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>eql insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>global ease inject pen needles 32G X 4 MM misc</i>	1		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X</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>5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>	1		
<i>GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	1		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	1		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	1		
<i>gnp pen needles 32G X 6 MM misc</i>	1		
<i>gnp pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	1		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise micron pen needles 32G X 4 MM misc</i>	1		
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	1		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.5 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, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>			
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>INSUPEN32G EXTR3ME 32G X 6 MM misc</i>	1		
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kmart valu insulin syringe 30g U-100 0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kroger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>kroger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		
<i>kroger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
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, 28G X 1/2" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	1		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	1		
<i>medicine shoppe pen needles 31G X 8 MM misc</i>	1		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	1		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	1		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X	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" 0.3 ml misc, 31G X 5/16" 0.5 ml misc			
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
<i>pc unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needle/5-bevel tip 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>pen needles 5/16" 31G X 8 MM misc</i>	1		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
PENTIPS GENERIC PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	1		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	1		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X</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>5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>			
<i>preferred plus unifine pentips 29G X 12MM misc</i>	1		
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>pro comfort pen needles 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>pure comfort pen needle 32G X 4 MM misc</i>	1		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>px extra short pen needles 31G X 6 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		
<i>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	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
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
RELION MINI PEN NEEDLES 31G X 6 MM misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		
<i>safety pen needles 30G X 5 MM misc, 30G X 8 MM misc</i>	1		
<i>sb insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc	1		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	1		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>techlite insulin syringe 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	1		
<i>todays health pen needles 29G X 12MM misc</i>	1		
<i>todays health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5	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
ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc			
TRUEPLUS PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>	1		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc, 33G X 4 MM misc	1		
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	1		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	1		
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	1		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
UNIFINE OTC PEN NEEDLES 31G X 5 MM misc, 32G X 4 MM misc	1		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
ACTICARNITINE SF 1 gm/10ml soln	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>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	2		
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE THIN dev, misc	2		QL(12 / 30)
DUREX REALFEEL dev	2		QL(12 / 30)
DUREX TROPICAL misc	2		QL(12 / 30)
FANTASY LUBRICATED misc	2		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	2		QL(12 / 30)
FC2 FEMALE CONDOM misc	2		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	2		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	1		
KAMELEON LUBRICATED misc	2		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	2		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	2		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine (dietary) 1 gm/10ml soln</i>	1		
<i>levocarnitine l-tartrate 330 mg tab</i>	1		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	2		
OMNIFLEX DIAPHRAGM vag diaph	2		
PARAGARD INTRAUTERINE COPPER iud	2		PA
REALITY LATEX CONDOMS misc	2		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	2		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	2		QL(12 / 30)
SOHONOS 5 mg cap	2		
TROJAN ENZ misc	2		QL(12 / 30)
TROJAN MAGNUM misc	2		QL(12 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TROJAN ULTRA RIBBED LUBRICATED dev	2		QL(12 / 30)
TROJAN ULTRA THIN misc	2		QL(12 / 30)
TROJAN ULTRA THIN/SPERMICIDAL misc	2		QL(12 / 30)
TROJAN-ENZ LUBRICATED misc	2		QL(12 / 30)
TROJAN-ENZ/SPERMICIDAL misc	2		QL(12 / 30)
<i>true cover dev</i>	2		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	2		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	2		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	2		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	2		QL(12 / 30)
TRUSTEX LUBRICATED misc	2		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	2		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	2		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	2		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	2		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	2		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	2		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	2		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	2		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	2		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	2		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	2		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	2		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	2		
<i>altacaine 0.5 % ophth soln</i>	2		
<i>altacaine 0.5 % ophth soln</i>	2		
<i>altafrin 10 % ophth soln, 2.5 % ophth soln</i>	2		
<i>atropine sulfate 1 % ophth oint</i>	1		
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>cyclopentolate hcl 1 % ophth soln</i>	1	CYCLOGYL	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	
HOMATROPAIRE 5 % ophth soln	2		
MIOCHOL-E 20 mg i-ocul soln	2		PA
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	1		
<i>polycin 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>proparacaine hcl 0.5 % ophth soln</i>	1	ALCAINE	
RESTASIS 0.05 % ophth emul	2		
<i>tetracaine hcl 0.5 % ophth soln</i>	1		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	1	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>advanced eye relief 0.2 % ophth soln</i>	1	PATADAY	
ALOCRIIL 2 % ophth soln	2		
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>bepotastine besilate 1.5 % ophth soln</i>	1	BEPREVE	
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
<i>cvs olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
CYCLOMYDRIL 0.2-1 % ophth soln	2		
<i>epinastine hcl 0.05 % ophth soln</i>	1	ELESTAT	
<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>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
PATADAY 0.2 % ophth soln	1		
<i>qc olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>retaine allergy 0.2 % ophth soln</i>	1	PATADAY	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	2		
ALOMIDE 0.1 % ophth soln	2		
ALREX 0.2 % ophth susp	2		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
FLAREX 0.1 % ophth susp	2		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML FORTE 0.25 % ophth susp	2		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth oint	2		
LOTEMAX SM 0.38 % ophth gel	2		
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	2		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEVANAC 0.1 % ophth susp	2		
PRED MILD 0.12 % ophth susp	2		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	2		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	2		PA
ZYLET 0.5-0.3 % ophth susp	2		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	2		
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	2		
CILOXAN 0.3 % ophth oint	2		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	2		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	2		
BETOPTIC-S 0.25 % ophth susp	2		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	1	COMBIGAN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>brinzolamide 1 % ophth susp</i>	1	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
<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	
IOPIDINE 1 % ophth soln	2		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	2		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	2		
<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 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	1	ISTALOL	
<i>timolol maleate pf 0.25 % ophth soln</i>	1	TIMOPTIC	
Ophthalmic Prostaglandin And Prostanamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	1	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	2		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	2		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	2		QL(13 / 30), ST
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(120 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>cvs budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>eq budesonide nasal 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	QL(25 / 25)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>fluticasone propionate diskus 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act</i>	1		QL(120 / 30)
<i>fluticasone propionate hfa 44 mcg/act inh aer</i>	1		QL(10.6 / 30)
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer</i>	1		QL(12 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	2		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	2		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	2		
QNASL CHILDRENS 40 mcg/act nasal aer soln	2		
<i>ra budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	QL(30 / 30)
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	QL(30 / 30)
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>hydroxyzine pamoate 100 mg cap</i>	1	VISTARIL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	2		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	2		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
SPIRIVA HANDIHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
<i>tiotropium bromide monohydrate 18 mcg inh cap</i>	1		QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwrdr br act	2		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatoimiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	1	BROVANA	QL(60 / 30)
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	QL(30 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	2		QL(1 / 30)
PROVENTIL HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30), ST
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	2		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	2		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	2		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt	2		PA
KITABIS PAK (W/ NEBULIZER) 300 mg/5ml inh neb soln	2		PA
PULMOZYME 2.5 mg/2.5ml inh soln	2		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	2	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	2		
<i>elixophyllin 80 mg/15ml oral elix</i>	2		
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	1	DALIRESP	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	2		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	2		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	2	LETAIRIS	PA
OPSUMIT 10 mg tab	2		PA
<i>sildenafil citrate 20 mg tab</i>	2	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	2	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	2	ADCIRCA	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	2		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>	2		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	2	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADRENALIN 0.1 % nasal soln	2		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(16 / 30)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwr br act	2		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwr br act	2		QL(1 / 30), ST

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	2		QL(1 / 30), ST
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(10.7 / 30)
BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs	2		PA
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
<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)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	2		QL(13 / 30), ST
FASENRA 30 mg/ml sc soln pfs	2		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	2		PA
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln	2		
NEBUSAL 6 % inh neb soln	2		
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>pulmosal 7 % inh neb soln</i>	2	HYPERSAL	
<i>ribavirin 6 gm inh soln</i>	2	VIRAZOLE	
<i>sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln</i>	1		
<i>sodium chloride 7 % inh neb soln</i>	1	HYPERSAL	
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	2		PA
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
<i>wixela inhub 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]			
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	2		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	2		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	1	PHENERGAN VC	
TUSNEL 60-30-400 mg tab	2		
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>carisoprodol 250 mg tab</i>	1	SOMA	
<i>chlorzoxazone 750 mg tab</i>	1	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
DYSPORT 300 unit im soln, 500 unit im soln	2		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	1	ROBAXIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	2		PA
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
EDLUAR 10 mg tab sub, 5 mg tab sub	2		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	1	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	NUVIGIL	
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	
<i>ramelteon 8 mg tab</i>	1	ROZEREM	
XYREM 500 mg/ml soln	2		PA
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	2		AL
ATABEX EC 29-1 mg tab dr	2		
<i>bprotected pedia iron 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
BPROTECTED PEDIA POLY-VITE/FE 11 mg/ml soln	1		AL
<i>c-nate dha 28-1-200 mg cap</i>	1		
CALCIFOL 1342-1.6 mg oral wafer	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
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	2		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	2		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	2		
CO-NATAL FA tab	2		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	1		
<i>completenate 29-1 mg tab chew</i>	1		
CONCEPT DHA 53.5-38-1 mg cap	2		
CONCEPT OB 130-92.4-1 mg cap	2		
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
<i>effer-k 25 meq tab eff</i>	2		
EFFER-K 10 meq tab eff, 20 meq tab eff	2		
ELITE-OB 50-1.25 mg tab	2		
ENFAMIL POLY-VI-SOL-IRON 11 mg/ml soln	1		AL
<i>fa-8 0.8 mg cap</i>	1		QL(30 / 30), AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
FER-IN-SOL 75 (15 Fe) mg/ml soln	2		AL
<i>ferrous sulfate 300 (60 Fe) mg/5ml soln</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
FOLIVANE-OB 85-1 mg cap	2		
<i>fruity chews/iron tab chew</i>	1		AL
<i>ft folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
GALZIN 25 mg cap, 50 mg cap	2		
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
ICAR 15 mg/1.25ml susp	1		AL
INATAL GT tab	2		
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>iron supplement 15 mg/ml soln</i>	2	FER-IN-SOL	AL
IRON UP 15 mg/0.5ml liq	2		AL
K-PHOS NO 2 305-700 mg tab	2		
<i>k-prime 25 meq tab eff</i>	2		
<i>klor-con 20 meq pckt</i>	2		
<i>klor-con m10 10 meq tab er</i>	2		
<i>klor-con m15 15 meq tab er</i>	2	KLOR-CON	
<i>klor-con/ef 25 meq tab eff</i>	2		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>kp niacin 500 mg tab</i>	1		
<i>land before time multivitamin 15 mg tab chew</i>	1		AL
MAGNEBIND 400 80-115 mg tab	2		
<i>multivitamin drops/iron 11 mg/ml soln</i>	1		AL
<i>multivitamin infant & toddler 11 mg/ml soln</i>	1		AL
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	PA
NEEVO DHA 27-1.13 mg cap	2		
NESTABS 32-1 mg tab	2		
NESTABS DHA 32-1 mg oral misc	2		
<i>niacin 500 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	2		
NOVAFERRUM 125 mg/5ml liq	2		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	2		AL
OB COMPLETE 50-1.25 mg tab	2		
OB COMPLETE ONE 50-1-476 mg cap	2		
OB COMPLETE PETITE 35-5-1-200 mg cap	2		
OB COMPLETE PREMIER 30-20-1 mg tab	2		
OB COMPLETE/DHA 30-10-1-200 mg cap	2		
OBSTETRIX DHA 29-1 & 350 mg oral misc	2		
ORACIT 490-640 mg/5ml soln	2		
<i>pc pediatric iron drops 75 (15 Fe) mg/ml soln</i>	2	FER-IN-SOL	AL
<i>phospha 250 neutral 155-852-130 mg tab</i>	2		
<i>phospho-trin 250 neutral 155-852-130 mg tab</i>	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>phospho-trin k500 500 mg tab</i>	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
POLY-VI-SOL/IRON 11 mg/ml soln	1		AL
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>poly-vite/iron 11 mg/ml soln</i>	1		AL
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	2		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	2		
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	1		
<i>ra no flush niacin 500 mg tab</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
SELECT-OB 29-1 mg tab chew	2		
SELECT-OB+DHA 29-1 & 250 mg oral misc	2		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium fluoride 1.1 (0.5 F) mg tab</i>	1		AL
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
TARON-C DHA 35-1 mg cap	2		
<i>thrivite rx 29-1 mg tab</i>	1		
TRICARE tab	2		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	2		
<i>true folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>true vitamin b3 500 mg tab</i>	1		
VINATE DHA RF 27-1.13 mg cap	2		
VITAFOL-OB tab	2		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	2		
VITAFOL-ONE 29-1-200 mg cap	2		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 mg cap	2		
VIVA DHA 28-1-200 mg cap	2		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	2		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	2	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	2	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	2	JADENU SPRINKLE	PA
<i>deferasirox granules 360 mg pckt</i>	2	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	2	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	2		PA
<i>sodium polystyrene sulfonate oral powdr</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]

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sps (sodium polystyrene sulf) 15 gm/60ml cmb susp</i>	2		
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	2		

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	92
1st tier unifine pentips plus.....	92
A	
abacavir sulfate	44
abacavir sulfate-lamivudine.....	44
ABATRON.....	127
abiraterone acetate	33
ABRAXANE	34
acamprosate calcium	13
ACANYA	65
acarbose	47
acebutolol hcl	55
acetaminophen-codeine.....	11
acetazolamide	118
acetazolamide er.....	118
acetic acid	119
acetylcysteine	124
acitretin	65
ACTICARNITINE SF	113
ACTIMMUNE	90
ACUVAIL.....	117
acyclovir.....	46
adalimumab-adbm (2 pen).....	87
adalimumab-adbm (2 syringe)	88
adalimumab-adbm(cd/uc/hs strt).....	88
adalimumab-adbm(ps/uv starter)	88
adapalene	66
adapalene-benzoyl peroxide	66
ADEMPAS	124
ADRENALIN	124
ADVAIR HFA	124
advanced eye relief.....	116
ADVOCATE INSULIN PEN NEEDLE	92
ADVOCATE INSULIN PEN NEEDLES	92
ADVOCATE INSULIN SYRINGE	92
aftera.....	84
afterpill	84
aimsco lubricated	113
AIRDUO RESPICLICK 113/14.....	124
AIRDUO RESPICLICK 232/14.....	124
AIRDUO RESPICLICK 55/14.....	124
AJOVY	31
AKTEN.....	116

ALA SCALP.....	75
ala-cort	75
albendazole	38
albuterol sulfate	122
albuterol sulfate hfa	122
alclometasone dipropionate	75
alendronate sodium.....	91
alfuzosin hcl er	73
ALIMTA	34
aliskiren fumarate	57
allopurinol.....	31
almotriptan malate.....	31
ALOCRIIL.....	116
alogliptin benzoate	47
alogliptin-metformin hcl	47
alogliptin-pioglitazone.....	48
ALOMIDE	117
ALORA	79
alosetron hcl.....	71
ALPHAGAN P	118
alprazolam.....	46
alprazolam er	46
ALPRAZOLAM INTENSOL	46
alprazolam xr.....	47
ALREX	117
altacaine.....	116
altafrin	116
ALTOPREV	60
ALVESCO	120
alvimopan.....	71
alyacen 1/35.....	79
alyacen 7/7/7.....	79
amantadine hcl.....	39
ambrisentan	124
amcinonide.....	75
amethyst.....	79
amiloride hcl.....	60
amiloride-hydrochlorothiazide	57
aminocaproic acid	53
amiodarone hcl.....	54
amitriptyline hcl	27, 28
AMJEVITA.....	88
AMJEVITA-PED 10KG TO <15KG.....	88
AMJEVITA-PED 15KG TO <30KG.....	88
amlodipine besy-benazepril hcl	57

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

<i>amlodipine besylate</i>	56	<i>aspercreme arthritis pain</i>	6
<i>amlodipine besylate-valsartan</i>	57	<i>aspirin</i>	6
<i>amlodipine-atorvastatin</i>	58	<i>aspirin 81</i>	6
<i>amlodipine-olmesartan</i>	58	<i>aspirin adult low dose</i>	6
<i>amlodipine-valsartan-hctz</i>	58	<i>aspirin adult low strength</i>	6
<i>amoxapine</i>	28	<i>aspirin childrens</i>	6
<i>amoxicill-clarithro-lansopraz</i>	71	<i>aspirin ec adult low dose</i>	6
<i>amoxicillin</i>	19	<i>aspirin ec low dose</i>	6
<i>amoxicillin-pot clavulanate</i>	19	<i>aspirin ec low strength</i>	6
<i>amoxicillin-pot clavulanate er</i>	19	<i>aspirin low dose</i>	6
<i>amphetamine-dextroamphet er</i>	62	<i>aspirin regimen</i>	6
<i>amphetamine-dextroamphetamine</i>	62	<i>aspirin-dipyridamole er</i>	53
<i>ampicillin</i>	19	ASSURE ID DUO PRO PEN NEEDLES	92
<i>anagrelide hcl</i>	52	ASSURE ID PRO PEN NEEDLES	92
ANALPRAM-HC	66	ASSURE ID SAFETY PEN NEEDLES	92
<i>anastrozole</i>	36	ATABEX EC	127
ANGELIQ	79	<i>atazanavir sulfate</i>	45
<i>anucort-hc</i>	17	<i>atenolol</i>	55
ANZEMET	29	<i>atenolol-chlorthalidone</i>	58
APEXICON E	75	<i>atomoxetine hcl</i>	63
APLENZIN	26	<i>atorvastatin calcium</i>	60
<i>apomorphine hcl</i>	40	<i>atovaquone</i>	38
<i>apraclonidine hcl</i>	118	<i>atovaquone-proguanil hcl</i>	38
<i>aprepitant</i>	29	<i>atropine sulfate</i>	116
APRETUDE	44	ATROVENT HFA	122
APTIVUS	45	AUGMENTIN	19
AQUORAL	65	<i>aum insulin safety pen needle</i>	92
<i>aranelle</i>	79	<i>aum mini insulin pen needle</i>	93
ARANESP (ALBUMIN FREE)	52	<i>aum pen needle</i>	93
ARCALYST	90	AUM READYGARD DUO PEN NEEDLE	93
<i>arformoterol tartrate</i>	122	AUM SAFETY PEN NEEDLE	93
<i>aripiprazole</i>	41, 42	<i>aurora pen needles</i>	93
<i>armodafinil</i>	127	<i>avar cleanser</i>	66
ARMOUR THYROID	85	<i>avar-e emollient</i>	66
ARNUITY ELLIPTA	120	<i>avidoxy</i>	21
ARRANON	34	AVIDOXY DK	21
<i>arsenic trioxide</i>	34	AVONEX PEN	64
<i>arthritis pain reliever</i>	6	AVONEX PREFILLED	64
ARZERRA	38	<i>azacitidine</i>	52
<i>ascomp-codeine</i>	11	<i>azasan</i>	88
<i>asenapine maleate</i>	42	AZASITE	118
ASMANEX (120 METERED DOSES)	120	<i>azathioprine</i>	88
ASMANEX (14 METERED DOSES)	120	<i>azelastine hcl</i>	116, 121
ASMANEX (30 METERED DOSES)	120	<i>azelastine-fluticasone</i>	121
ASMANEX (60 METERED DOSES)	120	AZELEX	66
ASMANEX HFA	120	<i>azithromycin</i>	20

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

azurette 79

B

bac (butalbital-acetamin-caff) 6

bacitracin 118

bacitracin-polymyxin b 116

bacitra-neomycin-polymyxin-hc 117

baclofen 43

balziva 79

BANZEL 24

BAQSIMI ONE PACK 50

BAQSIMI TWO PACK 50

bayer advanced aspirin reg st 6

bayer aspirin 6

bayer aspirin ec low dose 7

bayer low dose 7

BD AUTOSHIELD DUO 93

BD INS SYR ULTRAFINE 1/2UNIT 93

BD INSULIN SYR ULTRAFINE II 93

BD INSULIN SYRINGE 93

BD INSULIN SYRINGE HALF-UNIT 93

BD INSULIN SYRINGE MICROFINE 93

BD INSULIN SYRINGE U/F 93

BD INSULIN SYRINGE ULTRAFINE 93

BD PEN NEEDLE MICRO ULTRAFINE 93

BD PEN NEEDLE MINI ULTRAFINE 94

BD PEN NEEDLE NANO 2ND GEN 94

BD PEN NEEDLE NANO ULTRAFINE 94

BD PEN NEEDLE ORIG ULTRAFINE 94

BD PEN NEEDLE SHORT ULTRAFINE 94

BD SAFETYGLIDE INSULIN SYRINGE 94

BD VEO INSULIN SYR U/F 1/2UNIT 94

BD VEO INSULIN SYR ULTRAFINE 94

benazepril hcl 54

benazepril-hydrochlorothiazide 58

bendamustine hcl 34

BENDEKA 34

BENLYSTA 88

benzonatate 124

benzoyl peroxide 66

benzoyl peroxide-erythromycin 66

benztropine mesylate 39

bepotastine besilate 116

BESIVANCE 118

BETADINE OPHTHALMIC PREP 17

betamethasone dipropionate 75

betamethasone dipropionate aug 75

betamethasone sod phos & acet 75

betamethasone valerate 75

betaxolol hcl 55, 118

bethanechol chloride 74

BETIMOL 118

BETOPTIC-S 118

BEVESPI AEROSPHERE 124

bexarotene 38

BEYFORTUS 124

bicalutamide 33

BICILLIN C-R 19

BICILLIN C-R 900/300 19

BICILLIN L-A 19

BIDIL 58

BIKTARVY 44

bimatoprost 119

BINOSTO 91

BIONECT 66

bismuth/metronidaz/tetracyclin 71

bisoprolol fumarate 55

bisoprolol-hydrochlorothiazide 58

bleomycin sulfate 34

blisovi fe 1.5/30 79

blisovi fe 1/20 80

BOCASAL 65

bortezomib 34

BOSULIF 37

bp 10-1 66

bp wash 66

bpo foaming cloths 66

bprotected pedia iron 127

BPROTECTED PEDIA POLY-VITE/FE 127

BREO ELLIPTA 124, 125

breyana 125

briellyn 80

BRILINTA 53

brimonidine tartrate 118

brimonidine tartrate-timolol 118

brinzolamide 118

bromfenac sodium (once-daily) 117

bromocriptine mesylate 39

budesonide 91, 120

budesonide-formoterol fumarate 125

bumetanide 59

buprenorphine 10

buprenorphine hcl 14

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

<i>buprenorphine hcl-naloxone hcl</i>	14
<i>bupropion hcl</i>	26
<i>bupropion hcl er (smoking det)</i>	14
<i>bupropion hcl er (sr)</i>	26
<i>bupropion hcl er (xl)</i>	26
<i>buspirone hcl</i>	46
<i>busulfan</i>	33
<i>butalbital-acetaminophen</i>	6
<i>butalbital-apap-caff-cod</i>	11
<i>butalbital-apap-caffeine</i>	6
<i>butalbital-asa-caff-codeine</i>	11
<i>butalbital-aspirin-caffeine</i>	6
<i>butorphanol tartrate</i>	11
BYDUREON BCISE	48
BYETTA 10 MCG PEN	48
BYETTA 5 MCG PEN	48
BYSTOLIC	55

C

<i>cabergoline</i>	86
CALCIFOL	127
<i>calcipotriene</i>	66
<i>calcipotriene-betameth diprop</i>	66
<i>calcitonin (salmon)</i>	91
<i>calcitrene</i>	66
<i>calcitriol</i>	66, 91
<i>calcium acetate (phos binder)</i>	74
CAMBIA	7
<i>camila</i>	84
<i>camrese</i>	80
<i>camrese lo</i>	80
<i>candesartan cilexetil</i>	13, 53
<i>candesartan cilexetil-hctz</i>	58
<i>capecitabine</i>	33
CAPHOSOL	65
CAPRELSA	37
<i>captopril</i>	54
<i>captopril-hydrochlorothiazide</i>	58
CARAC	34
<i>carbamazepine</i>	24
<i>carbamazepine er</i>	24
CARBATROL	24
<i>carbidopa</i>	40
<i>carbidopa-levodopa</i>	40
<i>carbidopa-levodopa er</i>	40
<i>carbidopa-levodopa-entacapone</i>	40
<i>carbinoxamine maleate</i>	121

<i>carboplatin</i>	36
CARDIZEM LA	56
CARDURA XL	73
CAREFINE PEN NEEDLES	94
<i>careone insulin syringe</i>	94
<i>careone unifine pentips plus</i>	94
CARETOUCH INSULIN SYRINGE	94, 95
CARETOUCH PEN NEEDLES	95
<i>carglumic acid</i>	69
<i>carisoprodol</i>	126
<i>carmustine</i>	34
<i>carteolol hcl</i>	118
<i>carvedilol</i>	55
<i>carvedilol phosphate er</i>	55
CAYA	113
CAYSTON	123
<i>cefaclor</i>	18
<i>cefaclor er</i>	18
<i>cefadroxil</i>	18
<i>cefdinir</i>	18
<i>cefixime</i>	18
<i>cefpodoxime proxetil</i>	19
<i>cefprozil</i>	19
<i>ceftriaxone sodium</i>	19
<i>cefuroxime axetil</i>	19
<i>celecoxib</i>	7
CELONTIN	22
<i>cephalexin</i>	19
<i>cetirizine hcl</i>	121
CETRAXAL	119
<i>cevimeline hcl</i>	65
CHEMET	131
<i>chenodal</i>	71
<i>childrens aspirin</i>	7
<i>chlordiazepoxide hcl</i>	47
<i>chlordiazepoxide-amitriptyline</i>	28
<i>chlordiazepoxide-clidinium</i>	70
<i>chloroquine phosphate</i>	38
<i>chlorpromazine hcl</i>	41
<i>chlorthalidone</i>	60
<i>chlorzoxazone</i>	126
<i>cholestyramine</i>	61
<i>cholestyramine light</i>	61
<i>ciclodan</i>	29
<i>ciclopirox</i>	29
<i>ciclopirox olamine</i>	29

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

<i>ciclopirox treatment</i>	29	<i>clonidine</i>	53
<i>cilostazol</i>	53	<i>clonidine hcl</i>	53
CILOXAN	118	<i>clonidine hcl er</i>	63
<i>cimetidine</i>	71	<i>clopidogrel bisulfate</i>	53
<i>cimetidine hcl</i>	71	<i>clorazepate dipotassium</i>	47
<i>cinacalcet hcl</i>	86	<i>clotrimazole</i>	29
CIPRO	20	<i>clotrimazole-betamethasone</i>	29
CIPRO HC	119	<i>clozapine</i>	43
<i>ciprofloxacin hcl</i>	20, 118, 119	<i>c-nate dha</i>	127
<i>ciprofloxacin-dexamethasone</i>	119	COARTEM	38
<i>cisplatin</i>	34	<i>codeine sulfate</i>	11
<i>citalopram hydrobromide</i>	26	<i>colchicine</i>	31
CITRANATAL 90 DHA	127	<i>colchicine-probenecid</i>	31
CITRANATAL ASSURE	127	<i>colesevelam hcl</i>	61
CITRANATAL B-CALM	127	<i>colestipol hcl</i>	61
<i>cladribine</i>	34	COMBIGAN.....	118
CLARINEX-D 12 HOUR.....	126	COMBIPATCH	80
<i>clarithromycin</i>	20	COMBIVENT RESPIMAT	122
<i>clarithromycin er</i>	20	COMFORT ASSIST INSULIN SYRINGE	95
<i>clemastine fumarate</i>	121	COMFORT EZ INSULIN SYRINGE	95
CLEOCIN	17	COMFORT EZ MICRO PEN NEEDLES.....	95
CLEVER CHOICE COMFORT EZ	95	COMFORT EZ PEN NEEDLES	95
<i>clickfine pen needles</i>	95	COMFORT EZ PRO PEN NEEDLES	95
CLICKFINE PEN NEEDLES	95	COMFORT EZ SHORT PEN NEEDLES	96
CLIMARA PRO	80	COMFORT TOUCH INSULIN PEN NEED	96
<i>clindacin etz</i>	17	COMPLERA	44
CLINDACIN ETZ.....	66	<i>complete natal dha</i>	127
<i>clindacin-p</i>	17	<i>completenate</i>	127
CLINDAGEL.....	17	<i>compro</i>	41
<i>clindamycin hcl</i>	17	CO-NATAL FA	127
<i>clindamycin palmitate hcl</i>	17	CONCEPT DHA	127
<i>clindamycin phos (once-daily)</i>	17	CONCEPT OB	127
<i>clindamycin phos (twice-daily)</i>	17	<i>condoms</i>	113
<i>clindamycin phos-benzoyl perox</i>	66	CONDYLOX	66
<i>clindamycin phosphate</i>	17, 18	<i>constulose</i>	72
<i>clindamycin-tretinoin</i>	66	CONZIP	10
<i>clobazam</i>	22	CORDRAN	75
<i>clobetasol propionate</i>	75	CORTANE-B	66
<i>clobetasol propionate e</i>	75	CORTIFOAM.....	91
<i>clobetasol propionate emulsion</i>	75	<i>cortisone acetate</i>	76
<i>clocortolone pivalate</i>	75	CORTROPHIN	78
<i>clodan</i>	75	<i>covaryx</i>	80
CLODERM	75	<i>covaryx hs</i>	80
<i>clofarabine</i>	34	CREON	69
<i>clomipramine hcl</i>	28	CRESEMBA	29
<i>clonazepam</i>	22	CRINONE.....	84

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

<i>cromolyn sodium</i>	71, 116, 123
<i>croton</i>	39
<i>curae</i>	84
<i>cvs aspirin</i>	7
<i>cvs aspirin adult low dose</i>	7
<i>cvs aspirin adult low strength</i>	7
<i>cvs aspirin ec</i>	7
<i>cvs aspirin low dose</i>	7
<i>cvs aspirin low strength</i>	7
<i>cvs budesonide</i>	120
<i>cvs diclofenac sodium</i>	7
<i>cvs folic acid</i>	128
<i>cvs genuine aspirin</i>	7
<i>cvs ivermectin lice treatment</i>	39
<i>cvs nicotine</i>	14
<i>cvs nicotine polacrilex</i>	14
<i>cvs olopatadine hcl</i>	116
<i>cyclobenzaprine hcl</i>	126
CYCLOMYDRIL.....	116
<i>cyclopentolate hcl</i>	116
<i>cyclophosphamide</i>	33
<i>cycloserine</i>	32
CYCLOSET.....	48
<i>cyclosporine</i>	88, 116
<i>cyclosporine modified</i>	88
CYLTEZO (2 PEN).....	88
CYLTEZO (2 SYRINGE).....	88
CYLTEZO-CD/UC/HS STARTER.....	88
CYLTEZO-PSORIASIS/UV STARTER.....	88
<i>cyproheptadine hcl</i>	121
CYRAMZA.....	37
CYSTAGON.....	69
<i>cytarabine</i>	34
<i>cytarabine (pf)</i>	34
<i>cytra k crystals</i>	128

D

<i>dabigatran etexilate mesylate</i>	51
<i>dacarbazine</i>	34
<i>dactinomycin</i>	34
<i>dalfampridine er</i>	64
DALIRESP.....	123
<i>danazol</i>	79
<i>dantrolene sodium</i>	43
<i>dapsone</i>	32, 66
<i>darifenacin hydrobromide er</i>	73
<i>darunavir</i>	45

<i>dasatinib</i>	37
<i>dasetta 1/35 (28)</i>	80
<i>dasetta 7/7/7</i>	80
<i>daunorubicin hcl</i>	34
<i>daysee</i>	80
DAYTRANA.....	63
<i>deblitane</i>	84
<i>decitabine</i>	34
<i>deferasirox</i>	131
<i>deferasirox granules</i>	131
<i>deferiprone</i>	131
DELESTROGEN.....	80
<i>delyla</i>	80
<i>demeclocycline hcl</i>	21
DEMEROL.....	12
DENAVIR.....	46
DEPAKOTE.....	22
DEPAKOTE ER.....	22
DEPAKOTE SPRINKLES.....	22
DEPO-ESTRADIOL.....	80
DEPO-MEDROL.....	76
DEPO-PROVERA.....	84
DEPO-SUBQ PROVERA 104.....	84
DESCOVY.....	44
<i>desipramine hcl</i>	28
<i>desloratadine</i>	121
<i>desmopressin ace spray refrig</i>	78
<i>desmopressin acetate</i>	78
<i>desmopressin acetate spray</i>	79
<i>desogestrel-ethinyl estradiol</i>	80
<i>desonide</i>	76
<i>desoximetasone</i>	76
<i>desvenlafaxine succinate er</i>	26
<i>dexamethasone</i>	76
DEXAMETHASONE INTENSOL.....	76
<i>dexamethasone sod phosphate pf</i>	76
<i>dexamethasone sodium phosphate</i>	76, 118
DEXILANT.....	72
<i>dexlansoprazole</i>	72
<i>dexmethylphenidate hcl</i>	63
<i>dexmethylphenidate hcl er</i>	63
<i>dexrazoxane hcl</i>	34
<i>dextroamphetamine sulfate</i>	62
<i>dextroamphetamine sulfate er</i>	62
DIATHRIVE PEN NEEDLE.....	96
<i>diazepam</i>	22, 47

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

<i>diazepam intensol</i>	47	<i>doxorubicin hcl</i>	34
<i>diazoxide</i>	50	<i>doxorubicin hcl liposomal</i>	34
<i>diclofenac epolamine</i>	7	<i>doxycycline</i>	66
<i>diclofenac potassium</i>	7	<i>doxycycline hyclate</i>	21
<i>diclofenac potassium(migraine)</i>	7	<i>doxycycline monohydrate</i>	21
<i>diclofenac sodium</i>	7, 117	<i>doxylamine-pyridoxine</i>	28
<i>diclofenac sodium er</i>	7	<i>dronabinol</i>	29
<i>diclofenac-misoprostol</i>	7	<i>droperidol</i>	46
<i>dicloxacillin sodium</i>	20	DROPLET INSULIN SYRINGE	96
<i>dicyclomine hcl</i>	70	DROPLET PEN NEEDLES	96
DIFICID	20	<i>dropsafe safety pen needles</i>	97
<i>diflorasone diacetate</i>	76	<i>drospiren-eth estrad-levomefol</i>	80
<i>diflunisal</i>	7	<i>drospirenone-ethinyl estradiol</i>	80
<i>difluprednate</i>	118	DROXIA	34
<i>digoxin</i>	58	<i>drug mart unifine pentips</i>	97
<i>dihydroergotamine mesylate</i>	31	<i>drug mart unifine pentips plus</i>	97
DILANTIN	24	DULERA	125
DILANTIN INFATABS	24	<i>duloxetine hcl</i>	26
<i>diltiazem hcl</i>	56	DUPIXENT	66
<i>diltiazem hcl er</i>	56	DUREX EXTRA SENSITIVE THIN	113
<i>diltiazem hcl er beads</i>	56	DUREX REALFEEL	113
<i>diltiazem hcl er coated beads</i>	56, 57	DUREX TROPICAL	114
<i>dilt-xr</i>	56	<i>dutasteride</i>	74
<i>dimenhydrinate</i>	28	<i>dutasteride-tamsulosin hcl</i>	74
<i>dimethyl fumarate</i>	64	DYSPORT	126
<i>dimethyl fumarate starter pack</i>	64	E	
<i>diphenhydramine hcl</i>	121	<i>e.e.s. 400</i>	20
<i>diphenoxylate-atropine</i>	71	<i>easy comfort insulin syringe</i>	97
<i>dipyridamole</i>	53	<i>easy comfort pen needles</i>	97
<i>disopyramide phosphate</i>	54	<i>easy glide pen needles</i>	97
<i>disulfiram</i>	13	EASY TOUCH FLIPLOCK INSULIN SY	97
DIURIL	60	EASY TOUCH INSULIN BARRELS	97
<i>divalproex sodium</i>	22	EASY TOUCH INSULIN SAFETY SYR	97
<i>divalproex sodium er</i>	23	EASY TOUCH INSULIN SYRINGE	97, 98
DIVIGEL	80	EASY TOUCH PEN NEEDLES	98
<i>docetaxel</i>	34	EASY TOUCH SAFETY PEN NEEDLES	98
<i>dofetilide</i>	54	EASY TOUCH SHEATHLOCK SYRINGE	98
<i>donepezil hcl</i>	25	<i>econazole nitrate</i>	29
DORAL	47	<i>econtra one-step</i>	84
<i>dorzolamide hcl</i>	118	ECOTRIN	7
<i>dorzolamide hcl-timolol mal</i>	118	ECOTRIN ARTHRTIS PAIN	7
<i>dorzolamide hcl-timolol mal pf</i>	119	<i>ecotrin low strength</i>	7
DOVATO	45	EDLUAR	126
<i>doxazosin mesylate</i>	74	EDURANT	44
<i>doxepin hcl</i>	28	<i>efavirenz</i>	44
<i>doxercalciferol</i>	91	<i>efavirenz-emtricitab-tenofo df</i>	44

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

<i>effer-k</i>	128	<i>eq arthritis pain reliever</i>	7
EFFER-K.....	128	<i>eq aspirin</i>	7
ELESTRIN	80	<i>eq aspirin adult low dose</i>	7
<i>eletriptan hydrobromide</i>	31	<i>eq aspirin low dose</i>	7
ELIGARD	87	<i>eq budesonide nasal</i>	120
<i>elimest</i>	80	<i>eq ivermectin</i>	39
ELIQUIS.....	51	<i>eq nicotine</i>	14
ELIQUIS DVT/PE STARTER PACK	51	<i>eq nicotine polacrilex</i>	14
ELITE-OB.....	128	<i>eq nicotine step 3</i>	14
<i>elixophyllin</i>	123	<i>eq olopatadine hcl</i>	116
ELLA	84	<i>eq aspirin ec</i>	8
ELMIRON.....	74	<i>eq aspirin low dose</i>	8
EMBECTA AUTOSHIELD DUO.....	98	<i>eq insulin syringe</i>	99
EMBECTA INS SYR U/F 1/2 UNIT	98	EQUETRO	24
EMBECTA INSULIN SYR ULTRAFINE	98	ERBITUX.....	38
EMBECTA INSULIN SYRINGE U-100.....	98	<i>ergoloid mesylates</i>	25
EMBECTA PEN NEEDLE NANO.....	98	ERGOMAR.....	31
EMBECTA PEN NEEDLE NANO 2 GEN.....	99	<i>ergotamine-caffeine</i>	31
EMBECTA PEN NEEDLE ULTRAFINE	99	<i>eribulin mesylate</i>	34
EMBRACE PEN NEEDLES	99	ERIVEDGE.....	37
EMCYT	33	ERLEADA	33
EMEND.....	29	<i>erlotinib hcl</i>	37
EMGALITY.....	31	ERTACZO	29
EMGALITY (300 MG DOSE).....	31	<i>ery</i>	20
EMSAM.....	26	<i>ery-tab</i>	20
<i>emtricitabine</i>	45	<i>erythromycin</i>	20, 118
<i>emtricitabine-tenofovir df</i>	45	<i>erythromycin base</i>	20
EMTRIVA.....	45	<i>erythromycin ethylsuccinate</i>	20
<i>enalapril maleate</i>	54	<i>escitalopram oxalate</i>	26, 27
<i>enalapril-hydrochlorothiazide</i>	58	<i>esomeprazole magnesium</i>	72
ENCARE	74	<i>est estrogens-methyltest</i>	80
<i>endocet</i>	12	<i>est estrogens-methyltest ds</i>	80
ENFAMIL POLY-VI-SOL-IRON.....	128	<i>est estrogens-methyltest hs</i>	80
<i>enoxaparin sodium</i>	51	<i>estradiol</i>	80, 81
<i>entacapone</i>	39	<i>estradiol valerate</i>	81
<i>entecavir</i>	44	<i>estradiol-norethindrone acet</i>	81
ENTRESTO	58	ESTROGEL.....	81
ENTYVIO PEN.....	90	<i>eszopiclone</i>	127
<i>enulose</i>	72	<i>ethacrynic acid</i>	59
EPIDUO	67	<i>ethambutol hcl</i>	32
EPIFOAM.....	17	<i>ethosuximide</i>	22
<i>epinastine hcl</i>	116	<i>ethyl chloride</i>	13
<i>eplerenone</i>	60	<i>ethynodiol diac-eth estradiol</i>	81
EPOGEN.....	52	<i>etodolac</i>	8
<i>eq arthritis pain</i>	7	<i>etodolac er</i>	8
		<i>etonogestrel-ethinyl estradiol</i>	81

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

ETOPOPHOS	36
<i>etoposide</i>	36, 37
<i>etravirine</i>	44
EVAMIST	81
<i>everolimus</i>	37, 89
EXELDERM	29, 30
<i>exemestane</i>	36
EXODERM.....	30
<i>eye allergy itch relief</i>	116
<i>ezetimibe</i>	61
<i>ezetimibe-simvastatin</i>	61
F	
<i>fa-8</i>	128
<i>falmina</i>	81
<i>famciclovir</i>	46
<i>famotidine</i>	71
<i>famotidine (pf)</i>	71
FANAPT.....	42
FANAPT TITRATION PACK A.....	42
FANTASY LUBRICATED.....	114
FANTASY LUBRICATED/SPERMICIDE	114
FARXIGA	48
FASENRA.....	125
FASENRA PEN.....	125
FC2 FEMALE CONDOM.....	114
<i>febuxostat</i>	31
<i>felbamate</i>	23
<i>felodipine er</i>	57
FEM PH	18
FEMCAP	114
FEMRING	81
<i>fenofibrate</i>	60
<i>fenofibrate micronized</i>	60
<i>fenofibric acid</i>	60
<i>fenoprofen calcium</i>	8
<i>fentanyl</i>	10
<i>fentanyl citrate</i>	12
FENTORA.....	12
FER-IN-SOL.....	128
FERRIPROX.....	131
<i>ferrous sulfate</i>	69, 128
<i>fe-vite iron</i>	128
FIBRICOR.....	60
FIFTY50 PEN NEEDLES.....	99
FIFTY50 SUPERIOR COMFORT SYR.....	99
<i>finasteride</i>	74

<i> fingolimod hcl</i>	64
FIRMAGON.....	87
FIRMAGON (240 MG DOSE).....	87
FIRST-LANSOPRAZOLE	72
FIRST-MOUTHWASH BLM	65
FIRST-OMEPRAZOLE.....	72
FIRST-PROGESTERONE VGS.....	84
FIRVANQ	18
FLAREX	117
<i>flavoxate hcl</i>	73
<i>flecainide acetate</i>	54
<i>floxuridine</i>	35
<i>fluconazole</i>	30
<i>flucytosine</i>	30
<i>fludarabine phosphate</i>	36
<i>fludrocortisone acetate</i>	76
<i>flunisolide</i>	120
<i>fluocinolone acetonide</i>	76, 119
<i>fluocinolone acetonide body</i>	76
<i>fluocinolone acetonide scalp</i>	76
<i>fluocinonide</i>	76
<i>fluocinonide emulsified base</i>	76
<i>fluorometholone</i>	117
<i>fluorouracil</i>	34, 35
<i>fluoxetine hcl</i>	27
<i>fluoxetine hcl (pmdd)</i>	27
<i>fluphenazine decanoate</i>	41
<i>fluphenazine hcl</i>	41
<i>flurandrenolide</i>	77
<i>flurazepam hcl</i>	127
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	117
<i>fluticasone propionate</i>	77, 120
<i>fluticasone propionate diskus</i>	120
<i>fluticasone propionate hfa</i>	120
<i>fluticasone-salmeterol</i>	125
<i>fluvastatin sodium</i>	60
<i>fluvoxamine maleate</i>	27
<i>fluvoxamine maleate er</i>	27
FML FORTE.....	117
<i>folate</i>	128
<i>folic acid</i>	128
FOLIVANE-OB	128
<i>fondaparinux sodium</i>	51
FORFIVO XL.....	26
<i>formoterol fumarate</i>	122

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

FOSAMAX PLUS D	91
<i>fosamprenavir calcium</i>	45
<i>fosfomycin tromethamine</i>	18
<i>fosinopril sodium</i>	54
<i>fosinopril sodium-hctz</i>	58
<i>fosphenytoin sodium</i>	24
FRAGMIN	51
<i>frovatriptan succinate</i>	31
<i>fruity chews/iron</i>	128
<i>ft arthritis pain</i>	8
<i>ft aspirin</i>	8
<i>ft aspirin low dose</i>	8
<i>ft enteric coated aspirin</i>	8
<i>ft eye allergy itch relief</i>	117
<i>ft folic acid</i>	128
<i>ft nicotine</i>	14, 15
<i>ft nicotine mini</i>	15
FULPHILA	52
<i>fulvestrant</i>	35
<i>furosemide</i>	59
FUZEON	45
<i>fyavolv</i>	81

G

<i>gabapentin</i>	23
<i>gabapentin (once-daily)</i>	64
<i>galantamine hydrobromide</i>	25
<i>galantamine hydrobromide er</i>	25
GALZIN	128
<i>gatifloxacin</i>	118
GAZYVA	38
GEBAUERS PAIN EASE	13
GEBAUERS SPRAY AND STRETCH	13
GELNIQUE	73
<i>gemcitabine hcl</i>	35
<i>gemfibrozil</i>	60
<i>generlac</i>	72
<i>gengraf</i>	89
<i>gentamicin sulfate</i>	17, 118
<i>genuine aspirin</i>	8
<i>glatiramer acetate</i>	64
GLEOSTINE	33
<i>g-levocarnitine s/f</i>	114
<i>glimepiride</i>	48
<i>glipizide</i>	48
<i>glipizide er</i>	48
<i>glipizide xl</i>	48

<i>glipizide-metformin hcl</i>	48
<i>global ease inject pen needles</i>	99
<i>global easy glide insulin syr</i>	99
<i>global easy glide pen needles</i>	99
<i>global inject ease insulin syr</i>	99, 100
<i>global insulin syringes</i>	100
<i>glucagon emergency</i>	50
GLUCOPRO INSULIN SYRINGE	100
<i>glyburide</i>	48
<i>glyburide micronized</i>	48
<i>glyburide-metformin</i>	48
<i>glycopyrrolate</i>	70
<i>glydo</i>	13
GLYXAMBI	48
<i>gnp adult aspirin low strength</i>	8
<i>gnp arthritis pain</i>	8
<i>gnp aspirin</i>	8
<i>gnp aspirin low dose</i>	8
<i>gnp budesonide nasal spray</i>	121
<i>gnp childrens chewables/iron</i>	128
<i>gnp clickfine pen needles</i>	100
<i>gnp diclofenac sodium</i>	8
<i>gnp folic acid</i>	128
<i>gnp insulin syringe</i>	100
<i>gnp insulin syringes</i>	100
<i>gnp insulin syringes 28gx1/2</i>	100
<i>gnp insulin syringes 29gx1/2</i>	100
<i>gnp insulin syringes 30gx5/16</i>	100
<i>gnp insulin syringes 31gx5/16</i>	100
<i>gnp nicotine</i>	15
<i>gnp nicotine mini</i>	15
<i>gnp nicotine polacrilex</i>	15
<i>gnp olopatadine hcl</i>	117
<i>gnp pen needles</i>	100
<i>gnp ulticare pen needles</i>	100
GNP ULTIGUARD SAFEPAK NEEDLE	101
<i>gnp ultra com insulin syringe</i>	101
<i>goodsense arthritis pain</i>	8
<i>goodsense aspirin</i>	8
<i>goodsense aspirin adults</i>	8
<i>goodsense aspirin low dose</i>	8
<i>goodsense clickfine pen needle</i>	101
<i>goodsense nicotine</i>	15
GOODSENSE PEN NEEDLE PENFINE	101
GRALISE	64
<i>granisetron hcl</i>	29

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

<i>griseofulvin microsize</i>	30
<i>griseofulvin ultramicrosize</i>	30
<i>guanfacine hcl</i>	53
<i>guanfacine hcl er</i>	63
H	
<i>habitrol</i>	15
HADLIMA.....	89
HADLIMA PUSH TOUCH	89
HALAVEN	35
<i>halobetasol propionate</i>	77
HALOG	77
<i>haloperidol</i>	41
<i>haloperidol decanoate</i>	41
<i>haloperidol lactate</i>	41
<i>healthwise insulin syr/needle</i>	101
<i>healthwise micron pen needles</i>	101
<i>healthwise short pen needles</i>	101
<i>h-e-b aspirin</i>	8
<i>h-e-b incontrol pen needles</i>	101
H-E-B INCONTROL UNIFINE PENTIP	101
<i>her style</i>	84
<i>hm adult aspirin</i>	8
<i>hm nicotine polacrilex</i>	15
HM ULTICARE INSULIN SYRINGE	101
HM ULTICARE MINI PEN NEEDLES	101
HM ULTICARE SHORT PEN NEEDLES ...	101
HOMATROPAIRE.....	116
HORIZANT.....	64
HUMIRA (1 PEN)	89
HUMIRA (2 PEN).....	89
HUMIRA (2 SYRINGE)	89
HUMIRA-CD/UC/HS STARTER.....	89
HUMIRA-PSORIASIS/UEIT STARTER	89
HUMULIN 70/30.....	50
HUMULIN 70/30 KWIKPEN	50
HUMULIN N	50
HUMULIN N KWIKPEN.....	50
HUMULIN R.....	50
HUMULIN R U-500 (CONCENTRATED)	50
HUMULIN R U-500 KWIKPEN.....	50
HYCAMTIN	37
<i>hydralazine hcl</i>	61
<i>hydrochlorothiazide</i>	60
<i>hydrocod poli-chlorphe poli er</i>	125
<i>hydrocodone bit-homatrop mbr</i>	125
<i>hydrocodone-acetaminophen</i>	12

<i>hydrocodone-ibuprofen</i>	12
<i>hydrocortisone</i>	77, 91
<i>hydrocortisone (perianal)</i>	17
<i>hydrocortisone ace-pramoxine</i>	17, 67
<i>hydrocortisone acetate</i>	17
<i>hydrocortisone butyrate</i>	77
<i>hydrocortisone valerate</i>	77
<i>hydrocortisone-acetic acid</i>	119
<i>hydrocortisone-iodoquinol</i>	30
<i>hydrocort-pramoxine (perianal)</i>	67
<i>hydromet</i>	125
<i>hydromorphone hcl</i>	12
<i>hydromorphone hcl er</i>	12
<i>hydroxychloroquine sulfate</i>	39
<i>hydroxyurea</i>	34
<i>hydroxyzine hcl</i>	46, 121
<i>hydroxyzine pamoate</i>	121
<i>hyoscyamine sulfate</i>	70
<i>hyoscyamine sulfate er</i>	70
<i>hyosyne</i>	70
HYPERSAL	125

I

<i>ibandronate sodium</i>	91
IBRANCE	37
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>ibuprofen-famotidine</i>	8
ICAR.....	128
<i>icatibant acetate</i>	87
<i>idarubicin hcl</i>	35
IFEX	35
<i>ifosfamide</i>	35
ILARIS.....	90
<i>imatinib mesylate</i>	37
<i>imipramine hcl</i>	28
<i>imipramine pamoate</i>	28
<i>imiquimod</i>	67
<i>imiquimod pump</i>	67
INATAL GT.....	128
INCONTROL ULTICARE PEN NEEDLES ..	101
<i>indapamide</i>	60
INDERAL XL	55
<i>indocin</i>	8
INDOCIN	8
<i>indomethacin</i>	8
<i>indomethacin er</i>	8

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

<i>infliximab</i>	89	JANUMET	48
INLYTA	37	JANUMET XR	48
INNOPRAN XL	55	JANUVIA	48
<i>insulin lispro</i>	50	JARDIANCE	48
<i>insulin lispro (1 unit dial)</i>	50	<i>jencycla</i>	84
<i>insulin lispro junior kwikpen</i>	50	JENTADUETO	48
<i>insulin lispro prot & lispro</i>	50	JENTADUETO XR	48
<i>insulin syringe</i>	101, 102	JEVTANA	35
<i>insulin syringe-needle u-100</i>	102	<i>jolessa</i>	81
<i>insupen pen needles</i>	102	<i>juleber</i>	81
INSUPEN32G EXTR3ME	102	<i>june1 1/20</i>	81
INTELENCE	44	<i>june1 fe 1.5/30</i>	81
<i>introvale</i>	81	<i>june1 fe 1/20</i>	81
INVEGA HAFYERA	42	K	
INVEGA SUSTENNA	42	KADCYLA	35
INVEGA TRINZA	42	<i>kaitlib fe</i>	81
<i>iodoquinol-hc-aloe polysacch</i>	30	KALETRA	45
<i>iodosorb</i>	67	KALYDECO	123
IOPIDINE	119	KAMELEON LUBRICATED	114
<i>ipratropium bromide</i>	122	KANJINTI	35
<i>ipratropium-albuterol</i>	122	<i>kariva</i>	81
<i>irbesartan</i>	54	KENALOG-10	77
<i>irbesartan-hydrochlorothiazide</i>	58	KESIMPTA	65
IRESSA	37	<i>ketoconazole</i>	30
<i>irinotecan hcl</i>	35	<i>ketoprofen er</i>	8
<i>iron (ferrous sulfate)</i>	128	<i>ketorolac tromethamine</i>	8, 9, 117
<i>iron infant & toddler</i>	128	KEVZARA	90
<i>iron infant/toddler</i>	128	KEYTRUDA	37
<i>iron supplement</i>	69, 128	<i>kimono</i>	114
IRON UP	128	KIMONO COLORS	114
ISENTRESS	44	KIMONO MAXX-LARGE FLARE	114
ISENTRESS HD	44	<i>kimono micro thin</i>	114
<i>isibloom</i>	81	<i>kimono micro thin plus</i>	114
<i>isoniazid</i>	32	<i>kimono plus</i>	114
<i>isosorb dinitrate-hydralazine</i>	58	<i>kimono ps</i>	114
<i>isosorbide dinitrate</i>	62	<i>kimono ps plus</i>	114
<i>isosorbide mononitrate</i>	62	<i>kimono sensation</i>	114
<i>isosorbide mononitrate er</i>	62	<i>kimono sensation plus</i>	114
<i>isradipine</i>	57	KIMONO SPECIAL	114
<i>itraconazole</i>	30	<i>kinray insulin syringe</i>	102
<i>ivabradine hcl</i>	58	KITABIS PAK (W/ NEBULIZER)	123
<i>ivermectin</i>	38, 39	<i>klor-con</i>	128
IXEMPRA KIT	35	<i>klor-con m10</i>	128
J		<i>klor-con m15</i>	128
JAKAFI	37	<i>klor-con/ef</i>	128
<i>jantoven</i>	52	<i>kls arthritis pain relief</i>	9

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

<i>kls aspirin low dose</i>	9	<i>leucovorin calcium</i>	36
<i>kls diclofenac sodium</i>	9	LEUKERAN.....	33
<i>kls quit2</i>	15	<i>leuprolide acetate</i>	87
<i>kls quit4</i>	15	<i>levalbuterol hcl</i>	122, 123
<i>kmart valu insulin syringe 29g</i>	102	<i>levalbuterol tartrate</i>	123
<i>kmart valu insulin syringe 30g</i>	102	<i>levetiracetam</i>	22
KORLYM.....	50	<i>levetiracetam er</i>	22
<i>kp aspirin</i>	9	<i>levobunolol hcl</i>	119
<i>kp folic acid</i>	128	<i>levocarnitine</i>	114
<i>kp niacin</i>	128	<i>levocarnitine (dietary)</i>	114
K-PHOS NO 2.....	128	<i>levocarnitine l-tartrate</i>	114
<i>k-prime</i>	128	<i>levocetirizine dihydrochloride</i>	121
<i>kristalose</i>	72	<i>levofloxacin</i>	20, 21, 118
<i>croger insulin syringe</i>	102	<i>levoleucovorin calcium</i>	36
<i>croger pen needles</i>	102, 103	<i>levonest</i>	81
<i>kurvelo</i>	81	<i>levonorgest-eth est & eth est</i>	82
L		<i>levonorgest-eth estrad 91-day</i>	82
<i>labetalol hcl</i>	55	<i>levonorgestrel</i>	84
<i>lacosamide</i>	24	<i>levonorgestrel-ethinyl estrad</i>	82
<i>lactulose</i>	72	<i>levonorg-eth estrad triphasic</i>	81
<i>lactulose encephalopathy</i>	72	<i>levora 0.15/30 (28)</i>	82
LAMICTAL XR.....	23	<i>levorphanol tartrate</i>	10
<i>lamivudine</i>	44, 45	<i>levo-t</i>	85
<i>lamivudine-zidovudine</i>	45	<i>levothyroxine sodium</i>	85
<i>lamotrigine</i>	23	<i>levoxyl</i>	85
<i>lamotrigine er</i>	23	LEVULAN KERASTICK.....	67
<i>land before time multivitamin</i>	128	<i>lidocaine</i>	13
<i>lansoprazole</i>	72	<i>lidocaine hcl</i>	13, 65
<i>lanthanum carbonate</i>	74	<i>lidocaine hcl urethral/mucosal</i>	13
LANTUS.....	50	<i>lidocaine viscous hcl</i>	65
LANTUS SOLOSTAR.....	50	<i>lidocaine-hydrocort (perianal)</i>	67
<i>lapatinib ditosylate</i>	37	<i>lidocaine-hydrocortisone ace</i>	67
<i>larin 1.5/30</i>	81	<i>lidocaine-prilocaine</i>	13
<i>larin 1/20</i>	81	<i>lidopin</i>	13
<i>larin 24 fe</i>	81	<i>linezolid</i>	18
<i>larin fe 1.5/30</i>	81	LINZESS.....	71
<i>larin fe 1/20</i>	81	<i>liothyronine sodium</i>	86
<i>latanoprost</i>	119	LIPOFEN.....	60
LATUDA.....	42	<i>lisdexamphetamine dimesylate</i>	62
<i>leader insulin syringe</i>	103	<i>lisinopril</i>	54
LEADER UNIFINE PENTIPS.....	103	<i>lisinopril-hydrochlorothiazide</i>	58
LEADER UNIFINE PENTIPS PLUS.....	103	LITETOUCH INSULIN SYRINGE.....	103
<i>leena</i>	81	LITETOUCH PEN NEEDLES.....	103
<i>leflunomide</i>	90	<i>lithium</i>	47
<i>lenalidomide</i>	33	<i>lithium carbonate</i>	47
<i>letrozole</i>	36	<i>lithium carbonate er</i>	47

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

LITHOSTAT	74	MAXIDEX	117
LIVALO	60	<i>maxx</i>	114
LO LOESTRIN FE	82	<i>maxx plus</i>	114
<i>loestrin 1.5/30 (21)</i>	82	MAYZENT	65
<i>loestrin 1/20 (21)</i>	82	MAYZENT STARTER PACK	65
<i>loestrin fe 1/20</i>	82	<i>meclizine hcl</i>	28
<i>longs insulin syringe</i>	103	<i>meclofenamate sodium</i>	9
<i>lopinavir-ritonavir</i>	45	<i>medic insulin syringe</i>	104
<i>lorazepam</i>	47	<i>medicine shoppe pen needles</i>	104
<i>losartan potassium</i>	54	<i>medi-first aspirin</i>	9
<i>losartan potassium-hctz</i>	59	<i>medique aspirin</i>	9
LOTEMAX	117	MEDROL	77
LOTEMAX SM	117	<i>medroxyprogesterone acetate</i>	84
<i>loteprednol etabonate</i>	117	<i>mefenamic acid</i>	9
<i>lovastatin</i>	61	<i>mefloquine hcl</i>	39
<i>low-ogestrel</i>	82	<i>megestrol acetate</i>	84
<i>loxapine succinate</i>	41	<i>meijer aspirin ec</i>	9
<i>lubiprostone</i>	72	<i>meijer pen needles</i>	104
LUMIGAN	119	<i>meloxicam</i>	9
LUPRON DEPOT (1-MONTH)	87	<i>melfalan hcl</i>	33
LUPRON DEPOT (3-MONTH)	87	<i>memantine hcl</i>	25
LUPRON DEPOT (4-MONTH)	87	<i>memantine hcl er</i>	25
LUPRON DEPOT (6-MONTH)	87	MENEST	82
LUPRON DEPOT-PED (1-MONTH)	87	MENOSTAR	82
LUPRON DEPOT-PED (3-MONTH)	87	<i>meperidine hcl</i>	12
LUPRON DEPOT-PED (6-MONTH)	87	<i>meprobamate</i>	46
<i>lurasidone hcl</i>	42	<i>mercaptapurine</i>	34
<i>lutea</i>	82	<i>mesalamine</i>	90, 91
LYSODREN	86	<i>mesalamine er</i>	91
<i>lyza</i>	84	<i>mesalamine-cleanser</i>	91
M		<i>mesna</i>	38
<i>mafenide acetate</i>	18	MESNEX	38
MAGELLAN INSULIN SAFETY SYR	103	<i>metformin hcl</i>	48
MAGNEBIND 400	129	<i>metformin hcl er</i>	49
<i>malathion</i>	39	<i>methamphetamine hcl</i>	63
MARATHON MEDICAL PENTIPS	103	<i>methazolamide</i>	119
<i>maraviroc</i>	45	<i>methenamine hippurate</i>	18
<i>marlissa</i>	82	<i>methenamine mandelate</i>	18
MARPLAN	26	<i>methimazole</i>	87
MATULANE	33	<i>methocarbamol</i>	126
<i>matzim la</i>	57	<i>methotrexate sodium</i>	89
MAVYRET	44	<i>methotrexate sodium (pf)</i>	89
MAXICOMFORT II PEN NEEDLE	104	<i>methoxsalen rapid</i>	67
MAXI-COMFORT INSULIN SYRINGE	103	<i>methscopolamine bromide</i>	70
MAXI-COMFORT SAFETY PEN NEEDLE	103	<i>methylropa</i>	53
MAXICOMFORT SYR 27G X 1/2	104	<i>methylphenidate hcl</i>	63

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

<i>methylphenidate hcl er</i>	63	MONOJECT ULTRA COMFORT SYRINGE	104
<i>methylphenidate hcl er (cd)</i>	63	<i>mono-lynyah</i>	82
<i>methylphenidate hcl er (la)</i>	63	<i>montelukast sodium</i>	121
<i>methylphenidate hcl er (osm)</i>	64	<i>morphine sulfate</i>	12
<i>methylprednisolone</i>	77	<i>morphine sulfate er</i>	10
<i>methylprednisolone acetate</i>	77	<i>morphine sulfate er beads</i>	11
<i>methylprednisolone sodium succ</i>	77	MOTEGRITY.....	71
<i>metoclopramide hcl</i>	71	MOTOFEN	71
<i>metolazone</i>	60	<i>motrin arthritis pain</i>	9
<i>metoprolol succinate er</i>	56	MOUNJARO.....	49
<i>metoprolol tartrate</i>	56	MOVANTIK	71
<i>metoprolol-hydrochlorothiazide</i>	59	<i>moxifloxacin hcl</i>	21, 118
<i>metronidazole</i>	18, 67	MOZOBIL	52
<i>metyrosine</i>	59	<i>ms insulin syringe</i>	105
<i>mexiletine hcl</i>	55	MULTAQ	55
<i>mibelas 24 fe</i>	82	<i>multivitamin drops/iron</i>	129
<i>miconazole 3</i>	30	<i>multivitamin infant & toddler</i>	129
<i>miconazole-zinc oxide-petrolat</i>	30	<i>mupirocin</i>	18
MICRODOT PEN NEEDLE.....	104	<i>mupirocin calcium</i>	18
<i>microgestin 1.5/30</i>	82	<i>my choice</i>	84
<i>microgestin 1/20</i>	82	<i>my way</i>	84
<i>microgestin fe 1.5/30</i>	82	<i>mycophenolate mofetil</i>	89
<i>microgestin fe 1/20</i>	82	<i>mycophenolate sodium</i>	89
<i>midodrine hcl</i>	53	MYLERAN.....	33
MIGERGOT	31	MYOBLOC	126
<i>miglustat</i>	69	MYRBETRIQ.....	73
<i>minocycline hcl</i>	21	N	
<i>minocycline hcl er</i>	21	<i>na ferric gluc cplx in sucrose</i>	129
<i>minoxidil</i>	61	<i>na sulfate-k sulfate-mg sulf</i>	72
MIOCHOL-E.....	116	<i>nabumetone</i>	9
MIOSTAT	119	<i>nadolol</i>	56
MIRENA (52 MG).....	84	<i>naftifine hcl</i>	30
<i>mirtazapine</i>	26	NALFON.....	9
<i>misoprostol</i>	72	<i>naltrexone hcl</i>	14
<i>mitomycin</i>	35	NAPRELAN.....	9
MITOSOL.....	114	<i>napro</i>	9
<i>mitoxantrone hcl</i>	36	<i>naproxen</i>	9
<i>mm arthritis pain reliever</i>	9	<i>naproxen dr</i>	9
<i>mm aspirin</i>	9	<i>naproxen sodium</i>	9
<i>mm insulin syringe/needle</i>	104	<i>naproxen sodium er</i>	9
MM PEN NEEDLES.....	104	<i>naratriptan hcl</i>	31
<i>modafinil</i>	127	NATACYN	30
<i>moexipril hcl</i>	54	NATAZIA	82
<i>mometasone furoate</i>	77, 121	<i>nateglinide</i>	49
<i>mondoxylene nl</i>	22	NATROBA.....	39
MONOJECT INSULIN SYRINGE.....	104	<i>nebivolol hcl</i>	56

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

NEBUSAL	125	NIPENT	34
<i>necon 0.5/35 (28)</i>	82	<i>nisoldipine er</i>	57
NEEVO DHA	129	<i>nitazoxanide</i>	39
<i>nefazodone hcl</i>	27	NITRO-BID	62
<i>nelarabine</i>	35	NITRO-DUR	62
<i>neomycin sulfate</i>	17	<i>nitrofurantoin</i>	18
<i>neomycin-bacitracin zn-polymyx</i>	116	<i>nitrofurantoin macrocrystal</i>	18
<i>neomycin-polymyxin-dexameth</i>	117	<i>nitrofurantoin monohyd macro</i>	18
<i>neomycin-polymyxin-gramicidin</i>	116	<i>nitroglycerin</i>	62
<i>neomycin-polymyxin-hc</i>	117, 119	NITRO-TIME	62
NEOTUSS PLUS	126	NIVA-PLUS	129
NESTABS	129	NIVESTYM	52
NESTABS DHA	129	<i>nizatidine</i>	71
<i>neuac</i>	67	<i>norethin ace-eth estrad-fe</i>	82
NEUPRO	39	<i>norethindrone</i>	85
NEVANAC	117	<i>norethindrone acetate</i>	85
<i>nevirapine</i>	44	<i>norethindrone acet-ethinyl est</i>	83
<i>nevirapine er</i>	44	<i>norethindrone-eth estradiol</i>	83
<i>new day</i>	84	<i>norethin-eth estradiol-fe</i>	83
NEXAVAR	37	<i>norgestimate-eth estradiol</i>	83
NEXIUM	72	<i>norgestim-eth estrad triphasic</i>	83
NEXPLANON	85	NORITATE	67
<i>niacin</i>	129	<i>norlyroc</i>	85
<i>niacin (antihyperlipidemic)</i>	61	NORPACE CR	55
<i>niacin er (antihyperlipidemic)</i>	61	<i>nortrel 7/7/7</i>	83
NIACOR	61	<i>nortriptyline hcl</i>	28
<i>nicardipine hcl</i>	57	NORVIR	45
NICODERM CQ	15	NOVAFERRUM	129
NICORETTE	15	NOVAFERRUM PEDIATRIC DROPS	129
NICORETTE MINI	15	NOVOFINE PEN NEEDLE	105
NICORETTE STARTER KIT	15	NOVOFINE PLUS PEN NEEDLE	105
<i>nicotine</i>	15, 16	NOVOLIN 70/30	50
<i>nicotine mini</i>	16	NOVOLIN 70/30 FLEXPEN	50
<i>nicotine polacrilex</i>	16	NOVOLIN 70/30 FLEXPEN RELION	50
<i>nicotine polacrilex mini</i>	16	NOVOLIN 70/30 RELION	51
<i>nicotine step 1</i>	16	NOVOLIN N	51
<i>nicotine step 2</i>	16	NOVOLIN N FLEXPEN	51
<i>nicotine step 3</i>	16	NOVOLIN N FLEXPEN RELION	51
NICOTROL	16	NOVOLIN N RELION	51
NICOTROL NS	16	NOVOLIN R	51
<i>nifedipine</i>	57	NOVOLIN R RELION	51
<i>nifedipine er</i>	57	NOXAFIL	30
<i>nifedipine er osmotic release</i>	57	NP THYROID	86
<i>nikki</i>	82	NPLATE	52
<i>nilutamide</i>	33	NUBEQA	33
<i>nimodipine</i>	57	NUCYNTA	12

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

NUCYNTA ER.....	11	<i>orphenadrine citrate er</i>	126
NUDEXTA	64	<i>oscimin</i>	70
<i>nulev</i>	70	<i>oseltamivir phosphate</i>	45
NUMOISYN.....	65	OTEZLA	90
NURTEC.....	31	OVACE PLUS	67
NUVARING	83	<i>oxaliplatin</i>	35
<i>nyamyc</i>	30	<i>oxaprozin</i>	9
<i>nystatin</i>	30	<i>oxazepam</i>	47
<i>nystatin-triamcinolone</i>	30	<i>oxcarbazepine</i>	24
O		<i>oxiconazole nitrate</i>	30
OB COMPLETE	129	OXISTAT	30
OB COMPLETE ONE	129	<i>oxybutynin chloride</i>	73
OB COMPLETE PETITE.....	129	<i>oxybutynin chloride er</i>	73
OB COMPLETE PREMIER.....	129	<i>oxycodone hcl</i>	12
OB COMPLETE/DHA	129	<i>oxycodone-acetaminophen</i>	12, 13
OBSTETRIX DHA	129	OXYCONTIN.....	11
<i>octreotide acetate</i>	79	<i>oxymorphone hcl</i>	13
<i>ofloxacin</i>	21, 118, 119	<i>oxymorphone hcl er</i>	11
<i>olanzapine</i>	42	OXYTROL	73
<i>olanzapine-fluoxetine hcl</i>	27	OZEMPIC (0.25 OR 0.5 MG/DOSE)	49
<i>olmesartan medoxomil</i>	54	OZEMPIC (1 MG/DOSE).....	49
<i>olmesartan medoxomil-hctz</i>	59	OZEMPIC (2 MG/DOSE).....	49
<i>olmesartan-amlodipine-hctz</i>	59	P	
<i>olopatadine hcl</i>	117, 121	<i>pacerone</i>	55
<i>omega-3-acid ethyl esters</i>	61	<i>paclitaxel</i>	35
<i>omeprazole</i>	73	<i>paclitaxel protein-bound part</i>	35
<i>omeprazole-sodium bicarbonate</i>	73	<i>paliperidone er</i>	42
OMNARIS	121	<i>palonosetron hcl</i>	29
OMNIFLEX DIAPHRAGM	114	<i>pamidronate disodium</i>	91
ONCASPAR.....	36	PANCREAZE	70
<i>ondansetron</i>	29	PANDEL.....	77
<i>ondansetron hcl</i>	29	PANOXYL	67
<i>one vite ferrous sulfate</i>	69	PANRETIN	38
ONGLYZA.....	49	<i>pantoprazole sodium</i>	73
<i>opcicon one-step</i>	85	PARAGARD INTRAUTERINE COPPER....	114
OPSUMIT.....	124	<i>paricalcitol</i>	91
<i>option 2</i>	85	<i>paroxetine hcl</i>	27
OPTIONS GYNOL II CONTRACEPTIVE	74	<i>paroxetine hcl er</i>	27
ORACIT	129	PATADAY	117
<i>oralone</i>	65	PAXLOVID (150/100)	46
ORAVIG.....	30	PAXLOVID (300/100)	46
ORENCIA.....	89	<i>pazopanib hcl</i>	37
ORENCIA CLICKJECT	90	<i>pc pediatric iron drops</i>	129
ORILISSA	87	<i>pc unifine pentips</i>	105
ORLADEYO	87	<i>peg 3350-kcl-na bicarb-nacl</i>	72
<i>orphenadrine citrate</i>	126	<i>peg-3350/electrolytes</i>	72

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

<i>pemetrexed disodium</i>	35	<i>pitavastatin calcium</i>	61
<i>pen needle/5-bevel tip</i>	105	PLAN B ONE-STEP	85
<i>pen needles</i>	105	PLEGRIDY	65
<i>pen needles 5/16</i>	105	PLEGRIDY STARTER PACK.....	65
<i>penciclovir</i>	46	<i>pnv-dha</i>	129
<i>penicillin g potassium</i>	20	<i>pnv-dha+docusate</i>	129
<i>penicillin g sodium</i>	20	<i>pnv-omega</i>	129
<i>penicillin v potassium</i>	20	<i>pnv-select</i>	129
PENTASA	91	<i>podofilox</i>	67
<i>pentazocine-naloxone hcl</i>	13	<i>polycin</i>	116
PENTIPS.....	105	<i>polymyxin b-trimethoprim</i>	116
PENTIPS GENERIC PEN NEEDLES	105	POLY-VI-SOL/IRON.....	129
<i>pentoxifylline er</i>	59	<i>poly-vita/iron</i>	129
<i>perindopril erbumine</i>	54	<i>poly-vite/iron</i>	129
PERJETA.....	35	<i>potassium chloride</i>	129
<i>permethrin</i>	39	<i>potassium chloride crys er</i>	130
<i>perphenazine</i>	41	<i>potassium chloride er</i>	130
<i>perphenazine-amitriptyline</i>	28	<i>potassium citrate er</i>	130
PERTZYE	70	<i>potassium citrate-citric acid</i>	130
<i>pharmacist choice diclofenac</i>	9	PRADAXA	52
<i>phenazo</i>	74	<i>pramipexole dihydrochloride</i>	40
<i>phenazopyridine hcl</i>	74	<i>pramipexole dihydrochloride er</i>	40
<i>phenelzine sulfate</i>	26	PRAMOSONE	17
<i>phenobarbital</i>	23	<i>prasugrel hcl</i>	53
<i>phenoxybenzamine hcl</i>	53	<i>pravastatin sodium</i>	61
<i>phentolamine mesylate</i>	53	<i>praziquantel</i>	38
<i>phenylephrine hcl</i>	116	<i>prazosin hcl</i>	53
<i>phenytek</i>	24	PRECISION SURE-DOSE SYRINGE	105
<i>phenytoin</i>	24	PRED MILD.....	117
<i>phenytoin sodium</i>	24	<i>prednisolone</i>	77
<i>phenytoin sodium extended</i>	24	<i>prednisolone acetate</i>	117
<i>philith</i>	83	<i>prednisolone sodium phosphate</i>	77, 78, 117
<i>phospha 250 neutral</i>	129	<i>prednisone</i>	78
PHOSPHOLINE IODIDE.....	119	PREDNISONE INTENSOL.....	78
<i>phospho-trin 250 neutral</i>	129	<i>preferred plus insulin syringe</i>	105
<i>phospho-trin k500</i>	129	<i>preferred plus unifine pentips</i>	105
PHOTOFRIN.....	36	<i>pregabalin</i>	64
<i>pilocarpine hcl</i>	65, 119	<i>pregabalin er</i>	64
<i>pimecrolimus</i>	67	PREMARIN	83
<i>pimozide</i>	41	<i>premium lidocaine</i>	13
<i>pimtrea</i>	83	PREMPHASE.....	83
<i>pindolol</i>	56	PREMPRO	83
<i>pip pen needles 31g x 5mm</i>	105	<i>prenaissance</i>	130
<i>pip pen needles 32g x 4mm</i>	105	<i>prenaissance plus</i>	130
<i>pirfenidone</i>	124	PRENATABS RX.....	130
<i>piroxicam</i>	9	<i>prenatal</i>	130

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

<i>prenatal 19</i>	130
<i>prenatal plus</i>	130
<i>PRENATAL-U</i>	130
<i>prevalite</i>	61
<i>PREVENT DROPSAFE PEN NEEDLES</i>	106
<i>PREVENT SAFETY PEN NEEDLES</i>	106
<i>PREZISTA</i>	45
<i>PRIFTIN</i>	32
<i>PRIOSEC</i>	73
<i>primaquine phosphate</i>	39
<i>primidone</i>	23
<i>PRO COMFORT INSULIN SYRINGE</i>	106
<i>pro comfort pen needles</i>	106
<i>PROAIR RESPICLICK</i>	123
<i>probenecid</i>	31
<i>prochlorperazine</i>	41
<i>prochlorperazine edisylate</i>	41
<i>prochlorperazine maleate</i>	41
<i>PROCORT</i>	67
<i>PROCTOFOAM HC</i>	67
<i>procto-med hc</i>	17
<i>proctosol hc</i>	17
<i>PRODIGY INSULIN SYRINGE</i>	106
<i>progesterone</i>	85
<i>PROLENSA</i>	117
<i>PROLEUKIN</i>	36
<i>PROLIA</i>	91
<i>promethazine hcl</i>	28, 29
<i>promethazine-codeine</i>	125
<i>promethazine-dm</i>	125
<i>promethazine-phenylephrine</i>	126
<i>PROMETHEGAN</i>	29
<i>PROMISEB</i>	67
<i>propafenone hcl</i>	55
<i>propafenone hcl er</i>	55
<i>proparacaine hcl</i>	116
<i>propranolol hcl</i>	56
<i>propranolol hcl er</i>	56
<i>propylthiouracil</i>	87
<i>protriptyline hcl</i>	28
<i>PROVENTIL HFA</i>	123
<i>prucalopride succinate</i>	71
<i>PRUDOXIN</i>	67
<i>PULMICORT FLEXHALER</i>	121
<i>pulmosal</i>	125
<i>PULMOZYME</i>	123

<i>pure comfort pen needle</i>	106
<i>pure comfort safety pen needle</i>	106
<i>px extra short pen needles</i>	106
<i>px insulin syringe</i>	106
<i>px mini pen needles</i>	106
<i>px pen needle</i>	106
<i>PYLERA</i>	71
<i>pyrazinamide</i>	33
<i>pyridostigmine bromide</i>	32
<i>pyridostigmine bromide er</i>	32
<i>pyrimethamine</i>	39

Q

<i>qc aspirin</i>	9
<i>qc aspirin low dose</i>	9
<i>qc childrens aspirin</i>	9
<i>qc childrens vitamins/iron</i>	130
<i>qc diclofenac sodium</i>	9
<i>qc enteric aspirin</i>	9
<i>qc folic acid</i>	130
<i>qc nicotine transdermal system</i>	16
<i>qc olopatadine hcl</i>	117
<i>qc pen needles</i>	106
<i>qc unifine pentips</i>	106
<i>QNASL</i>	121
<i>QNASL CHILDRENS</i>	121
<i>QTERN</i>	49
<i>quazepam</i>	47
<i>quetiapine fumarate</i>	42
<i>quetiapine fumarate er</i>	42
<i>QUICK TOUCH INSULIN PEN NEEDLE</i> ...	106, 107
<i>QUILLICHEW ER</i>	64
<i>QUILLIVANT XR</i>	64
<i>quinapril hcl</i>	54
<i>quinapril-hydrochlorothiazide</i>	59
<i>quinidine gluconate er</i>	55
<i>quinidine sulfate</i>	55
<i>quinine sulfate</i>	39
<i>QULIPTA</i>	31
<i>QUTENZA</i>	6
<i>QUTENZA (2 PATCH)</i>	6

R

<i>ra aspirin</i>	9
<i>ra aspirin adult low dose</i>	9
<i>ra aspirin adult low strength</i>	10

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

<i>ra aspirin childrens</i>	10	REZVOGLAR KWIKPEN.....	51
<i>ra aspirin ec</i>	10	<i>ribavirin</i>	44, 125
<i>ra aspirin ec adult low st</i>	10	RIDAURA.....	90
<i>ra budesonide</i>	121	<i>rifabutin</i>	32
<i>ra folic acid</i>	130	<i>rifampin</i>	33
<i>ra insulin syringe</i>	107	<i>riluzole</i>	64
<i>ra mini nicotine</i>	16	<i>rimantadine hcl</i>	46
<i>ra niacin</i>	130	RIMSO-50.....	74
<i>ra nicotine</i>	16	RINVOQ.....	90
<i>ra nicotine gum</i>	16	<i>risedronate sodium</i>	91, 92
<i>ra nicotine polacrilex</i>	16	RISPERDAL CONSTA.....	42
<i>ra no flush niacin</i>	130	<i>risperidone</i>	43
<i>ra pain relief aspirin</i>	10	<i>ritonavir</i>	45
<i>ra pen needles</i>	107	<i>rivastigmine</i>	25
<i>rabeprazole sodium</i>	73	<i>rivastigmine tartrate</i>	25
<i>raloxifene hcl</i>	85	<i>rivelsa</i>	83
<i>ramelteon</i>	127	<i>rizatriptan benzoate</i>	32
<i>ramipril</i>	54	<i>roflumilast</i>	123
<i>ranolazine er</i>	59	<i>romidepsin</i>	36
<i>rasagiline mesylate</i>	40	<i>ropinirole hcl</i>	40
<i>raya sure pen needle</i>	107	<i>ropinirole hcl er</i>	40
RAYOS.....	78	<i>rosuvastatin calcium</i>	61
<i>react</i>	85	<i>roweepra</i>	22
<i>reality insulin syringe</i>	107	ROZLYTREK.....	37
REALITY LATEX CONDOMS.....	114	<i>rufinamide</i>	25
REALITY LATEX/ULTRA TEXTURED.....	114	RYBELSUS.....	49
REALITY LATEX/ULTRA THIN.....	114	S	
<i>reclipsen</i>	83	<i>safety pen needles</i>	107
RECTIV.....	67	SALIVAMAX.....	65
REGRANEX.....	67	<i>salsalate</i>	10
RELENZA DISKHALER.....	46	SANCUSO.....	29
RELION INSULIN SYRINGE.....	107	SANTYL.....	67
RELION MINI PEN NEEDLES.....	107	SAPHRIS.....	43
RELION PEN NEEDLES.....	107	SAVELLA.....	64
RELION SHORT PEN NEEDLES.....	107	SAVELLA TITRATION PACK.....	64
RELISTOR.....	71	<i>saxagliptin hcl</i>	49
RENFLEXIS.....	90	<i>saxagliptin-metformin er</i>	49
<i>repaglinide</i>	49	<i>sb aspirin</i>	10
REPATHA.....	61	<i>sb aspirin ec</i>	10
REPATHA PUSHTRONEX SYSTEM.....	61	<i>sb childrens aspirin</i>	10
REPATHA SURECLICK.....	61	<i>sb insulin syringe</i>	107
RESTASIS.....	116	<i>sb low dose asa ec</i>	10
RETACRIT.....	52	SCALACORT DK.....	67
<i>retaine allergy</i>	117	<i>scopolamine</i>	29
RETIN-A MICRO PUMP.....	67	SECURESAFE INSULIN SYRINGE.....	107
RETROVIR.....	45	SECURESAFE SAFETY PEN NEEDLES...	108

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

SEGLUROMET.....	49	SPIRIVA RESPIMAT.....	122
SELARSDI.....	67	<i>spironolactone</i>	60
SELECT-OB.....	130	<i>spironolactone-hctz</i>	59
SELECT-OB+DHA.....	130	<i>sprintec 28</i>	83
<i>selegiline hcl</i>	40	SPRIX.....	10
<i>selenium sulfide</i>	67	SPRYCEL.....	37
SELZENTRY.....	45	<i>sps (sodium polystyrene sulf)</i>	131
<i>se-natal 19</i>	130	SPS (SODIUM POLYSTYRENE SULF).....	131
SEREVENT DISKUS.....	123	<i>ssd</i>	18
<i>sertraline hcl</i>	27	<i>sss 10-5</i>	68
<i>setlakin</i>	83	<i>st joseph aspirin</i>	10
<i>sevelamer carbonate</i>	75	<i>st joseph low dose</i>	10
<i>sevelamer hcl</i>	75	STEGLATRO.....	49
SFROWASA.....	91	STEGLUJAN.....	49
<i>sharobel</i>	85	STIVARGA.....	37
<i>sildenafil citrate</i>	124	STRIBILD.....	44
<i>silodosin</i>	74	STRIVERDI RESPIMAT.....	123
<i>silver sulfadiazine</i>	18	<i>sucralfate</i>	72
<i>simvastatin</i>	61	<i>sulconazole nitrate</i>	30
<i>sirolimus</i>	90	<i>sulfacetamide sodium</i>	21, 68
SKLICE.....	39	<i>sulfacetamide sodium (acne)</i>	21
SKYRIZI.....	68	<i>sulfacetamide sodium (cleans)</i>	68
SKYRIZI PEN.....	68	<i>sulfacetamide sodium-sulfur</i>	68
<i>sm aspirin ec</i>	10	<i>sulfacetamide-prednisolone</i>	118
<i>sm aspirin low dose</i>	10	<i>sulfacetamide-sulfur in urea</i>	68
<i>sm childrens aspirin</i>	10	<i>sulfadiazine</i>	21
<i>sm nicotine</i>	16	<i>sulfamethoxazole-trimethoprim</i>	21
<i>sm nicotine polacrilex</i>	16	SULFAMYLON.....	18
<i>sod citrate-citric acid</i>	130	<i>sulfasalazine</i>	91
<i>sodium chloride</i>	125	<i>sulfatrim pediatric</i>	21
<i>sodium fluoride</i>	130	<i>sulfurated lime</i>	39
<i>sodium phenylbutyrate</i>	70	<i>sulindac</i>	10
<i>sodium polystyrene sulfonate</i>	131	<i>sumatriptan</i>	32
<i>sodium sulfacetamide</i>	68	<i>sumatriptan succinate</i>	32
<i>sofosbuvir-velpatasvir</i>	44	<i>sumatriptan succinate refill</i>	32
SOHONOS.....	114	<i>sumatriptan-naproxen sodium</i>	32
<i>solifenacin succinate</i>	73	<i>sunitinib malate</i>	37
SOLTAMOX.....	33	SUPREP BOWEL PREP KIT.....	72
SOLU-CORTEF.....	78	<i>sure comfort insulin syringe</i>	108
SOLU-MEDROL.....	78	<i>sure comfort pen needles</i>	108
<i>sorafenib tosylate</i>	37	SYMPROIC.....	71
SORILUX.....	68	SYNAGIS.....	125
<i>sotalol hcl</i>	55	SYNJARDY.....	49
<i>sotalol hcl (af)</i>	55	SYNJARDY XR.....	49
<i>spinosad</i>	39	SYNTHROID.....	86
SPIRIVA HANDIHALER.....	122		

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

T	
TABLOID.....	36
TACLONEX.....	68
<i>tacrolimus</i>	68, 90
<i>tadalafil (pah)</i>	124
<i>take action</i>	85
TALTZ.....	68
<i>tamoxifen citrate</i>	33
<i>tamsulosin hcl</i>	74
TARGRETIN	38
TARON-C DHA.....	130
TASIGNA.....	37
<i>tazarotene</i>	68
TAZORAC.....	68
<i>techlite insulin syringe</i>	108
TECHLITE PEN NEEDLES.....	108
TECHLITE PLUS PEN NEEDLES	108
TEGRETOL.....	25
TEGRETOL-XR	25
<i>telmisartan</i>	54
<i>telmisartan-amlodipine</i>	59
<i>telmisartan-hctz</i>	59
<i>temazepam</i>	127
TEMODAR.....	33
<i>temozolomide</i>	33
<i>temsirolimus</i>	90
TENCON.....	6
<i>tenofovir disoproxil fumarate</i>	45
<i>terazosin hcl</i>	74
<i>terbinafine hcl</i>	30
<i>terbutaline sulfate</i>	123
<i>terconazole</i>	30
<i>teriflunomide</i>	65
<i>teriparatide</i>	92
<i>testosterone</i>	79
<i>testosterone cypionate</i>	79
<i>testosterone enanthate</i>	79
<i>tetrabenazine</i>	64
<i>tetracaine hcl</i>	116
<i>tetracycline hcl</i>	22
TEXACORT	78
THALOMID	33
THEO-24.....	123
<i>theophylline</i>	123
<i>theophylline er</i>	123
<i>thioridazine hcl</i>	41
<i>thiotepa</i>	33
<i>thiothixene</i>	41
<i>thrive</i>	17
<i>thrivite rx</i>	130
<i>thyroid</i>	86
<i>tiagabine hcl</i>	23
<i>ticagrelor</i>	53
TICE BCG	36
<i>tilia fe</i>	83
<i>timolol maleate</i>	56, 119
<i>timolol maleate (once-daily)</i>	119
<i>timolol maleate pf</i>	119
<i>tinidazole</i>	39
<i>tiopronin</i>	74
<i>tiotropium bromide monohydrate</i>	122
TIROSINT	86
TIROSINT-SOL	86
<i>tizanidine hcl</i>	43
<i>tobramycin</i>	118, 123
<i>tobramycin-dexamethasone</i>	118
TOBREX	118
TODAY SPONGE.....	74
<i>todays health pen needles</i>	108
<i>todays health short pen needle</i>	108
<i>tolcapone</i>	39
<i>tolmetin sodium</i>	10
<i>tolterodine tartrate</i>	73
<i>tolterodine tartrate er</i>	73
<i>topcare clickfine pen needles</i>	108
<i>topcare ultra comfort ins syr</i>	108
<i>topiramate</i>	23, 24
<i>topiramate er</i>	24
<i>topotecan hcl</i>	37
<i>torseamide</i>	59
TOSYMRA	32
TOUJEO MAX SOLOSTAR	51
TOUJEO SOLOSTAR	51
TOVIAZ	73
TRADJENTA	49
<i>tramadol hcl</i>	13
<i>tramadol hcl (er biphasic)</i>	11
<i>tramadol hcl er</i>	11
<i>tramadol-acetaminophen</i>	13
<i>trandolapril</i>	54
<i>trandolapril-verapamil hcl er</i>	59
<i>tranylcypromine sulfate</i>	26

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

<i>travoprost (bak free)</i>	119	<i>true comfort insulin syringe</i>	109
TRAZIMERA	38	<i>true comfort pen needles</i>	109
<i>trazodone hcl</i>	27	<i>true comfort pro insulin syr</i>	109
TREANDA.....	36	<i>true comfort pro pen needles</i>	109
TRECATOR	33	<i>true comfort safety pen needle</i>	109
TRELEGY ELLIPTA.....	125	<i>true cover</i>	115
TREMFYA.....	68	<i>true folic acid</i>	131
TREMFYA ONE-PRESS.....	68	<i>true vitamin b3</i>	131
TREMFYA PEN	68	TRUEPLUS 5-BEVEL PEN NEEDLES	109
<i>tretinoin</i>	38, 69	TRUEPLUS INSULIN SYRINGE	109
<i>tretinoin microsphere</i>	69	TRUEPLUS PEN NEEDLES	110
<i>tretinoin microsphere pump</i>	69	TRULANCE	71
TREXALL	90	TRULICITY.....	49
<i>triamcinolone acetanide</i>	65, 78	TRUSTEX COLOR CONDOMS + LUBE.....	115
<i>triamcinolone in absorbase</i>	78	TRUSTEX LUB/RIBBED/STUDDED	115
<i>triamterene</i>	60	TRUSTEX LUB/SPERMICIDE EX ST	115
<i>triamterene-hctz</i>	59	TRUSTEX LUB/SPERMICIDE XL	115
<i>triazolam</i>	47	TRUSTEX LUBRICATED	115
TRICARE	131	TRUSTEX LUBRICATED EX LARGE	115
<i>tricitrates</i>	131	TRUSTEX LUBRICATED EXTRA ST	115
<i>trientine hcl</i>	74	TRUSTEX LUBRICATED/SPERMICIDE.....	115
TRIESENCE	118	TRUSTEX NATURAL CONDOMS + LUBE.....	115
<i>tri-estarylla</i>	83	TRUSTEX NON-LUBRICATED.....	115
<i>trifluoperazine hcl</i>	41	TRUSTEX RIA LUB/SPERMICIDE	115
<i>trifluridine</i>	46	TRUSTEX RIA LUBRICATED.....	115
<i>trihexyphenidyl hcl</i>	39	TRUSTEX RIA NON-LUBRICATED.....	115
TRIJARDY XR	49	TRUSTEX-NONNOXYNOL-9/RIB/STUD.....	115
<i>tri-legest fe</i>	83	TRUXIMA	38
<i>tri-linyah</i>	83	TUDORZA PRESSAIR.....	122
<i>tri-lo-marzia</i>	83	TUSNEL	126
<i>tri-lo-sprintec</i>	83	TYENNE.....	90
<i>trimethobenzamide hcl</i>	29	TYMLOS	92
<i>trimethoprim</i>	18	U	
<i>trimipramine maleate</i>	28	UBRELVY	31
<i>trinatal rx 1</i>	131	UDENYCA.....	52
TRINATE.....	131	ULTICARE INSULIN SAFETY SYR	110
TROJAN ENZ	114	ULTICARE INSULIN SYR 1/2 UNIT.....	110
TROJAN MAGNUM	114	ULTICARE INSULIN SYRINGE	110
TROJAN ULTRA RIBBED LUBRICATED ...	114	ULTICARE MICRO PEN NEEDLES.....	110
TROJAN ULTRA THIN	114	ULTICARE MINI PEN NEEDLES.....	110
TROJAN ULTRA THIN/SPERMICIDAL	114	ULTICARE PEN NEEDLES	110
TROJAN-ENZ LUBRICATED.....	114	ULTICARE SHORT PEN NEEDLES	110
TROJAN-ENZ/SPERMICIDAL	115	ULTIGUARD SAFEPAK PEN NEEDLE ...	110
<i>tropicamide</i>	116	ULTIGUARD SAFEPAK SYR/NEEDLE... 110,	
<i>trospium chloride</i>	73	111	
<i>trospium chloride er</i>	73	ULTILET PEN NEEDLE	111

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

<i>ultra comfort insulin syringe</i>	111
ULTRA FLO INSULIN PEN NEEDLES	111
ULTRA FLO INSULIN SYR 1/2 UNIT	111
ULTRA FLO INSULIN SYRINGE	111
ULTRA THIN PEN NEEDLES	111
<i>ultracare insulin syringe</i>	112
<i>ultracare pen needles</i>	112
ULTRA-THIN II INS SYR SHORT	111
ULTRA-THIN II INSULIN SYRINGE	111
ULTRA-THIN II MINI PEN NEEDLE	111
ULTRA-THIN II PEN NEEDLE SHORT	111
ULTRA-THIN II PEN NEEDLES	111
UNIFINE OTC PEN NEEDLES	112
UNIFINE PENTIPS	112
UNIFINE PENTIPS PLUS	112
UNIFINE PROTECT PEN NEEDLE	112
UNIFINE SAFECONTROL PEN NEEDLE ..	112
UNIFINE ULTRA PEN NEEDLE	112
<i>urelle</i>	74
<i>uro-mp</i>	74
<i>ursodiol</i>	71

V

<i>valacyclovir hcl</i>	46
<i>valganciclovir hcl</i>	43
<i>valproic acid</i>	23
<i>valsartan</i>	54
<i>valsartan-hydrochlorothiazide</i>	59
<i>value health insulin syringe</i>	112
<i>vancomycin hcl</i>	18
VANISHPOINT INSULIN SYRINGE	112
<i>varenicline tartrate</i>	17
<i>varenicline tartrate (starter)</i>	17
VCF VAGINAL CONTRACEPTIVE	74
VECTIBIX	38
VECTICAL	69
VELCADE	36
VELIVET	83
<i>venlafaxine hcl</i>	27
<i>venlafaxine hcl er</i>	27
VENTAVIS	124
VENTOLIN HFA	123
<i>verapamil hcl</i>	57
<i>verapamil hcl er</i>	57
VEREGEN	69
VERIFINE INSULIN PEN NEEDLE	113
VERIFINE INSULIN SYRINGE	113

VERIFINE PLUS PEN NEEDLE	113
VERQUVO	59
VERZENIO	36
<i>vestura</i>	83
<i>vienna</i>	83
<i>vigabatrin</i>	23
VIIBRYD	27
<i>vilamit mb</i>	74
<i>vilazodone hcl</i>	27
<i>vilevev mb</i>	74
VIMPAT	25
VINATE DHA RF	131
<i>vinblastine sulfate</i>	36
<i>vincristine sulfate</i>	36
<i>vinorelbine tartrate</i>	36
<i>viorele</i>	84
VIRACEPT	45
VIREAD	45
VITAFOL-OB	131
VITAFOL-OB+DHA	131
VITAFOL-ONE	131
VITAMEDMD ONE RX/QUATREFOLIC	131
VIVA DHA	131
VIVITROL	14
VOGELXO	79
VOGELXO PUMP	79
VOLTAREN ARTHRITIS PAIN	10
<i>voriconazole</i>	31
VOTRIENT	38
<i>vp insulin syringe</i>	113
VUMERITY	65
VUSION	31
<i>vyfemla</i>	84
VYVANSE	63

W

<i>warfarin sodium</i>	52
<i>wee care</i>	131
<i>wegmans unifine pentips plus</i>	113
<i>wera</i>	84
WEZLANA	69
WIDE-SEAL DIAPHRAGM 60	115
WIDE-SEAL DIAPHRAGM 65	115
WIDE-SEAL DIAPHRAGM 70	115
WIDE-SEAL DIAPHRAGM 75	115
WIDE-SEAL DIAPHRAGM 80	115
WIDE-SEAL DIAPHRAGM 85	115

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

WIDE-SEAL DIAPHRAGM 90.....	115
WIDE-SEAL DIAPHRAGM 95.....	115
<i>wixela inhub</i>	126
<i>wymzya fe</i>	84
X	
XALKORI	38
XARELTO	52
XARELTO STARTER PACK.....	52
XELJANZ	90
XELJANZ XR	90
XERESE	46
XGEVA	92
XIFAXAN.....	18
XIGDUO XR.....	50
XOFLUZA (80 MG DOSE)	46
XOLEGEL DUO/HEAD & SHOULDERS.....	31
XOLEGEL DUO/XOLEX	31
XOPENEX HFA	123
<i>xulane</i>	84
XYREM	127
Y	
YESINTEK	69
<i>yl folic acid</i>	131
<i>yuvaferm</i>	84
Z	
<i>zaclir cleansing</i>	69
<i>zafirlukast</i>	121
<i>zaleplon</i>	127
ZANOSAR.....	33
ZARXIO.....	53
ZELAPAR.....	40
ZELBORAF	38

ZENPEP.....	70
ZEPATIER.....	44
ZEPOSIA.....	65
ZEPOSIA 7-DAY STARTER PACK.....	65
ZEPOSIA STARTER KIT	65
ZEVALIN Y-90.....	36
<i>zevrx insulin syringe</i>	113
<i>zevrx pen needles</i>	113
ZIANA.....	69
<i>zidovudine</i>	45
<i>zileuton er</i>	122
<i>ziprasidone hcl</i>	43
<i>ziprasidone mesylate</i>	43
ZIPSOR.....	10
ZIRABEV	33
ZIRGAN.....	43
ZITHRANOL	69
ZITHROMAX	20
ZOLADEX	87
<i>zoledronic acid</i>	92
ZOLINZA	36
<i>zolmitriptan</i>	32
<i>zolpidem tartrate</i>	127
<i>zolpidem tartrate er</i>	127
ZOMIG	32
ZONALON	69
<i>zonisamide</i>	22
ZYCLARA.....	69
ZYCLARA PUMP	69
ZYDELIG	38
ZYFLO.....	122
ZYKADIA.....	38
ZYLET	118
ZYPREXA RELPREVV	43

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