



Lista de Medicamentos de 2026

(Actualizado en Septiembre 2026)

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

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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

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]	13
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]	28
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]	32
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]	51
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]	72
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	73
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	76

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].....	77
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	82
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]	82
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	88
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	90
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	90
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	90
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	91
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....	91
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]	93
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	94
MISCELLANEOUS [MISCELÁNEOS]	95
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]	115
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]	121
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>	2	ESGIC	QL(90 / 30)
<i>butalbital-acetaminophen 50-300 mg tab</i>	2	ORBIVAN CF	QL(90 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	2	PHRENILIN	QL(90 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>	2	ESGIC	QL(90 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	2	FIORICET	QL(90 / 30)
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	2	FIORINAL	QL(90 / 30)
QUTENZA 8 % Topical Kit	6		PA
QUTENZA (2 PATCH) 8 % Topical Kit	6		PA
TENCON 50-325 mg tab	4		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>arthritis pain reliever 1 % Topical Gel</i>	2	VOLTAREN	
<i>arthritis relief 1 % Topical Gel</i>	2	VOLTAREN	
<i>asperceme arthritis pain 1 % Topical Gel</i>	2	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</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>tab</i>			
<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
<i>CAMBIA 50 mg pckt</i>	4		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	2	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin 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 % Topical Gel</i>	2	VOLTAREN	
<i>cvs genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>diclofenac epolamine 1.3 % Topical Patch</i>	2	FLECTOR	
<i>diclofenac potassium 50 mg tab</i>	2	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	2	ZIPSOR	
<i>diclofenac potassium(migraine) 50 mg pckt</i>	2		
<i>diclofenac sodium 2 % Topical Solution</i>	2	PENNSAID	
<i>diclofenac sodium 1.5 % Topical Solution</i>	2	PENNSAID	
<i>diclofenac sodium 3 % Topical Gel</i>	2	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % Topical Gel</i>	2	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	2	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	2	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	2	DOLOBID	
<i>ecotrin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ecotrin arthrtis pain 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ecotrin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq arthritis pain 1 % Topical Gel</i>	2	VOLTAREN	
<i>eq arthritis pain reliever 1 % Topical</i>	2	VOLTAREN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>Gel</i>			
<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
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	2	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	LODINE XL	
<i>fenoprofen calcium 400 mg cap</i>	2	NALFON	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ft arthritis pain 1 % Topical Gel</i>	2	VOLTAREN	
<i>ft aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ft aspirin adult low dose 81 mg tab dr</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 % Topical Gel</i>	2	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 % Topical Gel</i>	2	VOLTAREN	
<i>goodsense arthritis pain 1 % Topical Gel</i>	2	VOLTAREN	
<i>goodsense aspirin 325 mg tab, 81 mg tab chew</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>ibu 600 mg tab</i>	1	MOTRIN	
<i>ibu 800 mg tab</i>	4	MOTRIN	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	2	DUEXIS	
<i>indocin 50 mg rect supp</i>	4		
<i>INDOCIN 25 mg/5ml susp</i>	4		
<i>indomethacin 25 mg/5ml susp</i>	2		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 75 mg cap</i>	2	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	2	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	2	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	2	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	2	TORADOL	QL(40 / 25)
<i>ketorolac tromethamine +rfid 30 mg/ml inj soln</i>	2	TORADOL	QL(20 / 25)
<i>kls arthritis pain relief 1 % Topical Gel</i>	2	VOLTAREN	
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kls diclofenac sodium 1 % Topical Gel</i>	2	VOLTAREN	
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	2	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>	2	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	2	MOBIC	
<i>mm arthritis pain reliever 1 % Topical Gel</i>	2	VOLTAREN	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>motrin arthritis pain 1 % Topical Gel</i>	2	VOLTAREN	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>NAPRELAN 750 mg tab er 24 hr</i>	4		
<i>napro 15 % Topical Cream</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>	2	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	2	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	2	ANAPROX	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	2	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	2	DAYPRO	
<i>pharmacist choice diclofenac 1 % Topical Gel</i>	2	VOLTAREN	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	FELDENE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>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 diclofenac sodium 1 % Topical Gel</i>	2	VOLTAREN	
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	2	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
SPRIX 15.75 mg/spray nasal soln	4		
<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 200 mg tab</i>	2		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	2	TOLECTIN	
<i>voltaren arthritis pain 1 % Topical Gel</i>	2	VOLTAREN	
ZIPSOR 25 mg cap	4		
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>	2	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	4		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>	2	DURAGESIC	PA
<i>levorphanol tartrate 2 mg tab</i>	1		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	KADIAN	PA
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	2	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	2	AVINZA	PA
NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr	3		PA
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	3		PA
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	2	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>	2	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>	2	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>	2	TYLENOL WITH CODEINE	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	4	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>	2	FIORICET 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>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(2.5 / 30)
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
<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>	4	PERCOCET	
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	2	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	2	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	2	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	2	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	2	VICOPROFEN	
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	2	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq</i>	2	DILAUDID	
<i>hydromorphone hcl er 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>	2	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	2	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	2		
<i>NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab</i>	3		
<i>oxycodone hcl 15 mg tab abuse-deterr</i>	2		
<i>oxycodone hcl 5 mg cap</i>	2	OXYIR	
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	2	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	2	PERCOCET	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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-acetaminophen 5-325 mg/5ml soln</i>	2	ROXICET	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	2	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 Topical Aerosol</i>	1		
GEBAUERS PAIN EASE Topical Aerosol	4		
GEBAUERS SPRAY AND STRETCH Topical Aerosol	4		
<i>glydo 2 % Topical Prefilled Syringe</i>	4	GLYDO	
<i>lidocaine 5 % Topical Ointment</i>	2		
<i>lidocaine 5 % Topical Patch</i>	2	LIDODERM	
<i>lidocaine hcl 3 % Topical Lotion</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % Topical Cream</i>	2	LIDAMANTLE	
<i>lidocaine hcl 4 % Topical Solution</i>	2	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % Topical Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % Topical Gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % Topical Cream</i>	2	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % Topical Kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % Topical Cream</i>	1	LIDAMANTLE	
<i>premium lidocaine 5 % Topical Ointment</i>	2		
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>	2	ATACAND	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>acamprosate calcium 333 mg tab dr</i>	2	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	2	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	2	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	2	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	2	REVIA	PA
VIVITROL 380 mg im susp	6		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>	2	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	4		PA, QL(120 / 365)
CHANTIX 1 mg tab	4		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	4		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab pack	4		PA, QL(106 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<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>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 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>	2	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</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>	2	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>	4	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>ft nicotine 7 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(28 / 365)
<i>ft nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	4	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>	4	NICORETTE	PA, QL(2772 / 365)
<i>ft nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 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>	2	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<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>	2	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine polacrilex 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>habitrol 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>kls quit2 2 mg m/t gum, 2 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>kls quit4 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicoderm cq 7 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(28 / 365)
<i>nicoderm cq 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>nicorette 2 mg m/t gum, 2 mg m/t lozg,</i>	4	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
4 mg m/t gum, 4 mg m/t lozg			
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
nicorette mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicorette starter kit 2 mg m/t gum, 4 mg m/t gum	4	NICORETTE	PA, QL(2772 / 365)
nicotine 21-14-7 mg/24hr td kit	2		QL(112 / 365)
nicotine 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine mini 2 mg m/t lozg, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum	1	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine polacrilex mini 2 mg m/t lozg	4	NICORETTE	PA, QL(2772 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine step 1 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
nicotine step 2 14 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
nicotine step 3 7 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(28 / 365)
nicotine step 3 7 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(28 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)
qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	4	NICODERM CQ	PA, QL(84 / 365)
ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg	2	NICORETTE	PA, QL(2772 / 365)
ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr	2	NICODERM CQ	PA, QL(84 / 365)
ra nicotine 2 mg m/t gum, 4 mg m/t gum	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>	2	NICORETTE	PA, QL(2772 / 365)
<i>thrive 2 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	2	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	2	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	2	CHANTIX	PA, QL(106 / 365)
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	2		
EPIFOAM 1-1 % Topical Foam	4		
<i>hydrocortisone (perianal) 2.5 % Topical Cream</i>	2	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % Topical Cream</i>	2	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % Topical Cream</i>	2	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	2		
<i>hydrocortisone acetate 30 mg rect supp</i>	2	PROCTOCORT	
PRAMOSONE 1-1 % Topical Cream, 1-1 % Topical Ointment, 1-2.5 % Topical Ointment	4		
PRAMOSONE 1-1 % Topical Lotion, 1-2.5 % Topical Lotion	4		
<i>procto-med hc 2.5 % Topical Cream</i>	4	ANUSOL HC	
<i>proctosol hc 2.5 % Topical Cream</i>	4	ANUSOL HC	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	2	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
BETADINE OPHTHALMIC PREP 5 % ophth soln	4		
CLEOCIN 100 mg vag supp	4		
<i>clindacin etz 1 % Topical Swab</i>	4	CLEOCIN-T	
<i>clindacin-p 1 % Topical Swab</i>	4	CLEOCIN-T	
CLINDAGEL 1 % Topical Gel	4		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>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phos (once-daily) 1 % Topical Gel</i>	4	CLEOCIN-T	ST
<i>clindamycin phos (twice-daily) 1 % Topical Gel</i>	4	CLEOCIN-T	
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % Topical Swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % Topical Lotion, 1 % Topical Solution</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % Topical Foam</i>	2	EVOCLIN	
<i>FEM PH 0.9-0.025 % vag gel</i>	4		
<i>FIRVANQ 25 mg/ml soln, 50 mg/ml soln</i>	4		PA
<i>fosfomycin tromethamine 3 gm pckt</i>	2	MONUROL	
<i>linezolid 600 mg tab</i>	2	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	2	ZYVOX	PA
<i>methenamine hippurate 1 gm tab</i>	2	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	2	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	2	METROGEL	
<i>mupirocin 2 % Topical Ointment</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % Topical Cream</i>	2	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	2	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
<i>silver sulfadiazine 1 % Topical Cream</i>	1	SILVADENE	
<i>ssd 1 % Topical Cream</i>	4	SILVADENE	
<i>SULFAMYLON 85 mg/gm Topical Cream</i>	4		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 25 mg/ml soln</i>	2		
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	2	VANCOCIN	
<i>XIFAXAN 200 mg tab, 550 mg tab</i>	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	2	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	2	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 1 gm tab</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	2	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	2	OMNICEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	2	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>	2	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	2	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	2	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	2	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	2		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	2	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	KEFLEX	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 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>	2	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5</i>	2	AUGMENTIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>			
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	2		
AUGMENTIN 125-31.25 mg/5ml susp	4		
BICILLIN C-R 1200000 unit/2ml im susp	4		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	4		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	2	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	2	PFIZERPEN	
<i>penicillin g sodium 5000000 unit inj soln</i>	2		
<i>penicillin v potassium 500 mg tab</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	2	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 600 mg tab</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	2	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	2	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	2	BIAXIN XL	
DIFICID 200 mg tab	4		
DIFICID 40 mg/ml susp	4		
E.E.S. 400 400 mg tab	4		
<i>ery 2 % Topical Pad</i>	2		
<i>erythromycin 2 % Topical Solution</i>	2	ERYDERM	
<i>erythromycin 2 % Topical Gel</i>	2	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	2		
<i>erythromycin base 500 mg tab</i>	2	ERY-TAB	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>	2	ERYPED	
<i>fidaxomicin 200 mg tab</i>	2		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>CIPRO 250 MG/5ML (5%) susp</i>	4		
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	2	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	2	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	2	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	2	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium 10 % ophth soln</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	2	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % Topical Lotion</i>	2	KLARON	
<i>sulfadiazine 500 mg tab</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	2	SEPTRA	
<i>sulfatrim pediatric 200-40 mg/5ml susp</i>	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	2	ADOXA	
<i>AVIDOXY DK 100 mg Multiple Routes Kit</i>	4		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	2	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>	2	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml</i>	2	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>susp</i>			
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	2	SOLODYN	
<i>mondoxylene nl 100 mg cap</i>	4	MONODOX	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	2		
ANTICONSULTANTS - DRUGS TO TREAT SEIZURES [ANTICONSULTIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml soln</i>	2	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	2	KEPPRA XR	
<i>rowepra 500 mg tab</i>	4	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>	4		
<i>ethosuximide 250 mg cap</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	2	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	2	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	KLONOPIN	
<i>DEPAKOTE 125 mg tab dr, 250 mg tab</i>	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
dr, 500 mg tab dr			
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	4		
diazepam 5 mg/ml inj soln	2		
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	2	DIASTAT	
divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium 125 mg cap dr sprinkle	2	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	2	DEPAKOTE ER	
gabapentin 800 mg tab	1	NEURONTIN	QL(120 / 30)
gabapentin 600 mg tab	1	NEURONTIN	QL(180 / 30)
gabapentin 400 mg cap	1	NEURONTIN	QL(270 / 30)
gabapentin 300 mg cap	1	NEURONTIN	QL(360 / 30)
gabapentin 300 mg/6ml soln	1	NEURONTIN	QL(420 / 30)
gabapentin 100 mg cap	1	NEURONTIN	QL(1080 / 30)
gabapentin 250 mg/5ml soln	2	NEURONTIN	QL(420 / 30)
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	2		
phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix	2		
primidone 50 mg tab	1	MYSOLINE	
primidone 250 mg tab	2	MYSOLINE	
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	2	GABITRIL	
valproic acid 250 mg cap	2	DEPAKENE	
valproic acid 250 mg/5ml soln	2	DEPAKENE	
vigabatrin 500 mg pckt, 500 mg tab	5	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
felbamate 400 mg tab, 600 mg tab	2	FELBATOL	
felbamate 600 mg/5ml susp	2	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	4		
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew	1	LAMICTAL	
lamotrigine 100 mg tab disint, 200 mg	2	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>tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>			
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	LAMICTAL	
<i>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>	2	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>	2	TROKENDI XR	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>BANZEL 200 mg tab, 400 mg tab</i>	4		
<i>BANZEL 40 mg/ml susp</i>	4		
<i>carbamazepine 200 mg tab chew</i>	2		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	2	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	2	TEGRETOL XR	
<i>CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	4		
<i>DILANTIN 100 mg cap, 30 mg cap</i>	4		
<i>DILANTIN INFATABS 50 mg tab chew</i>	4		
<i>EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	4		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	2	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	2	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	2	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg</i>	2	TRILEPTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab, 600 mg tab</i>			
<i>oxcarbazepine 300 mg/5ml susp</i>	2	TRILEPTAL	
<i>phenytek 200 mg cap, 300 mg cap</i>	4	DILANTIN	
<i>phenytoin 50 mg tab chew</i>	2	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	2	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	2	DILANTIN	
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	2	DILANTIN	
<i>rufinamide 40 mg/ml susp</i>	2	BANZEL	
TEGRETOL 200 mg tab	4		
TEGRETOL 100 mg/5ml susp	4		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	4		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	3		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
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>	2	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	2	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	2	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	2	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	2	RAZADYNE ER	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	2	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	2	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	2	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>	2	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>	4		
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (sr) 200 mg tab er 12 hr</i>	2	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 450 mg tab er 24 hr</i>	2	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>	2	WELLBUTRIN XL	
<i>FORFIVO XL 450 mg tab er 24 hr</i>	4		
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	2	REMERON	
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>	4		
<i>MARPLAN 10 mg tab</i>	4		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrirs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrssi/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>	2	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln</i>	2	CELEXA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	PRISTIQ	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	2	CYMBALTA	PA
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	2	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>	2	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	2	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	2	LUVOX CR	
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	2	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	2	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	2	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	2	PAXIL CR	
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	2	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>	2		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24</i>	2	EFFEXOR 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>hr</i>			
VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab	4		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	2	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>	2	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	2	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	2	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	2	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	2	NORPRAMIN	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	2	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>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>	2	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	2	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	2	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
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>	2	DICLEGIS	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25 mg rect supp</i>	2	PHENERGAN	
<i>promethazine hcl 50 mg/ml inj soln</i>	2	PHENERGAN	
PROMETHEGAN 50 mg rect supp	4		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	2	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	2	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	6		QL(2 / 30)
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap pack, 80 mg cap</i>	2	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	2	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	3		
<i>granisetron hcl 1 mg tab</i>	2	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	2		
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	2	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	ZOFRAN	QL(9 / 30)
<i>ondansetron hcl +rfd 4 mg/2ml inj soln pfs</i>	2		
<i>palonosetron hcl 0.25 mg/5ml iv soln</i>	5	ALOXI	PA
SANCUSO 3.1 mg/24hr td patch	4		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>ciclodan 8 % Topical Solution</i>	4	PENLAC	PA
<i>ciclopirox 0.77 % Topical Gel</i>	2	LOPROX	
<i>ciclopirox 1 % Topical Shampoo</i>	2	LOPROX	
<i>ciclopirox 8 % Topical Solution</i>	2	PENLAC	PA
<i>ciclopirox olamine 0.77 % Topical Cream</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % Topical Suspension</i>	2	LOPROX	
<i>ciclopirox treatment 8 % Topical Kit</i>	2	PENLAC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>clotrimazole 10 mg m/t troche</i>	2	MYCELEX	
<i>clotrimazole 1 % Topical Solution</i>	2	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % Topical Cream</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % Topical Lotion</i>	2	LOTRISONE	
CRESEMBA 186 mg cap	4		PA
<i>econazole nitrate 1 % Topical Cream</i>	2	SPECTAZOLE	
ERTACZO 2 % Topical Cream	4		
EXELDERM 1 % Topical Cream	4		
EXELDERM 1 % Topical Solution	4		
EXODERM 25-1 % Topical Lotion	4		
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	2	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	2	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	2	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % Topical Cream</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % Topical Gel</i>	2	ALCORTIN A	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	PA
<i>itraconazole 100 mg cap</i>	2	SPORANOX	PA
<i>ketoconazole 2 % Topical Foam</i>	2	EXTINA	
<i>ketoconazole 200 mg tab</i>	2	NIZORAL	
<i>ketoconazole 2 % Topical Cream</i>	2	NIZORAL	
<i>ketoconazole 2 % Topical Shampoo</i>	2	NIZORAL	
<i>miconazole 3 200 mg vag supp</i>	2	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % Topical Ointment</i>	2	VUSION	
<i>naftifine hcl 2 % Topical Cream</i>	2	NAFTIN	
NATACYN 5 % ophth susp	4		
NOXAFIL 40 mg/ml susp	4		
<i>nyamyc 100000 unit/gm Topical Powder</i>	4	MYCOSTATIN	
<i>nystatin 100000 unit/gm Topical Cream, 100000 unit/gm Topical Ointment, 100000 unit/gm Topical</i>	1	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>Powder</i>			
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	2	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% Topical Cream, 100000-0.1 unit/gm-% Topical Ointment</i>	2	MYCOLOG	
ORAVIG 50 mg bucc tab	4		
<i>oxiconazole nitrate 1 % Topical Cream</i>	2	OXISTAT	
OXISTAT 1 % Topical Lotion	4		
<i>sulconazole nitrate 1 % Topical Cream</i>	2	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	2	TERAZOL	
<i>terconazole 80 mg vag supp</i>	2	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	6	VFEND	PA
<i>voriconazole 40 mg/ml susp</i>	6	VFEND	PA
VUSION 0.25-15-81.35 % Topical Ointment	4		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	2	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	ULORIC	
<i>probenecid 500 mg tab</i>	2	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	4		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	4		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	3		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
NURTEC 75 mg tab disint	3		PA
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	3		PA
UBRELVY 100 mg tab, 50 mg tab	3		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>	2	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	2	RELPAX	QL(6 / 30)
<i>frovatriptan succinate 2.5 mg tab</i>	2	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	2	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	2	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	2	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	2	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	2	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	2	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln auto-inj</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 6 mg/0.5ml sc soln cart</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	2	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	3		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	2	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	2	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln	3		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>	2	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	2	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	2		
<i>rifabutin 150 mg cap</i>	2	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	2		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	2		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	2		
PRIFTIN 150 mg tab	4		
<i>pyrazinamide 500 mg tab</i>	2		
<i>rifampin 150 mg cap, 300 mg cap</i>	2	RIFADIN	
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>busulfan 6 mg/ml iv soln</i>	5	BUSULFEX	PA
<i>cyclophosphamide 1 gm inj soln</i>	2		PA
<i>cyclophosphamide 2 gm inj soln, 500 mg inj soln</i>	5		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	6		PA
LEUKERAN 2 mg tab	6		PA
MATULANE 50 mg cap	6		PA
<i>melphalan hcl 50 mg iv soln</i>	6	ALKERAN	PA
MYLERAN 2 mg tab	6		PA
TEMODAR 100 mg iv soln	6		PA
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	6	TEMODAR	PA
<i>thiotepa 15 mg inj soln</i>	6	THIOPLEX	PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	5		PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
NUBEQA 300 mg tab	5		PA
XTANDI 40 mg cap, 40 mg tab, 80 mg tab	5		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De 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>lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap</i>	5	REVLIMID	PA
THALOMID 100 mg cap, 50 mg cap	6		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
SOLTAMOX 10 mg/5ml soln	6		PA
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	6	NOLVADEX	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	5	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
<i>fluorouracil 0.5 % Topical Cream</i>	5	CARAC	PA
<i>fluorouracil 5 % Topical Cream</i>	5	EFUDEX	PA
<i>fluorouracil 2 % Topical Solution, 5 % Topical Solution</i>	5	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	6	PURINETHOL	PA
NIPENT 10 mg iv soln	6		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA
<i>arsenic trioxide 12 mg/6ml iv soln</i>	5	TRISENOX	PA
<i>bendamustine hcl 100 mg/4ml iv soln</i>	2		PA
<i>bendamustine hcl 100 mg iv soln, 25 mg iv soln</i>	5	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	5		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	6	BLENOXANE	PA
<i>bortezomib 3.5 mg inj soln</i>	5	VELCADE	PA
<i>carmustine 100 mg iv soln</i>	5	BICNU	PA
<i>cisplatin 100 mg/100ml iv soln, 200 mg/200ml iv soln, 50 mg/50ml iv soln</i>	6		PA
<i>cladribine 10 mg/10ml iv soln</i>	6	LEUSTATIN	PA
<i>clofarabine 1 mg/ml iv soln</i>	5	CLOLAR	PA
<i>cytarabine 20 mg/ml inj soln</i>	6		PA
<i>cytarabine (pf) 100 mg/ml inj soln, 20 mg/ml inj soln</i>	6		PA
<i>dacarbazine 100 mg iv soln, 200 mg iv soln</i>	6		PA
<i>dactinomycin 0.5 mg iv soln</i>	6	COSMEGEN	PA
<i>daunorubicin hcl 20 mg/4ml iv soln</i>	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>decitabine 50 mg iv soln</i>	6	DACOGEN	PA
<i>dexrazoxane hcl 250 mg iv soln, 500 mg iv soln</i>	5	ZINECARD	PA
<i>docetaxel 160 mg/8ml iv conc, 20 mg/ml iv conc, 80 mg/4ml iv conc</i>	5	TAXOTERE	PA
<i>doxorubicin hcl 10 mg iv soln, 50 mg iv soln</i>	5		PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	2	ADRIAMYCIN	PA
<i>doxorubicin hcl liposomal 2 mg/ml iv susp</i>	5		PA
<i>eribulin mesylate 1 mg/2ml iv soln</i>	5		
<i>floxuridine 0.5 gm inj soln</i>	6	FUDR	PA
<i>fluorouracil 1 gm/20ml iv soln, 2.5 gm/50ml iv soln, 5 gm/100ml iv soln, 500 mg/10ml iv soln</i>	6		PA
<i>fulvestrant 250 mg/5ml im soln pfs</i>	5	FASLODEX	PA
<i>gemcitabine hcl 2 gm iv soln</i>	5		PA
<i>gemcitabine hcl 1 gm/26.3ml iv soln, 2 gm/52.6ml iv soln, 200 mg/5.26ml iv soln</i>	5		PA
<i>gemcitabine hcl 1 gm iv soln, 200 mg iv soln</i>	5	GEMZAR	PA
<i>HALAVEN 1 mg/2ml iv soln</i>	6		PA
<i>idarubicin hcl 10 mg/10ml iv soln, 20 mg/20ml iv soln, 5 mg/5ml iv soln</i>	6	IDAMYCIN PFS	PA
<i>IFEX 3 gm iv soln</i>	6		PA
<i>ifosfamide 1 gm iv soln, 3 gm iv soln</i>	5	IFEX	PA
<i>ifosfamide 1 gm/20ml iv soln, 3 gm/60ml iv soln</i>	5	IFEX	PA
<i>irinotecan hcl 500 mg/25ml iv soln</i>	5		PA
<i>irinotecan hcl 100 mg/5ml iv soln, 300 mg/15ml iv soln, 40 mg/2ml iv soln</i>	5	CAMPTOSAR	PA
<i>IXEMPRA KIT 15 mg iv soln, 45 mg iv soln</i>	6		PA
<i>JEVTANA 60 mg/1.5ml iv soln</i>	6		PA
<i>KADCYLA 100 mg iv soln, 160 mg iv soln</i>	6		PA
<i>KANJINTI 150 mg iv soln, 420 mg iv soln</i>	5		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	6	MUTAMYCIN	PA
<i>MVASI 100 mg/4ml iv soln, 400 mg/16ml iv soln</i>	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>nelarabine 5 mg/ml iv soln</i>	5	ARRANON	PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	5	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	5	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	6	TAXOL	PA
<i>paclitaxel protein-bound part 100 mg iv susp</i>	5	ABRAXANE	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	5	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	5		PA
PHOTOFRIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
<i>romidepsin 10 mg iv soln</i>	5	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	6		PA
TICE BCG 50 mg i-vesic susp	4		PA
TREANDA 100 mg iv soln, 25 mg iv soln	5		PA
VELCADE 3.5 mg inj soln	6		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	5		PA
<i>vincristine sulfate 1 mg/ml iv soln, 2 mg/2ml iv soln</i>	6	VINCASAR	PA
<i>vinorelbine tartrate 10 mg/ml iv soln, 50 mg/5ml iv soln</i>	6	NAVELBINE	PA
ZEVALIN Y-90 3.2 mg/2ml iv kit	6		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
<i>carboplatin 150 mg/15ml iv soln, 450 mg/45ml iv soln, 50 mg/5ml iv soln, 600 mg/60ml iv soln</i>	6	PARAPLATIN	PA
<i>fludarabine phosphate 50 mg/2ml iv soln</i>	5		PA
<i>fludarabine phosphate 50 mg iv soln</i>	5	FLUDARA	PA
LEDERLE LEUCOVORIN 5 mg tab	6		PA
<i>leucovorin calcium 10 mg tab, 100 mg inj soln, 15 mg tab, 200 mg inj soln, 25 mg tab, 350 mg inj soln, 5 mg tab, 50 mg inj soln, 500 mg inj soln</i>	6		PA
<i>levoleucovorin calcium 50 mg iv soln</i>	5	FUSILEV	PA
<i>mitoxantrone hcl 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	5		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>mitoxantrone hcl 20 mg/10ml iv conc</i>	5	NOVANTRONE	PA
ONCASPAR 750 unit/ml inj soln	6		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PA
ZOLINZA 100 mg cap	6		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	6	ARIMIDEX	
<i>exemestane 25 mg tab</i>	5	AROMASIN	PA
<i>letrozole 2.5 mg tab</i>	6	FEMARA	PA
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
ETOPOPHOS 100 mg iv soln	6		PA
<i>etoposide 50 mg cap</i>	5		PA
<i>etoposide 1 gm/50ml iv soln, 100 mg/5ml iv soln, 500 mg/25ml iv soln</i>	5	VEPESID	PA
HYCANTIN 0.25 mg cap, 1 mg cap	6		PA
<i>topotecan hcl 4 mg/4ml iv soln</i>	6		PA
<i>topotecan hcl 4 mg iv soln</i>	6	HYCANTIN	PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	6		PA
<i>bosutinib 100 mg tab, 500 mg tab</i>	5		PA
CAPRELSA 100 mg tab, 300 mg tab	6		PA
CYRAMZA 100 mg/10ml iv soln, 500 mg/50ml iv soln	6		PA
<i>dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab</i>	5		PA
ERIVEDGE 150 mg cap	6		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	5	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	5	AFINITOR	PA
<i>gefitinib 250 mg tab</i>	6	IRESSA	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	6		PA
IRESSA 250 mg tab	6		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA
NEXAVAR 200 mg tab	6		PA
<i>nilotinib hcl 50 mg cap</i>	6		PA
<i>pazopanib hcl 200 mg tab, 400 mg tab</i>	5		PA
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
<i>sorafenib tosylate 200 mg tab</i>	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	5	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
VOTRIENT 200 mg tab	6		PA
XALKORI 200 mg cap, 250 mg cap	6		PA
ZELBORAF 240 mg tab	6		PA
ZYDELIG 100 mg tab, 150 mg tab	6		PA
ZYKADIA 150 mg tab	6		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
ARZERRA 100 mg/5ml iv conc, 1000 mg/50ml iv conc	6		PA
ERBITUX 100 mg/50ml iv soln, 200 mg/100ml iv soln	6		PA
GAZYVA 1000 mg/40ml iv soln	6		PA
TRAZIMERA 150 mg iv soln, 420 mg iv soln	5		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PA
VECTIBIX 100 mg/5ml iv soln, 400 mg/20ml iv soln	6		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	5	TARGRETIN	PA
<i>bexarotene 1 % Topical Gel</i>	5	TARGRETIN	PA
PANRETIN 0.1 % Topical Gel	6		PA
TARGRETIN 1 % Topical Gel	6		PA
<i>tretinoin 10 mg cap</i>	6	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	2	ALBENZA	
<i>ivermectin 3 mg tab</i>	2	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
<i>atovaquone 750 mg/5ml susp</i>	2	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	4		
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	2		
<i>nitazoxanide 500 mg tab</i>	2	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>	2	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % Topical Lotion	4		PA
<i>cvs ivermectin lice treatment 0.5 % Topical Lotion</i>	2	SKLICE	PA
<i>eq ivermectin 0.5 % Topical Lotion</i>	2	SKLICE	PA
EURAX 10 % Topical Cream	4		PA
<i>ivermectin 0.5 % Topical Lotion</i>	2	SKLICE	PA
<i>malathion 0.5 % Topical Lotion</i>	2	OVIDE	PA
NATROBA 0.9 % Topical Suspension	4		PA
<i>permethrin 5 % Topical Cream</i>	2	ELIMITE	PA
<i>rid one & done 0.5 % Topical Lotion</i>	2	SKLICE	PA
<i>sklice 0.5 % Topical Lotion</i>	2	SKLICE	PA
<i>spinosad 0.9 % Topical Suspension</i>	2		PA
<i>sulfurated lime Topical Solution</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			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>benztropine mesylate 1 mg/ml inj soln</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab</i>	1	ARTANE	
<i>trihexyphenidyl hcl 5 mg tab</i>	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	2		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	SYMMETREL	
<i>entacapone 200 mg tab</i>	2	COMTAN	
<i>tolcapone 100 mg tab</i>	5	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>	2	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	3		
<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 0.75 mg tab</i>	2	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>	2	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>	2	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</i>	5	APOKYN	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>cart</i>			
<i>carbidopa 25 mg tab</i>	2	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	2	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	2	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	2	AZILECT	
<i>selegiline hcl 5 mg tab</i>	2		
<i>selegiline hcl 5 mg cap</i>	2	ELDEPRYL	
<i>ZELAPAR 1.25 mg tab disint</i>	4		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	2		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	THORAZINE	
<i>compro 25 mg rect supp</i>	1	COMPRO	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	2	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	2	PROLIXIN	
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	2	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	HALDOL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	2	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	2	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	2	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	2	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	4		
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab	4		
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	6		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	6		PA
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	6		PA
LATUDA 120 mg tab, 20 mg tab, 40 mg	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
tab, 60 mg tab, 80 mg tab			
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	LATUDA	
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	2	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	6		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	2	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	2	RISPERDAL	
SAPHRIS 10 mg tab subl, 5 mg tab subl	3		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	GEODON	
<i>ziprasidone mesylate 20 mg im soln</i>	1	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	4		
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	2	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg</i>	2	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
<i>tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>			
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap</i>	1	DANTRIUM	
<i>dantrolene sodium 50 mg cap</i>	2	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	2	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>	2	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	2	VALCYTE	
ZIRGAN 0.15 % ophth gel	4		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>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	5		PA
<i>sofosbuvir-velpatasvir 400-100 mg tab</i>	5	EPCLUSA	PA
ZEPATIER 50-100 mg tab	6		PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
<i>ribavirin 200 mg tab</i>	5	COPEGUS	PA
<i>ribavirin 200 mg cap</i>	5	REBETOL	PA
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	5		PA
ISENTRESS 100 mg tab chew, 25 mg tab chew, 400 mg tab	5		PA
ISENTRESS HD 600 mg tab	5		PA
STRIBILD 150-150-200-300 mg tab	6		PA
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (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	6		PA
EDURANT 25 mg tab	5		PA
efavirenz 600 mg tab	5	SUSTIVA	PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	5	ATRIPLA	PA
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	6		PA
etravirine 100 mg tab, 200 mg tab	5	INTELENCE	PA
INTELENCE 100 mg tab, 25 mg tab	5		PA
nevirapine 50 mg/5ml susp	5	VIRAMUNE	PA
nevirapine 200 mg tab	6	VIRAMUNE	PA
nevirapine er 400 mg tab er 24 hr	6	VIRAMUNE XR	PA
rilpivirine hcl 25 mg tab	5		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	5	ZIAGEN	PA
abacavir sulfate 20 mg/ml soln	5	ZIAGEN	PA
abacavir sulfate-lamivudine 600-300 mg tab	5	EPZICOM	
DESCOVY 120-15 mg tab, 200-25 mg tab	6		PA
DOVATO 50-300 mg tab	5		PA
emtricitabine 200 mg cap	5	EMTRIVA	PA
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab	5	TRUVADA	PA
EMTRIVA 10 mg/ml soln	6		PA
lamivudine 150 mg tab, 300 mg tab	5	EPIVIR	PA
lamivudine 10 mg/ml soln	5	EPIVIR	PA
lamivudine-zidovudine 150-300 mg tab	5	COMBIVIR	PA
RETROVIR 10 mg/ml iv soln	6		PA
tenofovir disoproxil fumarate 300 mg tab	5	VIREAD	PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		PA
VIREAD 40 mg/gm oral pwdr	5		PA
zidovudine 100 mg cap, 300 mg tab	6	RETROVIR	PA
zidovudine 50 mg/5ml syr	6	RETROVIR	PA
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	6		PA
maraviroc 150 mg tab, 300 mg tab	5	SELZENTRY	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
SELZENTRY 150 mg tab, 300 mg tab	5		PA
SELZENTRY 20 mg/ml soln	5		PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	6		PA
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	5	REYATAZ	PA
darunavir 600 mg tab, 800 mg tab	5	PREZISTA	PA
fosamprenavir calcium 700 mg tab	2	LEXIVA	PA
KALETRA 100-25 mg tab	5		PA
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	5	KALETRA	PA
NORVIR 100 mg pckt	5		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	6		PA
PREZISTA 100 mg/ml susp	6		PA
ritonavir 100 mg tab	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 45 mg cap, 75 mg cap	2	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwr br act	4		QL(20 / 180)
rimantadine hcl 100 mg tab	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	2	ZOVIRAX	
acyclovir 5 % Topical Cream, 5 % Topical Ointment	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	2	ZOVIRAX	
DENAVIR 1 % Topical Cream	4		
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	5	FAMVIR	
penciclovir 1 % Topical Cream	2	DENAVIR	
trifluridine 1 % ophth soln	2	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	2	VALTREX	
XERESE 5-1 % Topical Cream	4		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - 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
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	4		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	4		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	2	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>	2	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	4		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	2	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	2	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	2		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	2	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	2	VALIUM	
<i>diazepam intensol 5 mg/ml oral conc</i>	4		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	2	SERAX	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>quazepam 15 mg tab</i>	2	DORAL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	2	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>	2		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	2	PRECOSE	
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	4	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	4	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	4	OSENI	ST
<i>CYCLOSET 0.8 mg tab</i>	4		
<i>dapaglifloz base-metformin er 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		
<i>dapagliflozin 10 mg tab, 5 mg tab</i>	1		
<i>dapagliflozin-saxagliptin 10-5 mg tab</i>	2		ST
<i>FARXIGA 10 mg tab, 5 mg tab</i>	3		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	2	METAGLIP	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 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	3		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	3		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	3		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	3		ST
JARDIANCE 10 mg tab, 25 mg tab	3		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
<i>liraglutide 18 mg/3ml sc soln pen-inj</i>	2	VICTOZA	PA
<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	3		PA
<i>nateglinide 120 mg tab, 60 mg tab</i>	2	STARLIX	
ONGLYZA 5 mg tab	4		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	3		PA
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		PA
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		PA
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		PA
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	2	Onglyza	ST
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-</i>	2	Kombiglyze XR	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>500 mg tab er 24 hr</i>			
SEGLUROMET 2.5-1000 mg tab, 2.5-500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab	4		ST
<i>sitagliptin phos-metformin hcl 50-1000 mg tab, 50-500 mg tab</i>	1		
STEGLATRO 15 mg tab, 5 mg tab	4		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	4		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		ST
TRADJENTA 5 mg tab	3		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	3		ST
TRULICITY 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	3		PA
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	3		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	3		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	3		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj soln</i>	4	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	4		PA
<i>mifepristone 300 mg tab</i>	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 100 unit/ml sc susp	3		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
HUMULIN R 100 unit/ml inj soln	3		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	3		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(6 / 30)
<i>insulin lispro 100 unit/ml inj soln</i>	1	HUMALOG	QL(20 / 30)
<i>insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj</i>	1		QL(15 / 30)
<i>insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj</i>	1	HUMALOG MIX 75/25 KWIKPEN	QL(15 / 30)
LANTUS 100 unit/ml sc soln	3		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	3		QL(15 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	3		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	3		QL(20 / 30)
NOVOLIN R RELION 100 unit/ml inj soln	3		QL(20 / 30)
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	4		QL(15 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(15 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	2	PRADAXA	
ELIQUIS 0.15 mg cap sprinkle, 2.5 mg tab, 5 mg tab	3		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	2	LOVENOX	PA
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	6	ARIXTRA	PA
FRAGMIN 10000 unit/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	6		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>	3	COUMADIN	
PRADAXA 110 mg cap	4		
<i>rivaroxaban 2.5 mg tab</i>	2	Xarelto	
<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	3		
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml inj soln pfs, 100 mcg/0.5ml inj soln pfs, 100 mcg/ml inj soln, 150	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mcg/0.3ml inj soln pfs, 200 mcg/0.4ml inj soln pfs, 200 mcg/ml inj soln, 25 mcg/0.42ml inj soln pfs, 25 mcg/ml inj soln, 300 mcg/0.6ml inj soln pfs, 40 mcg/0.4ml inj soln pfs, 40 mcg/ml inj soln, 500 mcg/ml inj soln pfs, 60 mcg/0.3ml inj soln pfs, 60 mcg/ml inj soln			
<i>azacitidine 100 mg inj susp</i>	6	VIDAZA	PA
<i>eltrombopag olamine 12.5 mg tab, 25 mg tab, 75 mg tab</i>	5	Promacta	PA
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	6		PA
FULPHILA 6 mg/0.6ml sc soln pfs	5		PA
MOZOBIL 24 mg/1.2ml sc soln	6		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA
NPLATE 250 mcg sc soln, 500 mcg sc soln	4		PA
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	5		PA
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	2	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>	2	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	3		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	2	PERSANTINE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>prasugrel hcl 10 mg tab, 5 mg tab</i>	2	EFFIENT	
<i>ticagrelor 60 mg tab, 90 mg tab</i>	2	Brilinta	
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>	2	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	2	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	2	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	2	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	2	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	2		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>azilsartan medoxomil 40 mg tab</i>	1		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	2	ATACAND	
<i>EDARBI 40 mg tab, 80 mg tab</i>	4		
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	2	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	2	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	2	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40</i>	1	LOTENSIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 tab, 5 mg tab</i>			
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	2	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>	2	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	2	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>	2	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	2	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	2	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	2	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	2	MEXITIL	
MULTAQ 400 mg tab	3		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	4		
<i>pacerone 100 mg tab, 200 mg tab</i>	4	CORDARONE	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	2	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	2	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	2		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>quinidine sulfate 200 mg tab, 300 mg tab</i>	2		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	2	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>	2	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	2	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	4		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	4		
<i>labetalol hcl 400 mg tab</i>	2		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	2	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	TOPROL XL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	2	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	2	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	2	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr,</i>	2	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
160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr			
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	2	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	4		
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	DILACOR XR	
diltiazem hcl 30 mg tab, 60 mg tab	1	CARDIZEM	
diltiazem hcl 120 mg tab, 90 mg tab	2	CARDIZEM	
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	2		
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	2	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	DILACOR XR	
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	2	TIAZAC	
diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr	1	CARDIZEM CD	
diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2	CARDIZEM CD	
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	
isradipine 2.5 mg cap	1	DYNACIRC	
isradipine 5 mg cap	2	DYNACIRC	
matzim la 360 mg tab er 24 hr, 420 mg tab er 24 hr	4		
nicardipine hcl 20 mg cap, 30 mg cap	2	CARDENE	
nifedipine 10 mg cap, 20 mg cap	2	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	ADALAT CC	
nifedipine er 90 mg tab er 24 hr	2	ADALAT CC	
nifedipine er osmotic release 30 mg tab	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>er 24 hr, 60 mg tab er 24 hr</i>			
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	2	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>	2	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>	2	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	2	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	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>	2	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	2	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>	2	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	2	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>	2	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	2	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5</i>	2	LOTENSIN HCT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>			
BIDIL 20-37.5 mg tab	4		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	2	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	2	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>	2	CAPOZIDE	
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	2	LANOXIN	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	3		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	2	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>	2	BIDIL	
<i>ivabradine hcl 7.5 mg tab</i>	2	Corlanor	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	2	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	2	DEMSEER	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	2	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>	2	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2	RANEXA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>sacubitril-valsartan 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	2	Entresto	
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	2	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	2	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	2	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<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	4		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	BUMEX	
<i>ethacrynic acid 25 mg tab</i>	2	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	2	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	2	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	2	INSpra	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	2	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	2	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	HYGROTON	
DIURIL 250 mg/5ml susp	4		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>	2	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>	2	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	2	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	2	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	2	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	2	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	3		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	4		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	2	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	4		
<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>	2		
<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>	2	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>	2	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	2	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral</i>	2	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>pwdr</i>			
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	2	WELCHOL	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	2	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	2	COLESTID	
<i>ezetimibe 10 mg tab</i>	2	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	2	VYTORIN	
LIPFENDRA 20 mg cap	3		PA
<i>niacin (antihyperlipidemic) 500 mg tab</i>	2	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	2	NIASPAN	
NIACOR 500 mg tab	4		
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
<i>prevalite 4 gm/dose oral pwdr</i>	4	QUESTRAN LIGHT	
REPATHA 140 mg/ml sc soln pfs	3		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		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>	2	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	2	IMDUR	
<i>nitro-bid 2 % td oint</i>	4		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	4		
NITRO-TIME 9 mg cap er	4		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	2	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	2	NITROLINGUAL	
<i>nitroglycerin 0.6 mg tab subl</i>	1	NITROSTAT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 0.3 mg tab sublingual, 0.4 mg tab sublingual</i>	2	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<i>amphetamine-dextroamphetamine 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 5 mg cap</i>	2	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	2	PROCENTRA	
<i>dextroamphetamine sulfate 10 mg cap, 15 mg cap, 5 mg cap</i>	2	DEXEDRINE	
<i>lisdexamfetamine dimesylate 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	Vyvanse	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	3		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	STRATTERA	
<i>clonidine hcl 0.1 mg tab, 0.1 mg tab</i>	2	KAPVAY	
DAYTRANA 10 mg/9hr transdermal patch, 15	3		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch			
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	2	INTUNIV	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	2	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	2	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	2		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	2	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	2	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	2	RITALIN LA	
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
<i>methylphenidate hcl er(diffus) 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	2	CONCERTA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	4		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	4		
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	4		
HORIZANT 300 mg tab er, 600 mg tab	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
er			
NUEDEXTA 20-10 mg cap	4		
<i>riluzole 50 mg tab</i>	6	RILUTEK	PA
<i>tetrabenazine 12.5 mg tab, 25 mg tab</i>	5	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>milnacipran hcl 100 mg tab, 12.5 & 25 & 50 mg oral misc, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2		
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap, 300 mg cap</i>	2	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	2	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	4		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	4		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	5	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	5	TECFIDERA	PA
<i>dimethyl fumarate starter pack 120 & 240 mg cap dr pack</i>	5	TECFIDERA STARTER PACK	PA
<i>fingolimod hcl 0.5 mg cap</i>	5	GILENYA	PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	5	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA
MAYZENT 0.25 mg tab, 2 mg tab	5		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	5		PA
PLEGRIDY STARTER PACK 63 & 94	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mcg/0.5ml sc soln auto-inj, 63 & 94 mcg/0.5ml sc soln pfs			
<i>teriflunomide 14 mg tab, 7 mg tab</i>	5	AUBAGIO	PA
VUMERITY 231 mg cap dr	5		PA
ZEPOSIA 0.92 mg cap	5		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	5		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92mg(21) cap pack	5		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	4		
BOCASAL m/t pckt	4		
<i>cevimeline hcl 30 mg cap</i>	2	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	4		
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
NUMOISYN m/t liq	4		
<i>oralone 0.1 % m/t paste</i>	4	KENALOG IN ORABASE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	2	SALAGEN	
SALIVAMAX m/t pckt	4		
<i>triamcinolone acetonide 0.1 % m/t paste</i>	2	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 % Topical Gel	4		ST
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	PA
<i>adapalene 0.1 % Topical Cream, 0.1 % Topical Gel, 0.3 % Topical Gel</i>	2	DIFFERIN	
<i>adapalene treatment 0.1 % Topical Gel</i>	2	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.3-2.5 % Topical Gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % Topical Gel</i>	2	EPIDUO	
AVAR CLEANSER 10-5 % Topical Liquid	4		
AVAR-E EMOLLIENT 10-5 % Topical	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Cream			
AZELEX 20 % Topical Cream	4		
<i>benzoyl peroxide 8 % Topical Gel</i>	2	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % Topical Gel</i>	2	BENZAMYCIN	
BIONECT 0.2 % Topical Gel	4		
<i>bp 10-1 10-1 % Topical Emulsion</i>	1		
<i>bp wash 2.5 % Topical Liquid</i>	2		
<i>bpo foaming cloths 6 % Topical Miscellaneous</i>	1		
<i>calcipotriene 0.005 % Topical Cream, 0.005 % Topical Ointment</i>	2	DOVONEX	
<i>calcipotriene 0.005 % Topical Solution</i>	2	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % Topical Ointment, 0.005-0.064 % Topical Suspension</i>	2	TACLONEX	
<i>calcitrene 0.005 % Topical Ointment</i>	4	DOVONEX	
<i>calcitriol 3 mcg/gm Topical Ointment</i>	2	VECTICAL	
CLINDACIN ETZ 1 % Topical Kit	4		
<i>clindamycin phos-benzoyl perox 1.2-3.75 % Topical Gel</i>	2		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % Topical Gel</i>	2	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % Topical Gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % Topical Gel</i>	2	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % Topical Gel</i>	2	ZIANA	
CONDYLOX 0.5 % Topical Gel	4		
CORTANE-B 10-10-1 mg/ml Topical Lotion	4		
<i>cvs adapalene 0.1 % Topical Gel</i>	2	DIFFERIN	
<i>dapsone 5 % Topical Gel, 7.5 % Topical Gel</i>	2	ACZONE	
<i>differin 0.1 % Topical Gel</i>	2	DIFFERIN	
<i>doxycycline 40 mg cap dr</i>	2	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	5		PA
EBGLYSS 250 mg/2ml sc soln auto-inj, 250 mg/2ml sc soln pfs	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EPIDUO 0.1-2.5 % Topical Gel	3		
<i>gnp adapalene 0.1 % Topical Gel</i>	2	DIFFERIN	
<i>hydrocort-pramoxine (perianal) 2.5-1 % Topical Cream</i>	2	ANALPRAM HC	
<i>hydrocortisone ace-pramoxine 1-1 % Topical Cream</i>	2	ANALPRAM HC	
<i>imiquimod 5 % Topical Cream</i>	2	ALDARA	
<i>imiquimod pump 3.75 % Topical Cream</i>	2	ZYCLARA	PA
IMULDOSA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>iodosorb 0.9 % Topical Gel</i>	4		
LEVULAN KERASTICK 20 % Topical Solution Reconstituted	4		
<i>lidocaine-hydrocort (perianal) 3-0.5 % Topical Cream</i>	2	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-2.5 % rect kit</i>	2	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	2	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	2	RECTAGEL HC	
<i>methoxsalen rapid 10 mg cap</i>	6	OXSORALEN-ULTRA	PA
<i>metronidazole 0.75 % Topical Cream</i>	2	METROCREAM	
<i>metronidazole 0.75 % Topical Gel, 1 % Topical Gel</i>	2	METROGEL	
<i>metronidazole 0.75 % Topical Lotion</i>	2	METROLOTION	
NEMLUVIO 30 mg Subcutaneous Auto-injector	5		PA
<i>neuac 1.2-5 % Topical Gel</i>	4	DUAC	
NORITATE 1 % Topical Cream	4		
<i>panoxyl 2.5 % Topical Liquid</i>	2		
<i>pimecrolimus 1 % Topical Cream</i>	2	ELIDEL	
<i>podofilox 0.5 % Topical Gel</i>	2		
<i>podofilox 0.5 % Topical Solution</i>	2	CONDYLOX	
PROCORT 1.85-1.15 % Topical Cream	4		
PROCTOFOAM HC 1-1 % Topical Foam	4		
PROMISEB Topical Cream	4		
PRUDOXIN 5 % Topical Cream	4		
RECTIV 0.4 % rect oint	4		
RETIN-A MICRO PUMP 0.06 % Topical Gel, 0.08 % Topical Gel	4		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
SANTYL 250 unit/gm Topical Ointment	4		
SCALACORT DK 2 & 2-2 % Topical Kit	4		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>selenium sulfide 2.25 % Topical Shampoo</i>	2		
<i>selenium sulfide 2.5 % Topical Lotion</i>	1	SELSUN	
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	5		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		PA
<i>sodium sulfacetamide 10 % Topical Shampoo</i>	1		
SORILUX 0.005 % Topical Foam	4		
<i>sss 10-5 10-5 % Topical Foam</i>	1		
<i>sss 10-5 10-5 % Topical Cream</i>	1	PLEXION	
STARJEMZA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>sulfacetamide sodium 10 % Topical Liquid</i>	2		
<i>sulfacetamide sodium (cleans) 10 % Topical Gel</i>	2		
<i>sulfacetamide sodium-sulfur 10-5 % Topical Liquid, 10-5 % Topical Lotion, 10-5 % Topical Suspension</i>	2		
<i>sulfacetamide sodium-sulfur 10-5 % Topical Cream</i>	2	PLEXION	
<i>sulfacetamide sodium-sulfur 9-4.5 % Topical Liquid</i>	2	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 8-4 % Topical Suspension</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % Topical Suspension</i>	2	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % Topical Liquid</i>	2	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % Topical Liquid</i>	2	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % Topical Emulsion</i>	2	ROSULA CLEANSER	
TACLONEX 0.005-0.064 % Topical	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
Suspension			
<i>tacrolimus 0.03 % Topical Ointment, 0.1 % Topical Ointment</i>	2	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	5		PA
<i>tazarotene 0.05 % Topical Cream</i>	2		
<i>tazarotene 0.05 % Topical Gel, 0.1 % Topical Cream, 0.1 % Topical Gel</i>	2	TAZORAC	PA
TAZORAC 0.05 % Topical Cream, 0.05 % Topical Gel, 0.1 % Topical Gel	3		PA
TREMFYA 100 mg/ml sc soln pfs, 200 mg/2ml sc soln pfs	5		PA
TREMFYA PEN 200 mg/2ml sc soln auto-inj	5		PA
<i>tretinoin 0.01 % Topical Gel, 0.025 % Topical Cream, 0.025 % Topical Gel, 0.05 % Topical Cream, 0.1 % Topical Cream</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.08 % Topical Gel</i>	2		
<i>tretinoin microsphere 0.04 % Topical Gel, 0.1 % Topical Gel</i>	2	RETIN-A	PA
<i>tretinoin microsphere pump 0.04 % Topical Gel, 0.1 % Topical Gel</i>	2	RETIN-A	PA
VECTICAL 3 mcg/gm Topical Ointment	4		
VEREGEN 15 % Topical Ointment	4		
VTAMA 1 % Topical Cream	3		PA
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	5		PA
<i>zaclir cleansing 8 % Topical Lotion</i>	1		
ZIANA 1.2-0.025 % Topical Gel	4		ST
ZITHRANOL 1 % Topical Shampoo	4		
ZONALON 5 % Topical Cream	4		
ZYCLARA 3.75 % Topical Cream	4		PA
ZYCLARA PUMP 2.5 % Topical Cream	4		
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>	2	CARBAGLU	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>ferrous sulfate 220 (44 Fe) mg/5ml 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
Vitamins [Vitaminas]			
ACTIVNUTRIENTS tab chew	1		AL
ALIVE GUMMIES FOR CHILDREN tab chew	1		AL
ALIVE KIDS PREMIUM tab chew	1		AL
ALIVE MULTI-VITAMIN CHILDRENS tab chew	1		AL
CENTRUM FLAVOR BURST KIDS tab chew	1		AL
CENTRUM KIDS tab chew	1		AL
CENTRUM KIDS MULTIGUMMIES tab chew	1		AL
<i>childrens gummies tab chew</i>	1		AL
<i>cvs gummy dinos tab chew</i>	1		AL
<i>cvs gummy multivitamin kids tab chew</i>	1		AL
EMERGEN-C KIDZ DAILY IMMUNE tab chew	1		AL
<i>emergen-c kidz immune+ tab chew</i>	1		AL
<i>eq multivitamin gummies tab chew</i>	1		AL
<i>eq multivitamins gummy child tab chew</i>	1		AL
<i>eq1 gummies childrens tab chew</i>	1		AL
FLINTSTONES + EXTRA IRON tab chew	1		AL
FLINTSTONES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES-IMMUNITY tab chew	1		AL
FLINTSTONES-IMMUNITY SUPPORT tab chew	1		AL
<i>ft childrens multi tab chew</i>	1		AL
<i>gnp multi childrens tab chew</i>	1		AL
<i>growing bones & muscles kids tab chew</i>	1		AL
GUMMI BEAR MULTIVITAMIN/MIN tab chew	1		AL
<i>just 4 kidz multivit/probiotic tab chew</i>	1		AL
<i>multivit-min gummies childrens tab</i>	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>chew</i>			
<i>multivitamin childrens gummies tab chew</i>	1		AL
MVW COMPLETE FORMULATION tab chew	1		AL
MVW COMPLETE FORMULATION D3000 tab chew	1		AL
MVW COMPLETE FORMULATION D5000 tab chew	1		AL
SMARTY PANTS KIDS COMPLETE tab chew	1		AL
SPONGEBOB SQUAREPANTS GUMMIES tab chew	1		AL
<i>vitachew multiple vitamin tab chew</i>	1		AL
VITALETS CHILDRENS tab chew	1		AL
YUMVSKIDS MULTI ZERO tab chew	1		AL
ZOO FRIENDS MULTI GUMMIES tab chew	1		AL
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		
CYSTAGON 150 mg cap, 50 mg cap	4		
<i>miglustat 100 mg cap</i>	5	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	4		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	4		ST
<i>sodium phenylbutyrate 500 mg tab</i>	5	BUPHENYL	PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt	3		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
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>	2	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>	2	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	2		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	2	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	2	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	2	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	2	LEVBID	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	2		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	2	PAMINE	
<i>NULEV 0.125 mg tab disint</i>	4		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	2	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	2	ENTEREG	
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	2		QL(336 / 365)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		QL(360 / 365)
<i>CHENODAL 250 mg tab</i>	4		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	2	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	2	LOMOTIL	
<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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 + rfid 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	4		ST
MOTOFEN 1-0.025 mg tab	4		
MOVANTIK 12.5 mg tab, 25 mg tab	3		ST
<i>prucalopride succinate 1 mg tab, 2 mg tab</i>	2	Motegrity	ST
PYLERA 140-125-125 mg cap	4		QL(360 / 365)
RELISTOR 150 mg tab	4		ST
RELISTOR 12 mg/0.6ml sc soln, 12 mg/0.6ml sc soln pfs, 8 mg/0.4ml sc soln pfs	4		ST
SYMPROIC 0.2 mg tab	3		ST
TRULANCE 3 mg tab	4		ST
<i>ursodiol 300 mg cap</i>	2	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	2	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	2	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	2	TAGAMET	
<i>famotidine 200 mg/20ml iv soln, 40 mg/4ml iv soln</i>	2		
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	2	PEPCID	
<i>famotidine (pf) 20 mg/2ml iv soln</i>	2	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	2	AXID	
<i>ranitidine hcl 300 mg tab</i>	1	ZANTAC	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	2	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		ST
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	2	AMITIZA	ST
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	2	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>	4		
<i>kristalose 10 gm pckt</i>	4	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	3		
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>	2	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	3		ST
<i>dexlansoprazole 30 mg cap dr</i>	2		ST
<i>dexlansoprazole 60 mg cap dr</i>	2	DEXILANT	ST
<i>esomeprazole magnesium 5 mg pckt</i>	2		
<i>esomeprazole magnesium 2.5 mg pckt</i>	2		ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	2	NEXIUM	ST
FIRST-LANSOPRAZOLE 3 mg/ml susp	4		
FIRST-OMEPRAZOLE 2 mg/ml susp	4		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	2	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	2	PREVACID SOLUTAB	
NEXIUM 2.5 mg pckt, 5 mg pckt	4		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>	2	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>	2	PROTONIX	ST
PRILOSEC 10 mg pckt, 2.5 mg pckt	4		ST
<i>rabeprazole sodium 20 mg tab dr</i>	2	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>	2	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	2		
<i>mirabegron er 8 mg/ml Oral Suspension Reconstituted ER</i>	1		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	4		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	4		
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml soln</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	4		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	2	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	2	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	2	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>trospium chloride 20 mg tab</i>	2	SANCTURA	
<i>trospium chloride er 60 mg cap er 24 hr</i>	2	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	4		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	2	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	2	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	2	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2</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
<i>mg cap, 5 mg cap</i>			
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	2	URECHOLINE	
ELMIRON 100 mg cap	4		
ENCARE 100 mg vag supp	4		
LITHOSTAT 250 mg tab	4		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	4		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
RIMSO-50 50 % i-vesic soln	4		
<i>tiopronin 100 mg tab</i>	2	THIOLA	
TODAY SPONGE 1000 mg vag misc	4		
<i>trientine hcl 250 mg cap</i>	5	SYPRINE	PA
URELLE 81 mg tab	4		
<i>uro-mp 118 mg cap</i>	2		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	4		
VILAMIT MB 118 mg cap	4		
VILEVEV MB 81 mg tab	4		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg cap</i>	2	PHOSLO	
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	2	FOSRENOL	
<i>sevelamer carbonate 800 mg tab</i>	2	REVELA	
<i>sevelamer hcl 800 mg tab</i>	2	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Glucocorticoides / Mineralocorticoides]			
ALA SCALP 2 % Topical Lotion	4		
<i>ala-cort 1 % Topical Cream</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 % Topical Cream, 0.05 % Topical Ointment</i>	2	ACLOVATE	
<i>amcinonide 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	1	CYCLOCORT	
<i>betamethasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % Topical Lotion</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % Topical Cream</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % Topical Gel, 0.05 % Topical Ointment</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % Topical Lotion</i>	2	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	2	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % Topical Lotion</i>	2	BETA-VAL	
<i>betamethasone valerate 0.12 % Topical Foam</i>	2	LUXIQ	
<i>clobetasol prop emollient base 0.05 % Topical Cream</i>	2	TEMOVATE-E	
<i>clobetasol propionate 0.05 % Topical Liquid, 0.05 % Topical Lotion, 0.05 % Topical Shampoo</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % Topical Foam</i>	2	OLUX	
<i>clobetasol propionate 0.05 % Topical Gel, 0.05 % Topical Ointment</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % Topical Solution</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % Topical Cream</i>	2	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % Topical Cream</i>	2	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % Topical Foam</i>	2	OLUX-E	
<i>clocortolone pivalate 0.1 % Topical</i>	1	CLODERM	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>Cream</i>			
<i>clodan 0.05 % Topical Shampoo</i>	4	CLOBEX	
CLODERM 0.1 % Topical Cream	4		
CORDRAN 4 mcg/sqcm Topical Tape	4		
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	4		
<i>desonide 0.05 % Topical Gel</i>	2	DESONATE	
<i>desonide 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	2	DESOWEN	
<i>desonide 0.05 % Topical Lotion</i>	2	DESOWEN	
<i>desoximetasone 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment, 0.25 % Topical Cream, 0.25 % Topical Ointment</i>	2	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	2		
<i>dexamethasone 0.5 mg/5ml soln</i>	2		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	4		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1	HEXADROL	
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 4 mg/ml inj soln pfs</i>	1		
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	2		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	2	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	FLORINEF	
<i>fluocinolone acetonide 0.01 % Topical Cream, 0.025 % Topical Cream, 0.025 % Topical Ointment</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % Topical Solution</i>	2	SYNALAR	
<i>fluocinolone acetonide body 0.01 % Topical Oil</i>	2	DERMA-SMOOTH/FS	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>fluocinolone acetonide scalp 0.01 % Topical Oil</i>	2	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment</i>	2	LIDEX	
<i>fluocinonide 0.05 % Topical Solution</i>	2	LIDEX	
<i>fluocinonide 0.1 % Topical Cream</i>	2	VANOS	
<i>fluocinonide emulsified base 0.05 % Topical Cream</i>	2	LIDEX-E	
<i>flurandrenolide 0.05 % Topical Lotion</i>	2	CORDRAN	
<i>fluticasone propionate 0.05 % Topical Cream</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % Topical Ointment</i>	2	CUTIVATE	
<i>fluticasone propionate 0.05 % Topical Lotion</i>	2	CUTIVATE	
<i>halcinonide 0.1 % Topical Solution</i>	2		
<i>halobetasol propionate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	2	ULTRAVATE	
HALOG 0.1 % Topical Solution	4		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	2	CORTEF	
<i>hydrocortisone 2.5 % Topical Cream, 2.5 % Topical Ointment</i>	1	HYTONE	
<i>hydrocortisone 2.5 % Topical Lotion</i>	2	HYTONE	
<i>hydrocortisone butyrate 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	2	LOCOID	
<i>hydrocortisone butyrate 0.1 % Topical Lotion, 0.1 % Topical Solution</i>	2	LOCOID	
<i>hydrocortisone sod suc (pf) 100 mg inj soln</i>	2		
<i>hydrocortisone valerate 0.2 % Topical Cream, 0.2 % Topical Ointment</i>	2	WESTCORT	
KENALOG-10 10 mg/ml inj susp	4		
MEDROL 2 mg tab	4		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj</i>	2	SOLU-MEDROL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
<i>mometasone furoate 0.1 % Topical Ointment</i>	1	ELOCON	
<i>mometasone furoate 0.1 % Topical Cream</i>	2	ELOCON	
<i>mometasone furoate 0.1 % Topical Solution</i>	2	ELOCON	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	2	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 5 mg/5ml soln</i>	2	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	2	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	2		
<i>prednisone 5 mg/5ml soln</i>	2		
PREDNISONE INTENSOL 5 mg/ml oral conc	4		
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	4		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	4		
SOLU-MEDROL 2 gm inj soln	4		
TEXACORT 2.5 % Topical Solution	4		
<i>triamcinolone acetonide 0.025 % Topical Ointment, 0.1 % Topical Ointment, 0.147 mg/gm Topical Aerosol Solution, 0.5 % Topical Ointment</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % Topical Lotion, 0.1 % Topical Lotion, 40</i>	2	KENALOG	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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/ml inj susp</i>			
<i>triamcinolone acetonide 0.05 % Topical Ointment</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % Topical Cream, 0.1 % Topical Cream, 0.5 % Topical Cream</i>	2	TRIDERM	
<i>triamcinolone in absorbase 0.05 % Topical Ointment</i>	2	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	5		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>	2	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	2	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	2	DDAVP	PA
<i>octreotide acetate 30 mg im kit</i>	5		
<i>octreotide acetate 20 mg im kit</i>	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	2	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>	2	ANDROGEL	PA
<i>testosterone 30 mg/act td soln</i>	2	AXIRON	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>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	2	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	2	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	3		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	3		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	4		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>amethyst 90-20 mcg tab</i>	4	AMETHYST 28 DAY	QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	4		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	4		QL(28 / 28)
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	4	MIRCETTE	QL(28 / 28)
<i>balziva 0.4-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	2		QL(28 / 28)
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	4	SEASONIQUE	QL(91 / 91)
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	4	LOSEASONIQUE	QL(91 / 91)
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	4		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	4		
COVARYX 1.25-2.5 mg tab	4		
COVARYX HS 0.625-1.25 mg tab	4		
<i>dasetta 1/35 (28) 1-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	4	SEASONIQUE	QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	4		
<i>delyla 0.1-20 mg-mcg tab</i>	4	ALESSE	QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	4		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
gel			
DIVIGEL 1 mg/gm td gel	4		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	2	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	2	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	2	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	2	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	4		
<i>elinest 0.3-30 mg-mcg tab</i>	4		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	2	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>	2		
<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>	2	CLIMARA	
<i>estradiol 0.01 % vag crm</i>	1	ESTRACE	
<i>estradiol 0.75 mg/1.25 gm (0.06%) td gel</i>	1	ESTROGEL	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	2	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	2	VIVELLE-DOT	
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	2	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	2	ACTIVELLA	
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	4		
<i>estrogens conjugated 0.45 mg tab, 0.625 mg tab, 1.25 mg tab</i>	2		
<i>ethynodiol diac-eth estradiol 1-35 mg-</i>	2	DEMULEN	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>mcg tab, 1-50 mg-mcg tab</i>			
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	2	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	4		
<i>falmina 0.1-20 mg-mcg tab</i>	4	ALESSE	QL(28 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		
<i>fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	4	FEMHRT	
<i>introvale 0.15-0.03 mg tab</i>	4	SEASONALE	QL(91 / 91)
<i>isibloom 0.15-30 mg-mcg tab</i>	4	DESOGEN	QL(28 / 28)
<i>jolessa 0.15-0.03 mg tab</i>	4	SEASONALE	QL(91 / 91)
<i>juleber 0.15-30 mg-mcg tab</i>	4	DESOGEN	QL(28 / 28)
<i>junel 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>junel fe 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>kaitlib fe 0.8-25 mg-mcg tab chew</i>	4	GENERESS FE	QL(28 / 28)
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	4	MIRCETTE	QL(28 / 28)
<i>kurvelo 0.15-30 mg-mcg tab</i>	4	NORDETTE	QL(28 / 28)
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>larin 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	4	ENPRESSE 28 DAY	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	2	ENPRESSE 28 DAY	QL(28 / 28)
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	2	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	2	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>	2	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</i>	4	NORDETTE	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab</i>			
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	4		QL(28 / 28)
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	4		QL(28 / 28)
<i>luta 0.1-20 mg-mcg tab</i>	4	ALESSE	QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
MENOSTAR 14 mcg/24hr tdkw patch	4		
<i>mibelas 24 fe 1-20 mg-mcg(24) tab chew</i>	4	MINASTRIN 24 FE	QL(28 / 28)
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>microgestin 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN	QL(28 / 28)
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	4	LOESTRIN FE	QL(28 / 28)
<i>mono-linyah 0.25-35 mg-mcg tab</i>	4	ORTHO-CYCLEN (28)	QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	3		QL(28 / 28)
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>nikki 3-0.02 mg tab</i>	4	YAZ	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	2	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	2	MINASTRIN 24 FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	2	FEMCON FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	2	GENERESS FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	2	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	2	FEMHRT	
<i>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>	4		QL(28 / 28)
NUVARING 0.12-0.015 mg/24hr vag ring	4		QL(1 / 28)
<i>philit 0.4-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>pimtree 0.15-0.02/0.01 mg (21/5) tab</i>	4	MIRCETTE	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
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	3		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	3		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		
<i>reclipsen 0.15-30 mg-mcg tab</i>	4	DESOGEN	QL(28 / 28)
<i>rivelsa 42-21-21-7 days tab</i>	4	QUARTETTE	QL(91 / 91)
<i>setlakin 0.15-0.03 mg tab</i>	4	SEASONALE	QL(91 / 91)
<i>sprintec 28 0.25-35 mg-mcg tab</i>	4	ORTHO-CYCLEN (28)	QL(28 / 28)
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	4	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	4	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	4	ORTHO TRI-CYCLEN	QL(28 / 28)
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	4	ORTHO TRI-CYCLEN	QL(28 / 28)
VELIVET 0.1/0.125/0.15 -0.025 mg tab	4		QL(28 / 28)
<i>vestura 3-0.02 mg tab</i>	4	YAZ	QL(28 / 28)
<i>vienva 0.1-20 mg-mcg tab</i>	4	ALESSE	QL(28 / 28)
<i>viorele 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>	4		QL(28 / 28)
<i>wera 0.5-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>wymzya fe 0.4-35 mg-mcg tab chew</i>	4	FEMCON FE	QL(28 / 28)
<i>xulane 150-35 mcg/24hr tdwk patch</i>	4		QL(3 / 28)
<i>yuvaferm 10 mcg vag tab</i>	3	VAGIFEM	
Progesterone Agonists/antagonists - Hormone Replacement/modifying Drugs [Agonistas/Antagonistas De Progesterona - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ELLA 30 mg tab	4		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>aftera 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>afterpill 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>camila 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
CRINONE 4 % vag gel	4		PA
<i>deblitane 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp,	4		QL(1 / 90)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
150 mg/ml im susp pfs			
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	4		QL(1 / 90)
<i>econtra one-step 1.5 mg tab</i>	4	PLAN B ONE-STEP	
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	4		PA
<i>her style 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>jencycla 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
<i>levonorgestrel 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>lyza 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	2	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 21 mcg/day iud	5		PA
<i>my choice 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>my way 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>new day 1.5 mg tab</i>	4	PLAN B ONE-STEP	
NEXPLANON 68 mg sc implant	4		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	2	AYGESTIN	
<i>norlyroc 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
<i>opcicon one-step 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>option 2 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>plan b one-step 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<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>	4	PLAN B ONE-STEP	
<i>sharobel 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
<i>shewise 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>take action 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>your choice 1.5 mg tab</i>	4	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>	2	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	4		
levo-t 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4	SYNTHROID	
levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab	1	SYNTHROID	
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	2	SYNTHROID	
levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap	2	TIROSINT	
levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	4	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	2	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	4		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
thyroid 90 mg tab	1		
thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab	2		
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	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	4		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	6		PA
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
ormonal Agents, Suppressant (parathyroid) - Hormone Suppressants			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	2	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	5		PA
FIRMAGON 80 mg sc soln	6		PA
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	6		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	6	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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-PED (3-MONTH) 11.25 mg im kit, 30 mg im kit	5		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		PA
ORILISSA 150 mg tab, 200 mg tab	5		PA
ZOLADEX 10.8 mg sc implant, 3.6 mg sc implant	6		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	2		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agente Angioedema - Medicamentos Para El Sistema Inmune]			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	6		PA
ORLADEYO 110 mg cap, 150 mg cap	6		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</i>	5		PA
<i>adalimumab-adbm(cd/uc/hs str) 40 mg/0.4ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.4ml Subcutaneous Auto-injector Kit</i>	5		PA
AMJEVITA 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	5		PA
AMJEVITA-PED 10KG TO <15KG 10 mg/0.2ml sc soln pfs	5		PA
AMJEVITA-PED 15KG TO <30KG 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs	5		PA
<i>azasan 100 mg tab, 75 mg tab</i>	4	AZASAN	PA
<i>azathioprine 50 mg tab</i>	2	IMURAN	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
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	5	SANDIMMUNE	PA
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	5	NEORAL	PA
<i>cyclosporine modified 100 mg/ml soln</i>	5	NEORAL	PA
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab</i>	5	ZORTRESS	PA
<i>gengraf 100 mg cap, 25 mg cap</i>	6	NEORAL	PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	5		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	5		PA
<i>infliximab 100 mg iv soln</i>	5		PA
<i>methotrexate sodium 2.5 mg tab</i>	2		
<i>methotrexate sodium 1 gm inj soln</i>	6		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	6		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	6	CELLCEPT	PA
<i>mycophenolate mofetil 200 mg/ml susp</i>	6	CELLCEPT	PA
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	5	MYFORTIC	PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
RENFLEXIS 100 mg iv soln	5		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	5		PA
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	5	RAPAMUNE	PA
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	6	PROGRAF	PA
<i>temsirolimus 25 mg/ml iv soln</i>	5	TORISEL	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>tofacitinib citrate 10 mg tab, 5 mg tab</i>	5		PA
<i>tofacitinib citrate er 11 mg tab er 24 hr, 22 mg tab er 24 hr</i>	5		PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	6		
XELJANZ 10 mg tab, 5 mg tab	5		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	5		PA
Immunological Agents, Other- Immune System Drugs [Agentes Inmunológicos, Otros Medicamentos Para El Sistema Inmunitario]			
TREMFYA ONE-PRESS 100 mg/ml sc soln pen-inj	5		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 100 mcg/0.5ml sc soln	6		PA
ARCALYST 220 mg sc soln	6		PA
AVTOZMA 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	5		PA
ENTYVIO PEN 108 mg/0.68ml sc soln auto-inj	5		PA
ILARIS 150 mg/ml sc soln	4		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	6		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 20 mg tab, 30 mg tab, 4 x 10 & 51 x20 mg tab pack	5		PA
OTEZLA XR 75 mg tab er 24 hr	5		PA
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 mg tab pack	5		PA
RIDAURA 3 mg cap	4		
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	5		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			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>mesalamine er 500 mg cap er</i>	2	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	2	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	4		
SFROWASA 4 gm/60ml rect enema	4		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 3 mg cap dr prt</i>	2	ENTOCORT	PA
CORTIFOAM 10 % Topical Foam	4		
<i>hydrocortisone 100 mg/60ml rect enema</i>	2	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	FOSAMAX	
BILDYOS 60 mg/ml sc soln pfs	5		PA
BILPREVDA 120 mg/1.7ml sc soln	5		PA
BINOSTO 70 mg tab eff	4		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	2	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	2	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	2	HECTOROL	
ENOBY 60 mg/ml sc soln pfs	5		PA
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	4		
<i>ibandronate sodium 150 mg tab</i>	2	BONIVA	
<i>ibandronate sodium 3 mg/3ml iv soln</i>	5	BONIVA	PA
OSPOMYV 60 mg/ml sc soln pfs	5		PA
<i>pamidronate disodium 30 mg/10ml iv soln, 6 mg/ml iv soln, 90 mg/10ml iv</i>	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	2	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	6		PA
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	2	ACTONEL	
<i>risedronate sodium 35 mg tab dr</i>	2	ATELVIA	
<i>teriparatide 560 mcg/2.24ml sc soln pen-inj</i>	5	Forteo	PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	6		PA
XGEVA 120 mg/1.7ml sc soln	6		PA
XTRENBO 120 mg/1.7ml sc soln	5		PA
<i>zoledronic acid 5 mg/100ml iv soln</i>	5	RECLAST	PA
<i>zoledronic acid 4 mg/100ml iv soln, 4 mg/5ml iv conc</i>	5	ZOMETA	PA
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
<i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	2		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	2		
ASSURE ID PRO PEN NEEDLES 30G	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
X 5 MM misc			
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	1		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	2		
<i>aum mini insulin pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	2		
<i>aum pen needle 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	2		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	2		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	2		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	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	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, 28G X 1/2" 1 ml misc			
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		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	1		
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM misc	2		
BD PEN NEEDLE NANO 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</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>			
<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	2		
CARETOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 33G X 4 MM misc	1		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
COMFORT EZ INSULIN SYRINGE 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 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	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
5/16" 0.5 ml misc			
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 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc	2		
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	1		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
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	2		
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	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
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ml misc	2		
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ml misc	1		
EMBECTA PEN NEEDLE NANO 32G X 4 MM misc	2		
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM misc	2		
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	2		
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc	1		
EMBRACE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
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>	2		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc, 31G X 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>	2		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 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		
<i>gnp insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	2		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	2		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	2		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	2		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	2		
<i>gnp 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>	2		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
GNP ULTIGUARD 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	2		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
<i>h-e-b inconrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G 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
6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc			
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
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	1		
healthwise micron pen needles 32G X 4 MM misc	1		
healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc	1		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	2		
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	2		
insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc	1		
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	2		
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	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>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>	2		
<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>	2		
INSUPEN32G EXTR3ME 32G X 6 MM misc	1		
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc</i>	1		
<i>kroger pen needles 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>	2		
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		
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	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			
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>	2		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	2		
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	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
misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc			
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>	2		
<i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
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>	2		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	2		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
<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	2		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
30G X 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			
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
<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>	2		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>px 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>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	2		
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	2		
<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</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>X 8 MM misc</i>			
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	2		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
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 PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 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		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc	2		
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM misc	1		
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM misc	2		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 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"</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
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			
sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc	1		
sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
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	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	2		
todays health pen needles 29G X 12MM misc	1		
todays health short pen needle 31G X 8 MM misc	1		
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM misc	2		
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	1		
true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	1		
true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc	2		
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	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>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<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>	2		
<i>true comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
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,	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
32G X 4 MM misc			
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 SAFEPAK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
ULTIGUARD SAFEPAK 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 SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<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	2		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	2		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml	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
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			
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		
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	2		
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	2		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	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
MM misc, 32G X 4 MM misc, 33G X 4 MM misc			
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM misc	2		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
UNIFINE ULTRA PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
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	2		
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	2		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
zevrx insulin syringe 30G X 5/16" 1 ml misc	2		
zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
acticarnitine sf 1 gm/10ml soln	2		
aimSCO lubricated misc	1		QL(12 / 30)
CAYA vag diaph	4		
condoms misc	1		QL(12 / 30)
DUREX EXTRA SENSITIVE THIN dev, misc	4		QL(12 / 30)
DUREX REALFEEL dev	4		QL(12 / 30)
DUREX TROPICAL misc	4		QL(12 / 30)
FANTASY LUBRICATED misc	4		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
FC2 FEMALE CONDOM misc	4		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	4		
g-levocarnitine s/f 1 gm/10ml soln	2		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
kimono misc	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
kimono micro thin misc	1		QL(12 / 30)
kimono micro thin plus misc	1		QL(12 / 30)
kimono plus misc	1		QL(12 / 30)
kimono ps misc	1		QL(12 / 30)
kimono ps plus misc	1		QL(12 / 30)
kimono sensation misc	1		QL(12 / 30)
kimono sensation plus misc	1		QL(12 / 30)
KIMONO SPECIAL dev	4		QL(12 / 30)
levocarnitine 330 mg tab	2	CARNITOR	
levocarnitine 1 gm/10ml soln	2	CARNITOR	
levocarnitine (dietary) 1 gm/10ml soln	2		
levocarnitine l-tartrate 330 mg tab	2		
maxx misc	1		QL(12 / 30)
maxx plus misc	1		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
MITOSOL 0.2 mg ophth kit	4		
OMNIFLEX DIAPHRAGM vag diaph	4		
PARAGARD INTRAUTERINE COPPER iud	5		PA
REALITY LATEX CONDOMS misc	4		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	4		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	4		QL(12 / 30)
SOHONOS 5 mg cap	4		
TROJAN BARESKIN dev	4		QL(12 / 30)
TROJAN ENZ misc	4		QL(12 / 30)
TROJAN MAGNUM misc	4		QL(12 / 30)
TROJAN ULTRA RIBBED LUBRICATED dev	4		QL(12 / 30)
TROJAN ULTRA THIN misc	4		QL(12 / 30)
TROJAN ULTRA THIN/SPERMICIDAL misc	4		QL(12 / 30)
TROJAN-ENZ LUBRICATED misc	4		QL(12 / 30)
TROJAN-ENZ/SPERMICIDAL misc	4		QL(12 / 30)
<i>true cover dev</i>	4		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	4		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	4		QL(12 / 30)
TRUSTEX LUBRICATED misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	4		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	4		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	4		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	4		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	4		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	4		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD	4		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
misc			
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	4		
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	4		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	4		
ALTACAINE 0.5 % ophth soln	4		
ALTACAINE 0.5 % ophth soln	4		
<i>atropine sulfate 1 % ophth soln</i>	2	ISOPTO ATROPINE	
<i>atropine sulfate 1 % ophth soln</i>	2	ISOPTO ATROPINE	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	2	POLYSPORIN	
<i>cyclopentolate hcl 1 % ophth soln</i>	2	CYCLOGYL	
<i>cyclosporine (pf) 0.05 % ophth emul</i>	2	RESTASIS	
HOMATROPAIRE 5 % ophth soln	4		
MIOCHOL-E 20 mg i-ocul soln	4		PA
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	2	NEOSPORIN	
<i>phenylephrine hcl 10 % ophth soln</i>	1		
<i>phenylephrine hcl 2.5 % ophth soln</i>	2		
<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>	2	ALCAINE	
RESTASIS 0.05 % ophth emul	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
tetracaine hcl 0.5 % ophth soln	2		
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	2	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
advanced eye relief 0.2 % ophth soln	2	PATADAY	
ALOCRIL 2 % ophth soln	4		
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	2	BEPREVE	
cromolyn sodium 4 % ophth soln	2	OPTICROM	
cvs olopatadine hcl 0.2 % ophth soln	2	PATADAY	
CYCLOMYDRIL 0.2-1 % ophth soln	4		
epinastine hcl 0.05 % ophth soln	2	ELESTAT	
eq olopatadine hcl 0.2 % ophth soln	2	PATADAY	
eye allergy itch relief 0.2 % ophth soln	2	PATADAY	
ft eye allergy itch relief 0.2 % ophth soln	2	PATADAY	
gnp olopatadine hcl 0.2 % ophth soln	2	PATADAY	
olopatadine hcl 0.2 % ophth soln	2	PATADAY	
pataday 0.2 % ophth soln	2	PATADAY	
qc eye allergy itch relief 0.2 % ophth soln	2	PATADAY	
qc olopatadine hcl 0.2 % ophth soln	2	PATADAY	
retaine allergy 0.2 % ophth soln	2	PATADAY	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
ALREX 0.2 % ophth susp	4		
bacitra-neomycin-polymyxin-hc 1 % ophth oint	2	CORTISPORIN	
bromfenac sodium 0.07 % ophth soln, 0.075 % ophth soln	2		
bromfenac sodium (once-daily) 0.09 % ophth soln	1	BROMDAY	
diclofenac sodium 0.1 % ophth soln	2	VOLTAREN	
FLAREX 0.1 % ophth susp	4		
fluorometholone 0.1 % ophth susp	2	FML	
flurbiprofen sodium 0.03 % ophth soln	1	OCUFEN	
FML FORTE 0.25 % ophth susp	4		
ketorolac tromethamine 0.5 % ophth soln	1	ACULAR	
ketorolac tromethamine 0.4 % ophth soln	2	ACULAR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
LOTEMAX 0.5 % ophth oint	4		
LOTEMAX SM 0.38 % ophth gel	4		
<i>loteprednol etabonate 0.2 % ophth susp</i>	2		
<i>loteprednol etabonate 0.5 % ophth gel</i>	2	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	2	LOTEMAX	
MAXIDEX 0.1 % ophth susp	4		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	2	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	2	CORTISPORIN	
NEVANAC 0.1 % ophth susp	4		
PRED MILD 0.12 % ophth susp	4		
<i>prednisolone acetate 1 % ophth susp</i>	2	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	2		
PROLENSA 0.07 % ophth soln	4		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	2	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	2	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	4		PA
ZYLET 0.5-0.3 % ophth susp	4		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	4		
<i>bacitracin 500 unit/gm ophth oint</i>	2	BACI-IM	
BESIVANCE 0.6 % ophth susp	4		
CILOXAN 0.3 % ophth oint	4		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	2	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	2	ZYMAXID	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	2	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	2	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	2	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		
<i>apraclonidine hcl 0.5 % ophth soln</i>	2	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
BETIMOL 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	2	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	2	COMBIGAN	
<i>brinzolamide 1 % ophth susp</i>	2	AZOPT	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	3		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	2	MAXIDEX	
<i>difluprednate 0.05 % ophth emul</i>	2	DUREZOL	
<i>dorzolamide hcl 2 % ophth soln</i>	2	TRUSOPT	
<i>dorzolamide hcl-timolol mal 2-0.5 % ophth soln</i>	2	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	2	COSOPT	
IOPIDINE 1 % ophth soln	4		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	2	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	4		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	4		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	2	ISOPTO CARPINE	
<i>timolol hemihydrate 0.5 % ophth soln</i>	2		
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	2	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	2	TIMOPTIC XE	
<i>timolol maleate (once-daily) 0.5 % ophth soln</i>	2	ISTALOL	
<i>timolol maleate pf 0.25 % ophth soln</i>	2	TIMOPTIC	
Ophthalmic Prostaglandin And Prostanamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanamidas - Medicamentos Para Glaucoma]			
<i>bimatoprost 0.03 % ophth soln</i>	2	LUMIGAN	
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	3		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>travoprost (bak free) 0.004 % ophth soln</i>	2	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>	2	VOSOL	
CIPRO HC 0.2-1 % otic susp	4		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	2	CIPRODEX	
<i>ciprofloxacin-hydrocortisone 0.2-1 % otic susp</i>	2		
<i>fluocinolone acetonide 0.01 % otic oil</i>	2	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	2	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	2	CORTISPORIN	
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	4		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	2	CETRAXAL	
<i>ofloxacin 0.3 % otic soln</i>	2	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	4		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	3		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220	4		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
mcg/act inh aer pwdr br act			
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	4		QL(13 / 30), ST
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	2	PULMICORT	QL(120 / 30), AL
budesonide 32 mcg/act nasal susp	2	RHINOCORT	QL(17.2 / 30)
cvs budesonide 32 mcg/act nasal susp	2	RHINOCORT	QL(17.2 / 30)
eq budesonide nasal 32 mcg/act nasal susp	2	RHINOCORT	QL(17.2 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	2	NASALIDE	QL(25 / 25)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30)
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	2		QL(120 / 30)
fluticasone propionate hfa 44 mcg/act inh aer	2		QL(10.6 / 30)
fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer	2		QL(12 / 30)
gnp budesonide nasal spray 32 mcg/act nasal susp	2	RHINOCORT	QL(17.2 / 30)
mometasone furoate 50 mcg/act nasal susp	2	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	3		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	3		
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		
ra budesonide 32 mcg/act nasal susp	2	RHINOCORT	QL(17.2 / 30)
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	2	ASTELIN	QL(30 / 30)
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>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>	2	PERIACTIN	
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	2	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>	2	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	2	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap</i>	2	VISTARIL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	2	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	2	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>	2	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	2	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	2	ZYFLO CR	
<i>ZYFLO 600 mg tab</i>	4		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
<i>ATROVENT HFA 17 mcg/act inh aer soln</i>	4		QL(25.8 / 30)
<i>COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln</i>	3		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>	2	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	2	DUONEB	QL(360 / 30)
<i>SPIRIVA HANDIHALER 18 mcg inh cap</i>	3		QL(30 / 30)
<i>SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln</i>	3		QL(4 / 30)
<i>tiotropium bromide 18 mcg inh cap</i>	1	SPIRIVA HANDIHALER	QL(30 / 30)
<i>TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act</i>	4		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatoimiméticos - Medicamentos Para Asma/Pulmón]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	2	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	2	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh neb soln</i>	2	BROVANA	QL(60 / 30)
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	2	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	2	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	2	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	2	XOPENEX HFA	QL(30 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwdr br act	3		QL(1 / 30)
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	4		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	4		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	3		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	4		QL(30 / 30), ST
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística]			
CAYSTON 75 mg inh soln	6		PA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt	6		PA
KITABIS PAK (W/ NEBULIZER) 300 mg/5ml inh neb soln	6		PA
PULMOZYME 2.5 mg/2.5ml inh soln	6		PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	6	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos -			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	2	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	4		
<i>elixophyllin 80 mg/15ml oral elix</i>	4		
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	2	DALIRESP	
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	4		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	2		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	2	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	2	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	5	LETAIRIS	PA
<i>macitentan 10 mg tab</i>	5		PA
OPSUMIT 10 mg tab	5		PA
<i>sildenafil citrate 20 mg tab</i>	5	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml iv soln, 10 mg/ml susp</i>	5	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	5	ADCIRCA	PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	6		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
<i>nintedanib esylate 100 mg cap, 150 mg cap</i>	6		PA
<i>pirfenidone 534 mg tab</i>	5		PA
<i>pirfenidone 267 mg cap, 267 mg tab, 801 mg tab</i>	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	2	MUCOMYST	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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
ADRENALIN 0.1 % nasal soln	4		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	3		QL(16 / 30)
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	2	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	3		QL(10.7 / 30)
BEYFORTUS 100 mg/ml im soln pfs, 50 mg/0.5ml im soln pfs	6		PA
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	3		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	3		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	4		QL(13 / 30), ST
FASENRA 30 mg/ml sc soln pfs	5		PA
FASENRA PEN 30 mg/ml sc soln auto-inj	5		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>	2	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSAL 3.5 % inh neb soln	4		
NEBUSAL 6 % inh neb soln	4		
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
PULMOSAL 7 % inh neb soln	4		
<i>ribavirin 6 gm inh soln</i>	5	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>	2	HYPERSAL	
TEZSPIRE 210 mg/1.91ml sc soln auto-inj, 210 mg/1.91ml sc soln pfs	5		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	3		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	4		
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	4		
<i>promethazine-phenylephrine 6.25-5 mg/5ml syr</i>	2	PHENERGAN VC	
TUSNEL 60-30-400 mg tab	4		
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>	2	SOMA	
<i>chlorzoxazone 750 mg tab</i>	2	LORZONE	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	2	FEXMID	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
<i>methocarbamol 500 mg tab, 750 mg</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
<i>tab</i>			
<i>methocarbamol 1000 mg/10ml inj soln</i>	2	ROBAXIN	
MYOBLOC 10000 unit/2ml im soln, 2500 unit/0.5ml im soln, 5000 unit/ml im soln	6		PA
<i>orphenadrine citrate 30 mg/ml inj soln</i>	2	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 subli, 5 mg tab subli	4		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	LUNESTA	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	2	DALMANE	
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	2	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 subli, 3.5 mg tab subli</i>	2	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	NUVIGIL	
<i>modafinil 100 mg tab, 200 mg tab</i>	2	PROVIGIL	
<i>ramelteon 8 mg tab</i>	2	ROZEREM	
<i>sodium oxybate 500 mg/ml soln</i>	6		PA
XYREM 500 mg/ml soln	6		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	4		AL
ATABEX EC 29-1 mg tab dr	4		
<i>bprotected pedia iron 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
BPROTECTED PEDIA POLY-VITE/FE 11 mg/ml soln	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>c-nate dha 28-1-200 mg cap</i>	1		
CALCIFOL 1342-1.6 mg oral wafer	4		
CEROVITE JR 18 mg tab chew	1		AL
<i>childrens animal shapes 18 mg tab chew</i>	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CO-NATAL FA tab	4		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	2		
<i>completenate 29-1 mg tab chew</i>	1		
CONCEPT DHA 53.5-38-1 mg cap	4		
CONCEPT OB 130-92.4-1 mg cap	4		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	4		
ELITE-OB 50-1.25 mg tab	4		
ENFAMIL POLY-VI-SOL-IRON 11 mg/ml soln	1		AL
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eqi child multivit/minerals 18 mg tab chew</i>	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>	4	FER-IN-SOL	AL
<i>fer-in-sol 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	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
FLINTSTONES PLUS EXTRA IRON 18 mg tab chew	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
FOLIVANE-OB 85-1 mg cap	4		
<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	4		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>icar 15 mg/1.25ml susp</i>	1		AL
INATAL GT tab	4		
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
<i>iron sucrose 20 mg/ml iv soln</i>	1		
<i>iron supplement 15 mg/ml soln</i>	4	FER-IN-SOL	AL
IRON UP 15 mg/0.5ml liq	4		AL
K-PHOS NO 2 305-700 mg tab	4		
<i>k-prime 25 meq tab eff</i>	4		
<i>klor-con 20 meq pckt</i>	3		
<i>klor-con m10 10 meq tab er</i>	3		
<i>klor-con m15 15 meq tab er</i>	3	KLOR-CON	
<i>klor-con/ef 25 meq tab eff</i>	3		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>kp niacin 500 mg tab</i>	2		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
MAGNEBIND 400 80-115 mg tab	4		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>multivitamin drops/iron 11 mg/ml soln</i>	1		AL
<i>multivitamin infant & toddler 11 mg/ml soln</i>	1		AL
<i>multivitamin infants/toddlers 11 mg/ml soln</i>	1		AL
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	2	FERRLECIT	PA
NEEVO DHA 27-1.13 mg cap	4		
NESTABS 32-1 mg tab	4		
NESTABS DHA 32-1 mg oral misc	4		
<i>niacin 500 mg tab</i>	2		
NIVA-PLUS 27-1 mg tab	4		
NOVAFERRUM 125 mg/5ml liq	4		AL
NOVAFERRUM PED MULTI VIT-IRON	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
10 mg/ml soln			
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	4		AL
OB COMPLETE 50-1.25 mg tab	4		
OB COMPLETE ONE 50-1-476 mg cap	4		
OB COMPLETE PETITE 35-5-1-200 mg cap	4		
OB COMPLETE PREMIER 30-20-1 mg tab	4		
OB COMPLETE/DHA 30-10-1-200 mg cap	4		
OBSTETRIX DHA 29-1 & 350 mg oral misc	4		
ORACIT 490-640 mg/5ml soln	4		
<i>pc pediatric iron drops 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	4		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	4		
PHOSPHO-TRIN K500 500 mg tab	2		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	2		
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>	2	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8</i>	2	MICRO-K	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step 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>meq cap er</i>			
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	2	UROKIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	2		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	2		
<i>prenatal plus 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	4		
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	2		
<i>ra no flush niacin 500 mg tab</i>	2		
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
SELECT-OB 29-1 mg tab chew	4		
SELECT-OB+DHA 29-1 & 250 mg oral misc	4		
<i>sod citrate-citric acid 1500-1002 mg/15ml soln, 3000-2004 mg/30ml soln, 500-334 mg/5ml soln</i>	2	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	4		
<i>thrivite rx 29-1 mg tab</i>	1		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	4		
<i>true folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>true vitamin b3 500 mg tab</i>	2		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
VINATE DHA RF 27-1.13 mg cap	4		
VITAFOL-OB tab	4		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	4		
VITAFOL-ONE 29-1-200 mg cap	4		
<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	4		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	5	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	5	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	5	JADENU SPRINKLE	PA
<i>deferasirox granules 360 mg pckt</i>	5	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	5	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
<i>sodium polystyrene sulfonate oral pwdr</i>	2	KAYEXALATE	
<i>sps (sodium polystyrene sulf) 15 gm/60ml Multiple Routes Suspension</i>	4		
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	4		

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

1		<i>albuterol sulfate</i>	123, 124
<i>1st tier unifine pentips</i>	95	<i>albuterol sulfate hfa</i>	124
<i>1st tier unifine pentips plus</i>	95	<i>alclometasone dipropionate</i>	78
A		<i>alendronate sodium</i>	94
<i>abacavir sulfate</i>	45	<i>alfuzosin hcl er</i>	76
<i>abacavir sulfate-lamivudine</i>	45	ALIMTA	34
ABATRON.....	128	<i>aliskiren fumarate</i>	58
<i>abiraterone acetate</i>	33	ALIVE GUMMIES FOR CHILDREN	71
ABRAXANE	34	ALIVE KIDS PREMIUM.....	71
<i>acamprosate calcium</i>	14	ALIVE MULTI-VITAMIN CHILDRENS	71
ACANYA	66	<i>allopurinol</i>	31
<i>acarbose</i>	48	<i>almotriptan malate</i>	32
<i>acebutolol hcl</i>	56	ALOCRIAL.....	118
<i>acetaminophen-codeine</i>	11	<i>alogliptin benzoate</i>	48
<i>acetazolamide</i>	119	<i>alogliptin-metformin hcl</i>	48
<i>acetazolamide er</i>	120	<i>alogliptin-pioglitazone</i>	48
<i>acetic acid</i>	121	ALORA.....	83
<i>acetylcysteine</i>	125	<i>alosectron hcl</i>	74
<i>acitretin</i>	66	ALPHAGAN P	120
<i>acticarnitine sf</i>	115	<i>alprazolam</i>	47
ACTIMMUNE	93	<i>alprazolam er</i>	47
ACTIVNUTRIENTS.....	71	ALPRAZOLAM INTENSOL	47
ACUVAIL.....	118	<i>alprazolam xr</i>	47
<i>acyclovir</i>	46	ALREX	118
<i>adalimumab-adbm (2 pen)</i>	91	ALTACAINE	117
<i>adalimumab-adbm(cd/uc/hs strt)</i>	91	ALTOPREV	61
<i>adalimumab-adbm(ps/uv starter)</i>	91	ALVESCO	121
<i>adapalene</i>	66	<i>alvimopan</i>	73
<i>adapalene treatment</i>	66	<i>alyacen 1/35</i>	83
<i>adapalene-benzoyl peroxide</i>	66	<i>alyacen 7/7/7</i>	83
ADEMPAS	125	<i>amantadine hcl</i>	40
ADRENALIN	125	<i>ambrisentan</i>	125
ADVAIR HFA	126	<i>amcinonide</i>	78
<i>advanced eye relief</i>	118	<i>amethyst</i>	83
ADVOCATE INSULIN PEN NEEDLE	95	<i>amiloride hcl</i>	60
ADVOCATE INSULIN PEN NEEDLES	95	<i>amiloride-hydrochlorothiazide</i>	58
ADVOCATE INSULIN SYRINGE	95	<i>aminocaproic acid</i>	53
<i>aftera</i>	87	<i>amiodarone hcl</i>	55
<i>afterpill</i>	87	<i>amitriptyline hcl</i>	28
<i>aimsco lubricated</i>	115	AMJEVITA.....	91
AJOVY	31	AMJEVITA-PED 10KG TO <15KG.....	91
AKTEN.....	117	AMJEVITA-PED 15KG TO <30KG.....	91
ALA SCALP	77	<i>amlodipine besy-benazepril hcl</i>	58
<i>ala-cort</i>	78	<i>amlodipine besylate</i>	57
<i>albendazole</i>	39	<i>amlodipine besylate-valsartan</i>	58
		<i>amlodipine-atorvastatin</i>	58

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

<i>amlodipine-olmesartan</i>	58	<i>aspirin adult low strength</i>	6
<i>amlodipine-valsartan-hctz</i>	58	<i>aspirin childrens</i>	6
<i>amoxapine</i>	28	<i>aspirin ec adult low dose</i>	6
<i>amoxicill-clarithro-lansopraz</i>	73	<i>aspirin ec low dose</i>	6
<i>amoxicillin</i>	19	<i>aspirin ec low strength</i>	6
<i>amoxicillin-pot clavulanate</i>	19	<i>aspirin low dose</i>	6
<i>amoxicillin-pot clavulanate er</i>	20	<i>aspirin regimen</i>	6
<i>amphetamine-dextroamphet er</i>	63	<i>aspirin-dipyridamole er</i>	53
<i>amphetamine-dextroamphetamine</i>	63	ASSURE ID DUO PRO PEN NEEDLES	95
<i>ampicillin</i>	20	ASSURE ID PRO PEN NEEDLES	95
<i>anagrelide hcl</i>	52	ASSURE ID SAFETY PEN NEEDLES	96
<i>anastrozole</i>	37	ATABEX EC	128
ANGELIQ.....	83	<i>atazanavir sulfate</i>	46
<i>anucort-hc</i>	17	<i>atenolol</i>	56
ANZEMET.....	29	<i>atenolol-chlorthalidone</i>	58
APLENZIN	26	<i>atomoxetine hcl</i>	63
<i>apomorphine hcl</i>	40	<i>atorvastatin calcium</i>	61
<i>apraclonidine hcl</i>	120	<i>atovaquone</i>	39
<i>aprepitant</i>	29	<i>atovaquone-proguanil hcl</i>	39
APRETUDE	45	<i>atropine sulfate</i>	117
APTIVUS.....	46	ATROVENT HFA.....	123
AQUORAL	66	AUGMENTIN.....	20
ARANELLE	83	<i>aum insulin safety pen needle</i>	96
ARANESP (ALBUMIN FREE)	52	<i>aum mini insulin pen needle</i>	96
ARCALYST	93	<i>aum pen needle</i>	96
<i>arformoterol tartrate</i>	124	AUM READYGARD DUO PEN NEEDLE	96
<i>aripiprazole</i>	42	AUM SAFETY PEN NEEDLE.....	96
<i>armodafinil</i>	128	<i>aurora pen needles</i>	96
ARMOUR THYROID.....	89	AUTOKEEPER SAFETY PEN NEEDLE	96
ARNUIITY ELLIPTA.....	121	AVAR CLEANSER.....	66
ARRANON.....	34	AVAR-E EMOLLIENT.....	67
<i>arsenic trioxide</i>	34	<i>avidoxy</i>	21
<i>arthritis pain reliever</i>	6	AVIDOXY DK	21
<i>arthritis relief</i>	6	AVONEX PEN	65
ARZERRA.....	38	AVONEX PREFILLED.....	65
<i>ascomp-codeine</i>	11	AVTOZMA	93
<i>asenapine maleate</i>	42	<i>azacitidine</i>	53
ASMANEX (120 METERED DOSES)	121	<i>azasan</i>	91
ASMANEX (14 METERED DOSES)	121	AZASITE	119
ASMANEX (30 METERED DOSES)	121	<i>azathioprine</i>	91
ASMANEX (60 METERED DOSES)	122	<i>azelastine hcl</i>	118, 122
ASMANEX HFA	122	<i>azelastine-fluticasone</i>	122
<i>aspercreme arthritis pain</i>	6	AZELEX	67
<i>aspirin</i>	6	<i>azilsartan medoxomil</i>	54
<i>aspirin 81</i>	6	<i>azithromycin</i>	20
<i>aspirin adult low dose</i>	6	<i>azurette</i>	83

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

B

<i>bac (butalbital-acetamin-caff)</i>	6	<i>betamethasone valerate</i>	78
<i>bacitracin</i>	119	<i>betaxolol hcl</i>	56, 120
<i>bacitracin-polymyxin b</i>	117	<i>bethanechol chloride</i>	77
<i>bacitra-neomycin-polymyxin-hc</i>	118	BETIMOL.....	120
<i>baclofen</i>	44	BETOPTIC-S.....	120
<i>balziva</i>	83	BEVESPI AEROSPHERE.....	126
BANZEL.....	24	<i>bexarotene</i>	38
BAQSIMI ONE PACK.....	50	BEYFORTUS.....	126
BAQSIMI TWO PACK.....	50	<i>bicalutamide</i>	33
<i>bayer advanced aspirin reg st</i>	6	BICILLIN C-R.....	20
<i>bayer aspirin</i>	7	BICILLIN C-R 900/300.....	20
<i>bayer aspirin ec low dose</i>	7	BICILLIN L-A.....	20
<i>bayer low dose</i>	7	BIDIL.....	59
BD AUTOSHIELD DUO.....	96	BIKTARVY.....	44
BD INS SYR ULTRAFINE 1/2UNIT.....	96	BILDYOS.....	94
BD INSULIN SYR ULTRAFINE II.....	96	BILPREVDA.....	94
BD INSULIN SYRINGE.....	96	<i>bimatoprost</i>	120
BD INSULIN SYRINGE HALF-UNIT.....	96	BINOSTO.....	94
BD INSULIN SYRINGE MICROFINE.....	96	BIONECT.....	67
BD INSULIN SYRINGE U/F.....	97	<i>bismuth/metronidaz/tetracyclin</i>	73
BD INSULIN SYRINGE ULTRAFINE.....	97	<i>bisoprolol fumarate</i>	56
BD PEN NEEDLE MICRO ULTRAFINE.....	97	<i>bisoprolol-hydrochlorothiazide</i>	59
BD PEN NEEDLE MINI ULTRAFINE.....	97	<i>bleomycin sulfate</i>	34
BD PEN NEEDLE NANO 2ND GEN.....	97	<i>blisovi fe 1.5/30</i>	83
BD PEN NEEDLE NANO ULTRAFINE.....	97	<i>blisovi fe 1/20</i>	83
BD PEN NEEDLE ORIG ULTRAFINE.....	97	BOCASAL.....	66
BD PEN NEEDLE SHORT ULTRAFINE.....	97	<i>bortezomib</i>	34
BD SAFETYGLIDE INSULIN SYRINGE.....	97	BOSULIF.....	37
BD VEO INSULIN SYR U/F 1/2UNIT.....	97	<i>bosutinib</i>	37
BD VEO INSULIN SYR ULTRAFINE.....	97	<i>bp 10-1</i>	67
<i>benazepril hcl</i>	55	<i>bp wash</i>	67
<i>benazepril-hydrochlorothiazide</i>	59	<i>bpo foaming cloths</i>	67
<i>bendamustine hcl</i>	34	<i>bprotected pedia iron</i>	128
BENDEKA.....	34	BPROTECTED PEDIA POLY-VITE/FE.....	128
BENLYSTA.....	91, 92	BREO ELLIPTA.....	126
<i>benzonatate</i>	126	<i>breyana</i>	126
<i>benzoyl peroxide</i>	67	<i>briellyn</i>	83
<i>benzoyl peroxide-erythromycin</i>	67	BRILINTA.....	53
<i>benztropine mesylate</i>	40	<i>brimonidine tartrate</i>	120
<i>bepotastine besilate</i>	118	<i>brimonidine tartrate-timolol</i>	120
BESIVANCE.....	119	<i>brinzolamide</i>	120
BETADINE OPHTHALMIC PREP.....	17	<i>bromfenac sodium</i>	118
<i>betamethasone dipropionate</i>	78	<i>bromfenac sodium (once-daily)</i>	118
<i>betamethasone dipropionate aug</i>	78	<i>bromocriptine mesylate</i>	40
<i>betamethasone sod phos & acet</i>	78	<i>budesonide</i>	94, 122
		<i>budesonide-formoterol fumarate</i>	126

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

<i>bumetanide</i>	60
<i>buprenorphine</i>	10
<i>buprenorphine hcl</i>	14
<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>	47
<i>busulfan</i>	33
<i>butalbital-acetaminophen</i>	6
<i>butalbital-apap-caff-cod</i>	11
<i>butalbital-apap-cafeine</i>	6
<i>butalbital-asa-caff-codeine</i>	12
<i>butalbital-aspirin-cafeine</i>	6
<i>butorphanol tartrate</i>	12
BYSTOLIC	56

C

<i>cabergoline</i>	90
CALCIFOL	129
<i>calcipotriene</i>	67
<i>calcipotriene-betameth diprop</i>	67
<i>calcitonin (salmon)</i>	94
<i>calcitrene</i>	67
<i>calcitriol</i>	67, 94
<i>calcium acetate (phos binder)</i>	77
CAMBIA	7
<i>camila</i>	87
<i>camrese</i>	83
<i>camrese lo</i>	83
<i>candesartan cilexetil</i>	13, 54
<i>candesartan cilexetil-hctz</i>	59
<i>capecitabine</i>	34
CAPRELSA	37
<i>captopril</i>	55
<i>captopril-hydrochlorothiazide</i>	59
<i>carbamazepine</i>	24
<i>carbamazepine er</i>	24
CARBATROL	24
<i>carbidopa</i>	41
<i>carbidopa-levodopa</i>	41
<i>carbidopa-levodopa er</i>	41
<i>carbidopa-levodopa-entacapone</i>	41
<i>carbinoxamine maleate</i>	122
<i>carboplatin</i>	36
CARDIZEM LA	57

CARDURA XL	76
CAREFINE PEN NEEDLES	97
<i>careone insulin syringe</i>	97
<i>careone unifine pentips plus</i>	98
CARETOUCH INSULIN SYRINGE	98
CARETOUCH PEN NEEDLES	98
<i>carglumic acid</i>	71
<i>carisoprodol</i>	127
<i>carmustine</i>	34
<i>carteolol hcl</i>	120
<i>carvedilol</i>	56
<i>carvedilol phosphate er</i>	56
CAYA	115
CAYSTON	124
<i>cefaclor</i>	19
<i>cefaclor er</i>	19
<i>cefadroxil</i>	19
<i>cefdinir</i>	19
<i>cefixime</i>	19
<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
CENTRUM FLAVOR BURST KIDS	71
CENTRUM KIDS	71
CENTRUM KIDS MULTIGUMMIES	71
<i>cephalexin</i>	19
CEROVITE JR	129
<i>cetirizine hcl</i>	122
CETRAXAL	121
<i>cevimeline hcl</i>	66
CHANTIX	14
CHANTIX CONTINUING MONTH PAK	14
CHANTIX STARTING MONTH PAK	14
CHEMET	133
CHENODAL	73
<i>childrens animal shapes</i>	129
<i>childrens aspirin</i>	7
<i>childrens gummies</i>	71
<i>chlordiazepoxide hcl</i>	47
<i>chlordiazepoxide-amitriptyline</i>	28
<i>chlordiazepoxide-clidinium</i>	73
<i>chloroquine phosphate</i>	39
<i>chlorpromazine hcl</i>	41

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

<i>chlorthalidone</i>	60	<i>clocortolone pivalate</i>	79
<i>chlorzoxazone</i>	127	<i>clodan</i>	79
<i>cholestyramine</i>	61	CLODERM	79
<i>cholestyramine light</i>	62	<i>clofarabine</i>	34
<i>ciclodan</i>	29	<i>clomipramine hcl</i>	28
<i>ciclopirox</i>	29	<i>clonazepam</i>	22
<i>ciclopirox olamine</i>	29	<i>clonidine</i>	54
<i>ciclopirox treatment</i>	29	<i>clonidine hcl</i>	54
<i>cilostazol</i>	53	<i>clonidine hcl er</i>	63
CILOXAN	119	<i>clopidogrel bisulfate</i>	53
<i>cimetidine</i>	74	<i>clorazepate dipotassium</i>	47
<i>cimetidine hcl</i>	74	<i>clotrimazole</i>	30
<i>cinacalcet hcl</i>	90	<i>clotrimazole-betamethasone</i>	30
CIPRO	21	<i>clozapine</i>	43
CIPRO HC	121	<i>c-nate dha</i>	128
<i>ciprofloxacin hcl</i>	21, 119, 121	COARTEM	39
<i>ciprofloxacin-dexamethasone</i>	121	<i>codeine sulfate</i>	12
<i>ciprofloxacin-hydrocortisone</i>	121	<i>colchicine</i>	31
<i>cisplatin</i>	34	<i>colchicine-probenecid</i>	31
<i>citalopram hydrobromide</i>	26	<i>colesevelam hcl</i>	62
CITRANATAL 90 DHA	129	<i>colestipol hcl</i>	62
CITRANATAL ASSURE.....	129	COMBIGAN.....	120
<i>cladribine</i>	34	COMBIPATCH	83
CLARINEX-D 12 HOUR.....	127	COMBIVENT RESPIMAT	123
<i>clarithromycin</i>	20	COMFORT EZ INSULIN SYRINGE	98
<i>clarithromycin er</i>	20	COMFORT EZ MICRO PEN NEEDLES.....	98
<i>clemastine fumarate</i>	123	COMFORT EZ PEN NEEDLES	98
CLEOCIN.....	17	COMFORT EZ PRO PEN NEEDLES.....	98, 99
CLEVER CHOICE COMFORT EZ	98	COMFORT EZ SHORT PEN NEEDLES	99
CLIMARA PRO	83	COMFORT TOUCH INSULIN PEN NEED	99
<i>clindacin etz</i>	17	COMPLERA	45
CLINDACIN ETZ.....	67	<i>complete natal dha</i>	129
<i>clindacin-p</i>	17	<i>completenate</i>	129
CLINDAGEL.....	17	<i>compro</i>	41
<i>clindamycin hcl</i>	18	CO-NATAL FA	129
<i>clindamycin palmitate hcl</i>	18	CONCEPT DHA	129
<i>clindamycin phos (once-daily)</i>	18	CONCEPT OB	129
<i>clindamycin phos (twice-daily)</i>	18	<i>condoms</i>	115
<i>clindamycin phos-benzoyl perox</i>	67	CONDYLOX	67
<i>clindamycin phosphate</i>	18	<i>constulose</i>	74
<i>clindamycin-tretinoin</i>	67	CONZIP	10
<i>clobazam</i>	22	CORDRAN	79
<i>clobetasol prop emollient base</i>	78	CORTANE-B	67
<i>clobetasol propionate</i>	78	CORTIFOAM.....	94
<i>clobetasol propionate e</i>	78	<i>cortisone acetate</i>	79
<i>clobetasol propionate emulsion</i>	78	CORTROPHIN	82

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

COVARYX	83	DALIRESP	125
COVARYX HS	83	danazol.....	82
CREON.....	72	dantrolene sodium.....	44
CRESEMBA.....	30	dapaglifloz base-metformin er.....	48
CRINONE	87	dapagliflozin	48
cromolyn sodium.....	73, 118, 125	dapagliflozin-saxagliptin	48
CROTAN.....	39	dapsone	33, 67
cvs adapalene.....	67	darifenacin hydrobromide er.....	76
cvs aspirin.....	7	darunavir.....	46
cvs aspirin adult low dose	7	dasatinib.....	37
cvs aspirin adult low strength	7	dasetta 1/35 (28)	83
cvs aspirin ec.....	7	dasetta 7/7/7	83
cvs aspirin low dose.....	7	daunorubicin hcl	34
cvs aspirin low strength.....	7	daysee.....	83
cvs budesonide	122	DAYTRANA.....	64
cvs chewable childrens vitamin.....	129	deblitane.....	87
cvs childrens complete.....	129	decitabine	35
cvs diclofenac sodium.....	7	deferasirox	133
cvs folic acid.....	129	deferasirox granules.....	133
cvs genuine aspirin	7	deferiprone	133
cvs gummy dinos	71	DELESTROGEN	83
cvs gummy multivitamin kids.....	71	delyla.....	83
cvs ivermectin lice treatment.....	39	demeclocycline hcl	21
cvs nicotine	14	DENAVIR	46
cvs nicotine polacrilex	14	DEPAKOTE.....	22
cvs olopatadine hcl	118	DEPAKOTE ER.....	23
cyclobenzaprine hcl	127	DEPAKOTE SPRINKLES.....	23
CYCLOMYDRIL	118	DEPO-ESTRADIOL.....	83
cyclopentolate hcl	117	DEPO-MEDROL	79
cyclophosphamide	33	DEPO-PROVERA	87
cycloserine	33	DEPO-SUBQ PROVERA 104	88
CYCLOSET.....	48	DESCOVY.....	45
cyclosporine	92	desipramine hcl	28
cyclosporine (pf).....	117	desloratadine.....	123
cyclosporine modified	92	desmopressin ace spray refrig	82
cyproheptadine hcl.....	123	desmopressin acetate	82
CYRAMZA	37	desmopressin acetate spray	82
CYSTAGON.....	72	desogestrel-ethinyl estradiol.....	83
cytarabine	34	desonide.....	79
cytarabine (pf)	34	desoximetasone	79
cytra k crystals	129	desvenlafaxine succinate er	27
D		dexamethasone.....	79
dabigatran etexilate mesylate	52	DEXAMETHASONE INTENSOL	79
dacarbazine	34	dexamethasone sod phosphate pf	79
dactinomycin	34	dexamethasone sodium phosphate	79, 120
dalfampridine er.....	65	DEXILANT.....	75

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

<i>dexlansoprazole</i>	75	<i>donepezil hcl</i>	25
<i>dexmethylphenidate hcl</i>	64	<i>dorzolamide hcl</i>	120
<i>dexmethylphenidate hcl er</i>	64	<i>dorzolamide hcl-timolol mal</i>	120
<i>dexrazoxane hcl</i>	35	<i>dorzolamide hcl-timolol mal pf</i>	120
<i>dextroamphetamine sulfate</i>	63	DOVATO.....	45
<i>dextroamphetamine sulfate er</i>	63	<i>doxazosin mesylate</i>	76
DIATHRIVE PEN NEEDLE.....	99	<i>doxepin hcl</i>	28
<i>diazepam</i>	23, 47	<i>doxercalciferol</i>	94
<i>diazepam intensol</i>	47	<i>doxorubicin hcl</i>	35
<i>diazoxide</i>	50	<i>doxorubicin hcl liposomal</i>	35
<i>diclofenac epolamine</i>	7	<i>doxycycline</i>	67
<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, 118	<i>doxylamine-pyridoxine</i>	28
<i>diclofenac sodium er</i>	7	<i>dronabinol</i>	29
<i>diclofenac-misoprostol</i>	7	<i>droperidol</i>	47
<i>dicloxacillin sodium</i>	20	DROPLET INSULIN SYRINGE.....	99
<i>dicyclomine hcl</i>	73	DROPLET PEN NEEDLES.....	99
<i>differin</i>	67	DROPSAFE AUTOPROTECT DUO.....	100
DIFICID.....	20	<i>dropsafe safety pen needles</i>	100
<i>diflorasone diacetate</i>	79	<i>drospiren-eth estrad-levomefol</i>	84
<i>diflunisal</i>	7	<i>drospirenone-ethinyl estradiol</i>	84
<i>difluprednate</i>	120	DROXIA.....	34
<i>digoxin</i>	59	<i>drug mart unifine pentips</i>	100
<i>dihydroergotamine mesylate</i>	31	<i>drug mart unifine pentips plus</i>	100
DILANTIN.....	24	DULERA.....	126
DILANTIN INFATABS.....	24	<i>duloxetine hcl</i>	27
<i>diltiazem hcl</i>	57	DUPIXENT.....	67
<i>diltiazem hcl er</i>	57	DUREX EXTRA SENSITIVE THIN.....	115
<i>diltiazem hcl er beads</i>	57	DUREX REALFEEL.....	115
<i>diltiazem hcl er coated beads</i>	57	DUREX TROPICAL.....	115
<i>dilt-xr</i>	57	<i>dutasteride</i>	76
<i>dimenhydrinate</i>	28	<i>dutasteride-tamsulosin hcl</i>	76
<i>dimethyl fumarate</i>	65	E	
<i>dimethyl fumarate starter pack</i>	65	E.E.S. 400.....	20
<i>diphenhydramine hcl</i>	123	<i>easy comfort insulin syringe</i>	100
<i>diphenoxylate-atropine</i>	73	<i>easy comfort pen needles</i>	100
<i>dipyridamole</i>	54	<i>easy glide pen needles</i>	100
<i>disopyramide phosphate</i>	55	EASY TOUCH FLIPLOCK INSULIN SY.....	100
<i>disulfiram</i>	14	EASY TOUCH INSULIN BARRELS.....	100
DIURIL.....	60	EASY TOUCH INSULIN SAFETY SYR.....	100
<i>divalproex sodium</i>	23	EASY TOUCH INSULIN SYRINGE.....	101
<i>divalproex sodium er</i>	23	EASY TOUCH PEN NEEDLES.....	101
DIVIGEL.....	83, 84	EASY TOUCH SAFETY PEN NEEDLES....	101
<i>docetaxel</i>	35	EASY TOUCH SHEATHLOCK SYRINGE...	101
<i>dofetilide</i>	55	EBGLYSS.....	67

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

<i>econazole nitrate</i>	30	ENOBY.....	94
<i>econtra one-step</i>	88	<i>enovarx-cyclobenzaprine hcl</i>	127
<i>ecotrin</i>	7	<i>enoxaparin sodium</i>	52
<i>ecotrin arthrtis pain</i>	7	<i>entacapone</i>	40
<i>ecotrin low strength</i>	7	<i>entecavir</i>	44
EDARBI.....	54	ENTRESTO.....	59
EDLUAR.....	128	ENTYVIO PEN.....	93
EDURANT.....	45	<i>enulose</i>	74
<i>efavirenz</i>	45	EPIDUO.....	68
<i>efavirenz-emtricitab-tenofo df</i>	45	EPIFOAM.....	17
EFFER-K.....	129	<i>epinastine hcl</i>	118
ELESTRIN.....	84	<i>eplerenone</i>	60
<i>eletriptan hydrobromide</i>	32	EPOGEN.....	53
ELIGARD.....	90	<i>eq arthritis pain</i>	7
<i>elinst</i>	84	<i>eq arthritis pain reliever</i>	7
ELIQUIS.....	52	<i>eq aspirin</i>	8
ELIQUIS DVT/PE STARTER PACK.....	52	<i>eq aspirin adult low dose</i>	8
ELITE-OB.....	129	<i>eq aspirin low dose</i>	8
<i>elixophyllin</i>	125	<i>eq budesonide nasal</i>	122
ELLA.....	87	<i>eq complete multivitamin child</i>	129
ELMIRON.....	77	<i>eq ivermectin</i>	39
<i>eltrombopag olamine</i>	53	<i>eq multivitamin gummies</i>	71
EMBECTA AUTOSHIELD DUO.....	101	<i>eq multivitamins gummy child</i>	71
EMBECTA INS SYR U/F 1/2 UNIT.....	101	<i>eq nicotine</i>	14
EMBECTA INSULIN SYR ULTRAFINE.....	101	<i>eq nicotine polacrilex</i>	14, 15
EMBECTA INSULIN SYRINGE.....	101	<i>eq nicotine step 3</i>	15
EMBECTA INSULIN SYRINGE U-100.....	102	<i>eq olopatadine hcl</i>	118
EMBECTA PEN NEEDLE NANO.....	102	<i>eq aspirin ec</i>	8
EMBECTA PEN NEEDLE NANO 2 GEN.....	102	<i>eq aspirin low dose</i>	8
EMBECTA PEN NEEDLE ULTRAFINE.....	102	<i>eq child multivit/minerals</i>	129
EMBRACE PEN NEEDLES.....	102	<i>eq gummies childrens</i>	71
EMEND.....	29	EQUETRO.....	24
EMERGEN-C KIDZ DAILY IMMUNE.....	71	ERBITUX.....	38
<i>emergen-c kidz immune+</i>	71	ERGOMAR.....	31
EMGALITY.....	31	<i>ergotamine-caffeine</i>	31
EMGALITY (300 MG DOSE).....	31	<i>eribulin mesylate</i>	35
EMSAM.....	26	ERIVEDGE.....	37
<i>emtricitabine</i>	45	ERLEADA.....	33
<i>emtricitabine-tenofovir df</i>	45	<i>erlotinib hcl</i>	37
<i>emtricitab-rilpivir-tenofov df</i>	45	ERTACZO.....	30
EMTRIVA.....	45	<i>ery</i>	20
<i>enalapril maleate</i>	55	<i>erythromycin</i>	20, 119
<i>enalapril-hydrochlorothiazide</i>	59	<i>erythromycin base</i>	20
ENCARE.....	77	<i>erythromycin ethylsuccinate</i>	21
<i>endocet</i>	12	<i>escitalopram oxalate</i>	27
ENFAMIL POLY-VI-SOL-IRON.....	129	<i>esomeprazole magnesium</i>	75

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

<i>est estrogens-methyltest</i>	84	FEM PH.....	18
<i>est estrogens-methyltest ds</i>	84	FEMCAP.....	115
<i>est estrogens-methyltest hs</i>	84	FEMRING.....	85
<i>estradiol</i>	84	<i>fenofibrate</i>	61
<i>estradiol valerate</i>	84	<i>fenofibrate micronized</i>	61
<i>estradiol-norethindrone acet</i>	84	<i>fenofibric acid</i>	61
ESTROGEL.....	84	<i>fenoprofen calcium</i>	8
<i>estrogens conjugated</i>	84	<i>fentanyl</i>	10
<i>eszopiclone</i>	128	<i>fer-in-sol</i>	129
<i>ethacrynic acid</i>	60	FERRIPROX.....	133
<i>ethambutol hcl</i>	33	<i>ferrous sulfate</i>	71, 129
<i>ethosuximide</i>	22	<i>fe-vite iron</i>	129
<i>ethyl chloride</i>	13	<i>fidaxomicin</i>	21
<i>ethynodiol diac-eth estradiol</i>	84	FIFTY50 PEN NEEDLES.....	102
<i>etodolac</i>	8	FIFTY50 SUPERIOR COMFORT SYR.....	102
<i>etodolac er</i>	8	<i>finasteride</i>	76
<i>etonogestrel-ethinyl estradiol</i>	85	<i> fingolimod hcl</i>	65
ETOPOPHOS.....	37	FIRMAGON.....	90
<i>etoposide</i>	37	FIRMAGON (240 MG DOSE).....	90
<i>etravirine</i>	45	FIRST-LANSOPRAZOLE.....	75
EURAX.....	39	FIRST-MOUTHWASH BLM.....	66
EVAMIST.....	85	FIRST-OMEPRAZOLE.....	75
<i>everolimus</i>	37, 92	FIRST-PROGESTERONE VGS.....	88
EXELDERM.....	30	FIRVANQ.....	18
<i>exemestane</i>	37	FLAREX.....	118
EXODERM.....	30	<i>flavoxate hcl</i>	76
<i>eye allergy itch relief</i>	118	<i>flecainide acetate</i>	55
<i>ezetimibe</i>	62	FLINTSTONES + EXTRA IRON.....	71
<i>ezetimibe-simvastatin</i>	62	FLINTSTONES COMPLETE.....	71
F		FLINTSTONES GUMMIES COMPLETE.....	71
<i>fa-8</i>	129	FLINTSTONES GUMMIES-IMMUNITY.....	71
<i>falmina</i>	85	FLINTSTONES PLUS EXTRA IRON.....	129
<i>famciclovir</i>	46	FLINTSTONES-IMMUNITY SUPPORT.....	71
<i>famotidine</i>	74	<i>floxuridine</i>	35
<i>famotidine (pf)</i>	74	<i>fluconazole</i>	30
FANAPT.....	42	<i>flucytosine</i>	30
FANAPT TITRATION PACK A.....	42	<i>fludarabine phosphate</i>	36
FANTASY LUBRICATED.....	115	<i>fludrocortisone acetate</i>	79
FANTASY LUBRICATED/SPERMICIDE	115	<i>flunisolide</i>	122
FARXIGA.....	48	<i>fluocinolone acetonide</i>	79, 121
FASENRA.....	126	<i>fluocinolone acetonide body</i>	79
FASENRA PEN.....	126	<i>fluocinolone acetonide scalp</i>	80
FC2 FEMALE CONDOM.....	115	<i>fluocinonide</i>	80
<i>febuxostat</i>	31	<i>fluocinonide emulsified base</i>	80
<i>felbamate</i>	23	<i>fluorometholone</i>	118
<i>felodipine er</i>	57	<i>fluorouracil</i>	34, 35

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

<i>fluoxetine hcl</i>	27
<i>fluoxetine hcl (pmdd)</i>	27
<i>fluphenazine decanoate</i>	41
<i>fluphenazine hcl</i>	41
<i>flurandrenolide</i>	80
<i>flurazepam hcl</i>	128
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	118
<i>fluticasone propionate</i>	80, 122
<i>fluticasone propionate diskus</i>	122
<i>fluticasone propionate hfa</i>	122
<i>fluticasone-salmeterol</i>	126
<i>fluvastatin sodium</i>	61
<i>fluvoxamine maleate</i>	27
<i>fluvoxamine maleate er</i>	27
FML FORTE	118
<i>folate</i>	129
<i>folic acid</i>	129
FOLIVANE-OB	129
<i>fondaparinux sodium</i>	52
FORFIVO XL	26
<i>formoterol fumarate</i>	124
FOSAMAX PLUS D	94
<i>fosamprenavir calcium</i>	46
<i>fosfomycin tromethamine</i>	18
<i>fosinopril sodium</i>	55
<i>fosinopril sodium-hctz</i>	59
<i>fosphenytoin sodium</i>	24
FRAGMIN	52
<i>frovatriptan succinate</i>	32
<i>fruity chews/iron</i>	129
<i>ft arthritis pain</i>	8
<i>ft aspirin</i>	8
<i>ft aspirin adult low dose</i>	8
<i>ft aspirin low dose</i>	8
<i>ft childrens multi</i>	71
<i>ft enteric coated aspirin</i>	8
<i>ft eye allergy itch relief</i>	118
<i>ft folic acid</i>	129
<i>ft nicotine</i>	15
<i>ft nicotine mini</i>	15
FULPHILA	53
<i>fulvestrant</i>	35
<i>furosemide</i>	60
<i>fyavolv</i>	85

G

<i>gabapentin</i>	23
<i>gabapentin (once-daily)</i>	64
<i>galantamine hydrobromide</i>	25
<i>galantamine hydrobromide er</i>	25
GALZIN	129
<i>gatifloxacin</i>	119
GAZYVA	38
GEBAUERS PAIN EASE	13
GEBAUERS SPRAY AND STRETCH	13
<i>gefitinib</i>	37
<i>gemcitabine hcl</i>	35
<i>gemfibrozil</i>	61
<i>generlac</i>	74
<i>gengraf</i>	92
<i>gentamicin sulfate</i>	17, 119
<i>genuine aspirin</i>	8
<i>glatiramer acetate</i>	65
GLEOSTINE	33
<i>g-levocarnitine s/f</i>	115
<i>glimepiride</i>	48
<i>glipizide</i>	48
<i>glipizide er</i>	48
<i>glipizide-metformin hcl</i>	48
<i>global ease inject pen needles</i>	102
<i>global easy glide insulin syr</i>	102
<i>global easy glide pen needles</i>	102
<i>global inject ease insulin syr</i>	102, 103
<i>global insulin syringes</i>	103
<i>glucagon emergency</i>	50
GLUCOPRO INSULIN SYRINGE	103
<i>glyburide</i>	48
<i>glyburide micronized</i>	49
<i>glyburide-metformin</i>	49
<i>glycopyrrolate</i>	73
<i>glydo</i>	13
GLYXAMBI	49
<i>gnp adapalene</i>	68
<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>	122
<i>gnp childrens chewables/iron</i>	129
<i>gnp diclofenac sodium</i>	8
<i>gnp folic acid</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>gnp insulin syringe</i>	103
<i>gnp insulin syringes</i>	103
<i>gnp insulin syringes 28gx1/2</i>	103
<i>gnp insulin syringes 29gx1/2</i>	103
<i>gnp insulin syringes 30gx5/16</i>	103
<i>gnp insulin syringes 31gx5/16</i>	103
<i>gnp multi childrens</i>	71
<i>gnp nicotine</i>	15
<i>gnp nicotine mini</i>	15
<i>gnp nicotine polacrilex</i>	15
<i>gnp olopatadine hcl</i>	118
<i>gnp pen needles</i>	103
<i>gnp ulticare pen needles</i>	103
GNP ULTIGUARD SAFEPAK NEEDLE ..	103
<i>gnp ultra com insulin syringe</i>	103
<i>goodsense arthritis pain</i>	8
<i>goodsense aspirin</i>	8
<i>goodsense aspirin low dose</i>	8
<i>goodsense nicotine</i>	15
<i>goodsense nicotine policrilex</i>	15
GRALISE	64
<i>granisetron hcl</i>	29
<i>griseofulvin microsize</i>	30
<i>griseofulvin ultramicrosize</i>	30
<i>growing bones & muscles kids</i>	71
<i>guanfacine hcl</i>	54
<i>guanfacine hcl er</i>	64
GUMMI BEAR MULTIVITAMIN/MIN	71
H	
<i>habitrol</i>	15
HADLIMA	92
HADLIMA PUSHTOUCH	92
HALAVEN	35
<i>halcinonide</i>	80
<i>halobetasol propionate</i>	80
HALOG	80
<i>haloperidol</i>	41
<i>haloperidol decanoate</i>	41
<i>haloperidol lactate</i>	41
<i>healthwise insulin syr/needle</i>	104
<i>healthwise micron pen needles</i>	104
<i>healthwise short pen needles</i>	104
<i>h-e-b aspirin</i>	8
<i>h-e-b incontrol pen needles</i>	103
H-E-B INCONTROL UNIFINE PENTIP	104
<i>her style</i>	88

HM ULTICARE INSULIN SYRINGE	104
HM ULTICARE MINI PEN NEEDLES	104
HM ULTICARE SHORT PEN NEEDLES	104
HOMATROPAIRE	117
HORIZANT	65
HUMULIN 70/30	50
HUMULIN 70/30 KWIKPEN	51
HUMULIN N	51
HUMULIN N KWIKPEN	51
HUMULIN R	51
HUMULIN R U-500 (CONCENTRATED)	51
HUMULIN R U-500 KWIKPEN	51
HYCAMTIN	37
<i>hydralazine hcl</i>	62
<i>hydrochlorothiazide</i>	60, 61
<i>hydrocod poli-chlorphe poli er</i>	126
<i>hydrocodone bit-homatrop mbr</i>	126
<i>hydrocodone-acetaminophen</i>	12
<i>hydrocodone-ibuprofen</i>	12
<i>hydrocortisone</i>	80, 94
<i>hydrocortisone (perianal)</i>	17
<i>hydrocortisone ace-pramoxine</i>	17, 68
<i>hydrocortisone acetate</i>	17
<i>hydrocortisone butyrate</i>	80
<i>hydrocortisone sod suc (pf)</i>	80
<i>hydrocortisone valerate</i>	80
<i>hydrocortisone-acetic acid</i>	121
<i>hydrocortisone-iodoquinol</i>	30
<i>hydrocort-pramoxine (perianal)</i>	68
<i>hydromet</i>	126
<i>hydromorphone hcl</i>	12
<i>hydromorphone hcl er</i>	12
<i>hydroxychloroquine sulfate</i>	39
<i>hydroxyurea</i>	34
<i>hydroxyzine hcl</i>	47, 123
<i>hydroxyzine pamoate</i>	123
<i>hyoscyamine sulfate</i>	73
<i>hyoscyamine sulfate er</i>	73
<i>hyosyne</i>	73
HYPERSAL	127
I	
<i>ibandronate sodium</i>	94
IBRANCE	37
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>ibuprofen-famotidine</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>icar</i>	130	<i>iron infant & toddler</i>	130
<i>icatibant acetate</i>	91	<i>iron infant/toddler</i>	130
<i>idarubicin hcl</i>	35	<i>iron sucrose</i>	130
IFEX	35	<i>iron supplement</i>	71, 130
<i>ifosfamide</i>	35	IRON UP	130
ILARIS	93	ISENTRESS	44
<i>imatinib mesylate</i>	37	ISENTRESS HD	44
<i>imipramine hcl</i>	28	<i>isibloom</i>	85
<i>imipramine pamoate</i>	28	<i>isoniazid</i>	33
<i>imiquimod</i>	68	<i>isosorb dinitrate-hydralazine</i>	59
<i>imiquimod pump</i>	68	<i>isosorbide dinitrate</i>	62
IMULDOSA	68	<i>isosorbide mononitrate</i>	62
INATAL GT	130	<i>isosorbide mononitrate er</i>	62
INCONTROL ULTICARE PEN NEEDLES ..	104	<i>isradipine</i>	57
<i>indapamide</i>	61	<i>itraconazole</i>	30
INDERAL XL	56	<i>ivabradine hcl</i>	59
<i>indocin</i>	8	<i>ivermectin</i>	39
INDOCIN	8	IXEMPRA KIT	35
<i>indomethacin</i>	8	J	
<i>indomethacin er</i>	9	JAKAFI	38
<i>infliximab</i>	92	<i>jantoven</i>	52
INLYTA	37	JANUMET	49
INNOPRAN XL	56	JANUMET XR	49
<i>insulin lispro</i>	51	JANUVIA	49
<i>insulin lispro (1 unit dial)</i>	51	JARDIANCE	49
<i>insulin lispro junior kwikpen</i>	51	<i>jencycla</i>	88
<i>insulin lispro prot & lispro</i>	51	JENTADUETO	49
<i>insulin syringe</i>	104	JENTADUETO XR	49
<i>insulin syringe-needle u-100</i>	104	JEVTANA	35
<i>insupen pen needles</i>	105	<i>jolessa</i>	85
INSUPEN32G EXTR3ME	105	<i>juleber</i>	85
INTELENCE	45	<i>junel 1/20</i>	85
<i>introvale</i>	85	<i>junel fe 1.5/30</i>	85
INVEGA HAFYERA	42	<i>junel fe 1/20</i>	85
INVEGA SUSTENNA	42	<i>just 4 kidz multivit/probiotic</i>	71
INVEGA TRINZA	42	K	
<i>iodoquinol-hc-aloe polysacch</i>	30	KADCYLA	35
<i>iodosorb</i>	68	<i>kaitlib fe</i>	85
IOPIDINE	120	KALETRA	46
<i>ipratropium bromide</i>	123	KALYDECO	124
<i>ipratropium-albuterol</i>	123	KAMELEON LUBRICATED	115
<i>irbesartan</i>	54	KANJINTI	35
<i>irbesartan-hydrochlorothiazide</i>	59	<i>kariva</i>	85
IRESSA	37	KENALOG-10	80
<i>irinotecan hcl</i>	35	KESIMPTA	65
<i>iron (ferrous sulfate)</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>ketoconazole</i>	30
<i>ketoprofen</i>	9
<i>ketoprofen er</i>	9
<i>ketorolac tromethamine</i>	9, 118
<i>ketorolac tromethamine +rfd</i>	9
KEVZARA.....	93
KEYTRUDA.....	38
<i>kimono</i>	115
KIMONO COLORS.....	115
KIMONO MAXX-LARGE FLARE.....	115
<i>kimono micro thin</i>	115
<i>kimono micro thin plus</i>	115
<i>kimono plus</i>	115
<i>kimono ps</i>	115
<i>kimono ps plus</i>	115
<i>kimono sensation</i>	115
<i>kimono sensation plus</i>	115
KIMONO SPECIAL.....	115
<i>kinray insulin syringe</i>	105
KITABIS PAK (W/ NEBULIZER).....	124
<i>klor-con</i>	130
<i>klor-con m10</i>	130
<i>klor-con m15</i>	130
<i>klor-con/ef</i>	130
<i>kls arthritis pain relief</i>	9
<i>kls aspirin low dose</i>	9
<i>kls diclofenac sodium</i>	9
<i>kls quit2</i>	15
<i>kls quit4</i>	15
KORLYM.....	50
<i>kp aspirin</i>	9
<i>kp folic acid</i>	130
<i>kp niacin</i>	130
K-PHOS NO 2.....	130
<i>k-prime</i>	130
<i>kristalose</i>	74
<i>kroger pen needles</i>	105
<i>kurvelo</i>	85
L	
<i>labetalol hcl</i>	56
<i>lacosamide</i>	24
<i>lactulose</i>	74
<i>lactulose encephalopathy</i>	75
LAMICTAL XR.....	23
<i>lamivudine</i>	44, 45
<i>lamivudine-zidovudine</i>	45

<i>lamotrigine</i>	23, 24
<i>lamotrigine er</i>	24
LAND BEFORE TIME MULTIVITAMIN.....	130
<i>lansoprazole</i>	75
<i>lanthanum carbonate</i>	77
LANTUS.....	51
LANTUS SOLOSTAR.....	51
<i>lapatinib ditosylate</i>	38
<i>larin 1.5/30</i>	85
<i>larin 1/20</i>	85
<i>larin 24 fe</i>	85
<i>larin fe 1.5/30</i>	85
<i>larin fe 1/20</i>	85
<i>latanoprost</i>	120
LATUDA.....	42
LEADER UNIFINE PENTIPS.....	105
LEADER UNIFINE PENTIPS PLUS.....	105
LEDERLE LEUCOVORIN.....	36
<i>leena</i>	85
<i>leflunomide</i>	93
<i>lenalidomide</i>	34
<i>letrozole</i>	37
<i>leucovorin calcium</i>	36
LEUKERAN.....	33
<i>leuprolide acetate</i>	90
<i>levalbuterol hcl</i>	124
<i>levalbuterol tartrate</i>	124
<i>levetiracetam</i>	22
<i>levetiracetam er</i>	22
<i>levobunolol hcl</i>	120
<i>levocarnitine</i>	115
<i>levocarnitine (dietary)</i>	115
<i>levocarnitine l-tartrate</i>	115
<i>levocetirizine dihydrochloride</i>	123
<i>levofloxacin</i>	21, 119
<i>levoleucovorin calcium</i>	36
<i>levonest</i>	85
<i>levonorgest-eth est & eth est</i>	85
<i>levonorgest-eth estrad 91-day</i>	85
<i>levonorgestrel</i>	88
<i>levonorgestrel-ethinyl estrad</i>	85
<i>levonorg-eth estrad triphasic</i>	85
<i>levora 0.15/30 (28)</i>	85
<i>levorphanol tartrate</i>	10
<i>levo-t</i>	89
<i>levothyroxine sodium</i>	89

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

<i>levoxyl</i>	89	LUPRON DEPOT-PED (3-MONTH).....	90
LEVULAN KERASTICK	68	LUPRON DEPOT-PED (6-MONTH).....	91
<i>lidocaine</i>	13	<i>lurasidone hcl</i>	43
<i>lidocaine hcl</i>	13, 66	<i>lutera</i>	86
<i>lidocaine hcl urethral/mucosal</i>	13	LYSODREN	90
<i>lidocaine viscous hcl</i>	66	<i>lyza</i>	88
<i>lidocaine-hydrocort (perianal)</i>	68	M	
<i>lidocaine-hydrocortisone ace</i>	68	<i>macitentan</i>	125
<i>lidocaine-prilocaine</i>	13	MAGELLAN INSULIN SAFETY SYR	105
<i>lidopin</i>	13	MAGNEBIND 400.....	130
<i>linezolid</i>	18	<i>malathion</i>	39
LINZESS.....	74	MARATHON MEDICAL PENTIPS.....	105
<i>liothyronine sodium</i>	89	<i>maraviroc</i>	45
LIPOFEN.....	61	<i>marlissa</i>	86
<i>liraglutide</i>	49	MARPLAN	26
<i>lisdexamfetamine dimesylate</i>	63	MATULANE.....	33
<i>lisinopril</i>	55	<i>matzim la</i>	57
<i>lisinopril-hydrochlorothiazide</i>	59	MAVYRET	44
LITETOUCH INSULIN SYRINGE	105	MAXICOMFORT II PEN NEEDLE.....	106
LITETOUCH PEN NEEDLES.....	105	MAXI-COMFORT INSULIN SYRINGE	105
<i>lithium</i>	48	MAXI-COMFORT SAFETY PEN NEEDLE..	106
<i>lithium carbonate</i>	48	MAXICOMFORT SYR 27G X 1/2.....	106
<i>lithium carbonate er</i>	48	MAXIDEX	119
LITHOSTAT	77	<i>maxx</i>	115
LIVALO	61	<i>maxx plus</i>	115
LO LOESTRIN FE.....	86	MAYZENT	65
<i>loestrin 1.5/30 (21)</i>	86	MAYZENT STARTER PACK.....	65
<i>loestrin 1/20 (21)</i>	86	<i>meclizine hcl</i>	29
<i>loestrin fe 1/20</i>	86	<i>meclofenamate sodium</i>	9
<i>lopinavir-ritonavir</i>	46	<i>medic insulin syringe</i>	106
<i>lorazepam</i>	47	<i>medicine shoppe pen needles</i>	106
<i>losartan potassium</i>	54	<i>medi-first aspirin</i>	9
<i>losartan potassium-hctz</i>	59	<i>medique aspirin</i>	9
LOTEMAX.....	118	MEDROL.....	80
LOTEMAX SM	119	<i>medroxyprogesterone acetate</i>	88
<i>loteprednol etabonate</i>	119	<i>mefenamic acid</i>	9
<i>lovastatin</i>	61	<i>mefloquine hcl</i>	39
<i>low-ogestrel</i>	86	<i>megestrol acetate</i>	88
<i>loxapine succinate</i>	42	<i>meijer aspirin ec</i>	9
<i>lubiprostone</i>	74	<i>meijer pen needles</i>	106
LUMIGAN.....	120	<i>meloxicam</i>	9
LUPRON DEPOT (1-MONTH)	90	<i>melphalan hcl</i>	33
LUPRON DEPOT (3-MONTH)	90	<i>memantine hcl</i>	26
LUPRON DEPOT (4-MONTH)	90	<i>memantine hcl er</i>	26
LUPRON DEPOT (6-MONTH).....	90	MENOSTAR.....	86
LUPRON DEPOT-PED (1-MONTH)	90	<i>meperidine hcl</i>	12

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

<i>meprobamate</i>	47	<i>midodrine hcl</i>	54
<i>mercaptapurine</i>	34	<i>mifepristone</i>	50
<i>mesalamine</i>	94	MIGERGOT.....	31
<i>mesalamine er</i>	94	<i>miglustat</i>	72
<i>mesalamine-cleanser</i>	94	<i>milnacipran hcl</i>	65
<i>mesna</i>	39	<i>minocycline hcl</i>	22
MESNEX.....	39	<i>minocycline hcl er</i>	22
<i>metformin hcl</i>	49	<i>minoxidil</i>	62
<i>metformin hcl er</i>	49	MIOCHOL-E.....	117
<i>methamphetamine hcl</i>	63	MIOSTAT.....	120
<i>methazolamide</i>	120	<i>mirabegron er</i>	76
<i>methenamine hippurate</i>	18	MIRENA (52 MG).....	88
<i>methenamine mandelate</i>	18	<i>mirtazapine</i>	26
<i>methimazole</i>	91	<i>misoprostol</i>	75
<i>methocarbamol</i>	127, 128	<i>mitomycin</i>	35
<i>methotrexate sodium</i>	92	MITOSOL.....	115
<i>methotrexate sodium (pf)</i>	92	<i>mitoxantrone hcl</i>	36, 37
<i>methoxsalen rapid</i>	68	<i>mm arthritis pain reliever</i>	9
<i>methscopolamine bromide</i>	73	<i>mm aspirin</i>	9
<i>methyl dopa</i>	54	<i>mm insulin syringe/needle</i>	106
<i>methylphenidate hcl</i>	64	MM PEN NEEDLES.....	106
<i>methylphenidate hcl er</i>	64	<i>modafinil</i>	128
<i>methylphenidate hcl er (cd)</i>	64	<i>moexipril hcl</i>	55
<i>methylphenidate hcl er (la)</i>	64	<i>mometasone furoate</i>	81, 122
<i>methylphenidate hcl er (osm)</i>	64	<i>mondoxyne nl</i>	22
<i>methylphenidate hcl er(diffus)</i>	64	MONOJECT INSULIN SYRINGE.....	106
<i>methylprednisolone</i>	80	MONOJECT ULTRA COMFORT SYRINGE.....	106
<i>methylprednisolone acetate</i>	80	<i>mono-lynyah</i>	86
<i>methylprednisolone sodium succ</i>	80	<i>montelukast sodium</i>	123
<i>metoclopramide hcl</i>	73	<i>morphine sulfate</i>	12
<i>metoclopramide hcl +rfid</i>	74	<i>morphine sulfate er</i>	11
<i>metolazone</i>	61	<i>morphine sulfate er beads</i>	11
<i>metoprolol succinate er</i>	56	MOTEGRITY.....	74
<i>metoprolol tartrate</i>	56	MOTOFEN.....	74
<i>metoprolol-hydrochlorothiazide</i>	59	<i>motrin arthritis pain</i>	9
<i>metronidazole</i>	18, 68	MOUNJARO.....	49
<i>metyrosine</i>	59	MOVANTIK.....	74
<i>mexiletine hcl</i>	55	<i>moxifloxacin hcl</i>	21, 119
<i>mibelas 24 fe</i>	86	MOZOBIL.....	53
<i>miconazole 3</i>	30	MULTAQ.....	55
<i>miconazole-zinc oxide-petrolat</i>	30	<i>multivitamin childrens gummies</i>	72
MICRODOT PEN NEEDLE.....	106	<i>multivitamin drops/iron</i>	130
<i>microgestin 1.5/30</i>	86	<i>multivitamin infant & toddler</i>	130
<i>microgestin 1/20</i>	86	<i>multivitamin infants/toddlers</i>	130
<i>microgestin fe 1.5/30</i>	86	<i>multi-vitamin/fluoride/iron</i>	130
<i>microgestin fe 1/20</i>	86	<i>multivitamins plus iron child</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>multivit-min gummies childrens</i>	72
<i>mupirocin</i>	18
<i>mupirocin calcium</i>	18
MVASI.....	35
MVW COMPLETE FORMULATION	72
MVW COMPLETE FORMULATION D3000 ..	72
MVW COMPLETE FORMULATION D5000 ..	72
<i>my choice</i>	88
<i>my way</i>	88
<i>mycophenolate mofetil</i>	92
<i>mycophenolate sodium</i>	92
MYLERAN.....	33
MYOBLOC	128
MYRBETRIQ.....	76

N

<i>na ferric gluc cplx in sucrose</i>	130
<i>na sulfate-k sulfate-mg sulf</i>	75
<i>nabumetone</i>	9
<i>nadolol</i>	56
<i>naftifine hcl</i>	30
<i>naltrexone hcl</i>	14
NAPRELAN.....	9
<i>napro</i>	9
<i>naproxen</i>	9
<i>naproxen dr</i>	9
<i>naproxen sodium</i>	9
<i>naproxen sodium er</i>	9
<i>naratriptan hcl</i>	32
NATACYN.....	30
NATAZIA.....	86
<i>nateglinide</i>	49
NATROBA.....	39
<i>nebivolol hcl</i>	56
NEBUSAL	127
<i>necon 0.5/35 (28)</i>	86
NEEVO DHA.....	130
<i>nefazodone hcl</i>	27
<i>nelarabine</i>	36
NEMLUVIO	68
<i>neomycin sulfate</i>	17
<i>neomycin-bacitracin zn-polymyx</i>	117
<i>neomycin-polymyxin-dexameth</i>	119
<i>neomycin-polymyxin-gramicidin</i>	117
<i>neomycin-polymyxin-hc</i>	119, 121
NEOTUSS PLUS	127
NESTABS	130

NESTABS DHA.....	130
<i>neuac</i>	68
NEUPRO	40
NEVANAC	119
<i>nevirapine</i>	45
<i>nevirapine er</i>	45
<i>new day</i>	88
NEXAVAR	38
NEXIUM	75
NEXPLANON	88
<i>niacin</i>	130
<i>niacin (antihyperlipidemic)</i>	62
<i>niacin er (antihyperlipidemic)</i>	62
NIACOR	62
<i>nicardipine hcl</i>	57
<i>nicoderm cq</i>	15
<i>nicorette</i>	15
<i>nicorette mini</i>	16
NICORETTE MINI	16
<i>nicorette starter kit</i>	16
<i>nicotine</i>	16
<i>nicotine mini</i>	16
<i>nicotine polacrilex</i>	16
<i>nicotine polacrilex mini</i>	16
<i>nicotine step 1</i>	16
<i>nicotine step 2</i>	16
<i>nicotine step 3</i>	16
NICOTROL NS.....	16
<i>nifedipine</i>	57
<i>nifedipine er</i>	57, 58
<i>nifedipine er osmotic release</i>	58
<i>nikki</i>	86
<i>nilotinib hcl</i>	38
<i>nilutamide</i>	33
<i>nimodipine</i>	58
<i>nintedanib esylate</i>	125
NIPENT	34
<i>nisoldipine er</i>	58
<i>nitazoxanide</i>	39
<i>nitro-bid</i>	62
NITRO-DUR	62
<i>nitrofurantoin</i>	18
<i>nitrofurantoin macrocrystal</i>	18
<i>nitrofurantoin monohyd macro</i>	18
<i>nitroglycerin</i>	62, 63
NITRO-TIME	62

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

NIVA-PLUS	130
NIVESTYM.....	53
<i>nizatidine</i>	74
<i>norethin ace-eth estrad-fe</i>	86
<i>norethindrone</i>	88
<i>norethindrone acetate</i>	88
<i>norethindrone acet-ethinyl est</i>	86
<i>norethindrone-eth estradiol</i>	86
<i>norethin-eth estradiol-fe</i>	86
<i>norgestimate-eth estradiol</i>	86
<i>norgestim-eth estrad triphasic</i>	86
NORITATE.....	68
<i>norlyroc</i>	88
NORPACE CR.....	55
<i>nortrel 7/7/7</i>	86
<i>nortriptyline hcl</i>	28
NORVIR.....	46
NOVAFERRUM	130
NOVAFERRUM PED MULTI VIT-IRON.....	130
NOVAFERRUM PEDIATRIC DROPS.....	131
NOVOFINE PEN NEEDLE.....	107
NOVOFINE PLUS PEN NEEDLE	107
NOVOLIN 70/30.....	51
NOVOLIN 70/30 FLEXPEN.....	51
NOVOLIN 70/30 FLEXPEN RELION	51
NOVOLIN 70/30 RELION.....	51
NOVOLIN N	51
NOVOLIN N FLEXPEN.....	51
NOVOLIN N FLEXPEN RELION.....	51
NOVOLIN N RELION.....	51
NOVOLIN R	51
NOVOLIN R RELION.....	51
NOXAFIL.....	30
NP THYROID	89
NPLATE.....	53
NUBEQA.....	33
NUCYNTA.....	12
NUCYNTA ER.....	11
NUEDEXTA	65
NULEV	73
NUMOISYN.....	66
NURTEC.....	32
NUVARING	86
<i>nyamyc</i>	30
<i>nystatin</i>	30, 31
<i>nystatin-triamcinolone</i>	31

O

OB COMPLETE	131
OB COMPLETE ONE.....	131
OB COMPLETE PETITE.....	131
OB COMPLETE PREMIER	131
OB COMPLETE/DHA.....	131
OBSTETRIX DHA	131
<i>octreotide acetate</i>	82
<i>ofloxacin</i>	21, 119, 121
<i>olanzapine</i>	43
<i>olanzapine-fluoxetine hcl</i>	27
<i>olmesartan medoxomil</i>	54
<i>olmesartan medoxomil-hctz</i>	59
<i>olmesartan-amlodipine-hctz</i>	59
<i>olopatadine hcl</i>	118, 123
<i>omega-3-acid ethyl esters</i>	62
<i>omeprazole</i>	75
<i>omeprazole-sodium bicarbonate</i>	75
OMNARIS	122
OMNIFLEX DIAPHRAGM	116
ONCASPAS	37
<i>ondansetron</i>	29
<i>ondansetron hcl</i>	29
<i>ondansetron hcl +rfid</i>	29
<i>one vite ferrous sulfate</i>	71
ONGLYZA.....	49
<i>opcicon one-step</i>	88
OPSUMIT	125
<i>option 2</i>	88
OPTIONS GYNOL II CONTRACEPTIVE	77
ORACIT.....	131
<i>oralone</i>	66
ORAVIG	31
ORENCIA.....	92
ORENCIA CLICKJECT	92
ORILISSA.....	91
ORLADEYO	91
<i>orphenadrine citrate</i>	128
<i>orphenadrine citrate er</i>	128
<i>oscimin</i>	73
<i>oseltamivir phosphate</i>	46
OSPOMYV	94
OTEZLA	93
OTEZLA XR	93
OTEZLA/OTEZLA XR INITIATION PK.....	93
<i>oxaliplatin</i>	36

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

<i>oxaprozin</i>	9
<i>oxazepam</i>	47
<i>oxcarbazepine</i>	24, 25
<i>oxiconazole nitrate</i>	31
OXISTAT	31
<i>oxybutynin chloride</i>	76
<i>oxybutynin chloride er</i>	76
<i>oxycodone hcl</i>	12
<i>oxycodone-acetaminophen</i>	12, 13
OXYCONTIN	11
<i>oxymorphone hcl</i>	13
<i>oxymorphone hcl er</i>	11
OXYTROL	76
OZEMPIC (0.25 OR 0.5 MG/DOSE)	49
OZEMPIC (1 MG/DOSE)	49
OZEMPIC (2 MG/DOSE)	49
P	
<i>pacerone</i>	55
<i>paclitaxel</i>	36
<i>paclitaxel protein-bound part</i>	36
<i>paliperidone er</i>	43
<i>palonosetron hcl</i>	29
<i>pamidronate disodium</i>	94
PANCREAZE	72
<i>panoxyl</i>	68
PANRETIN	38
<i>pantoprazole sodium</i>	75
PARAGARD INTRAUTERINE COPPER	116
<i>paricalcitol</i>	95
<i>paroxetine hcl</i>	27
<i>paroxetine hcl er</i>	27
<i>pataday</i>	118
PAXLOVID (150/100)	47
PAXLOVID (300/100)	47
<i>pazopanib hcl</i>	38
<i>pc pediatric iron drops</i>	131
<i>pc pediatric poly-vita/fe drop</i>	131
<i>pc unifine pentips</i>	107
<i>peg 3350-kcl-na bicarb-nacl</i>	75
<i>peg-3350/electrolytes</i>	75
<i>pemetrexed disodium</i>	36
<i>pen needle/5-bevel tip</i>	107
<i>pen needles</i>	107
<i>penciclovir</i>	46
<i>penicillin g potassium</i>	20
<i>penicillin g sodium</i>	20

<i>penicillin v potassium</i>	20
PENTASA	94
<i>pentazocine-naloxone hcl</i>	13
PENTIPS	107
PENTIPS GENERIC PEN NEEDLES	107
<i>pentoxifylline er</i>	59
<i>perindopril erbumine</i>	55
PERJETA	36
<i>permethrin</i>	39
<i>perphenazine</i>	42
<i>perphenazine-amitriptyline</i>	28
PERTZYE	72
<i>pharmacist choice diclofenac</i>	9
<i>phenazopyridine hcl</i>	77
<i>phenelzine sulfate</i>	26
<i>phenobarbital</i>	23
<i>phenoxybenzamine hcl</i>	54
<i>phentolamine mesylate</i>	54
<i>phenylephrine hcl</i>	117
<i>phenytekt</i>	25
<i>phenytoin</i>	25
<i>phenytoin sodium</i>	25
<i>phenytoin sodium extended</i>	25
<i>philith</i>	86
PHOSPHA 250 NEUTRAL	131
PHOSPHOLINE IODIDE	120
PHOSPHO-TRIN 250 NEUTRAL	131
PHOSPHO-TRIN K500	131
PHOTOFRIN	36
<i>pilocarpine hcl</i>	66, 120
<i>pimecrolimus</i>	68
<i>pimozide</i>	42
<i>pimtrea</i>	86
<i>pindolol</i>	56
<i>pip pen needles 31g x 5mm</i>	107
<i>pip pen needles 32g x 4mm</i>	107
<i>pirfenidone</i>	125
<i>piroxicam</i>	9
<i>pitavastatin calcium</i>	61
<i>plan b one-step</i>	88
PLEGRIDY	65
PLEGRIDY STARTER PACK	66
<i>pnv-dha</i>	131
<i>pnv-dha+docusate</i>	131
<i>pnv-omega</i>	131
<i>pnv-select</i>	131

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

<i>podofilox</i>	68	PRO COMFORT INSULIN SYRINGE .	107, 108
<i>polycin</i>	117	<i>pro comfort pen needles</i>	108
<i>polymyxin b-trimethoprim</i>	117	PROAIR RESPICLICK	124
POLY-VI-SOL/IRON	131	<i>probenecid</i>	31
<i>poly-vita/iron</i>	131	<i>prochlorperazine</i>	42
<i>poly-vite/iron</i>	131	<i>prochlorperazine edisylate</i>	42
<i>potassium chloride</i>	131	<i>prochlorperazine maleate</i>	42
<i>potassium chloride crys er</i>	131	PROCORT	68
<i>potassium chloride er</i>	131	PROCTOFOAM HC	68
<i>potassium citrate er</i>	132	<i>procto-med hc</i>	17
<i>potassium citrate-citric acid</i>	132	<i>proctosol hc</i>	17
PRADAXA.....	52	PRODIGY INSULIN SYRINGE	108
<i>pramipexole dihydrochloride</i>	40	<i>progesterone</i>	88
<i>pramipexole dihydrochloride er</i>	40	PROLENSA.....	119
PRAMOSONE.....	17	PROLEUKIN	36
<i>prasugrel hcl</i>	54	PROLIA	95
<i>pravastatin sodium</i>	61	<i>promethazine hcl</i>	29
<i>praziquantel</i>	39	<i>promethazine-codeine</i>	127
<i>prazosin hcl</i>	54	<i>promethazine-dm</i>	127
PRECISION SURE-DOSE SYRINGE	107	<i>promethazine-phenylephrine</i>	127
PRED MILD	119	PROMETHEGAN	29
<i>prednisolone</i>	81	PROMISEB	68
<i>prednisolone acetate</i>	119	<i>propafenone hcl</i>	55
<i>prednisolone sodium phosphate</i>	81, 119	<i>propafenone hcl er</i>	55
<i>prednisone</i>	81	<i>proparacaine hcl</i>	117
PREDNISONA INTENSOL	81	<i>propranolol hcl</i>	56
<i>preferred plus unifine pentips</i>	107	<i>propranolol hcl er</i>	57
<i>pregabalin</i>	65	<i>propylthiouracil</i>	91
<i>pregabalin er</i>	65	<i>protriptyline hcl</i>	28
PREMARIN	86, 87	<i>prucalopride succinate</i>	74
<i>premium lidocaine</i>	13	PRUDOXIN	68
PREMPHASE	87	PULMICORT FLEXHALER	122
PREMPRO.....	87	PULMOSAL.....	127
PRENATABS RX	132	PULMOZYME	124
<i>prenatal</i>	132	<i>pure comfort pen needle</i>	108
<i>prenatal 19</i>	132	<i>pure comfort safety pen needle</i>	108
<i>prenatal plus</i>	132	<i>px insulin syringe</i>	108
PRENATAL-U	132	<i>px mini pen needles</i>	108
<i>prevalite</i>	62	PYLERA.....	74
PREVENT DROPSAFE PEN NEEDLES	107	<i>pyrazinamide</i>	33
PREVENT SAFETY PEN NEEDLES	107	<i>pyridostigmine bromide</i>	32
PREZISTA	46	<i>pyridostigmine bromide er</i>	32
PRIFTIN.....	33	<i>pyrimethamine</i>	39
PRIOSEC.....	75	Q	
<i>primaquine phosphate</i>	39	<i>qc aspirin</i>	10
<i>primidone</i>	23	<i>qc aspirin low dose</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>qc childrens complete</i>	132
<i>qc childrens vitamins/iron</i>	132
<i>qc diclofenac sodium</i>	10
<i>qc enteric aspirin</i>	10
<i>qc eye allergy itch relief</i>	118
<i>qc folic acid</i>	132
<i>qc nicotine transdermal system</i>	16
<i>qc olopatadine hcl</i>	118
<i>qc pen needles</i>	108
<i>qc unifine pentips</i>	108
QNASL	122
QNASL CHILDRENS	122
<i>quazepam</i>	48
<i>quetiapine fumarate</i>	43
<i>quetiapine fumarate er</i>	43
QUICK TOUCH INSULIN PEN NEEDLE ...	108
QUILLICHEW ER	64
QUILLIVANT XR	64
<i>quinapril hcl</i>	55
<i>quinapril-hydrochlorothiazide</i>	59
<i>quinidine gluconate er</i>	56
<i>quinidine sulfate</i>	56
<i>quinine sulfate</i>	39
QULIPTA	32
QUTENZA	6
QUTENZA (2 PATCH)	6
R	
<i>ra aspirin</i>	10
<i>ra aspirin adult low dose</i>	10
<i>ra aspirin adult low strength</i>	10
<i>ra aspirin childrens</i>	10
<i>ra aspirin ec</i>	10
<i>ra aspirin ec adult low st</i>	10
<i>ra budesonide</i>	122
<i>ra folic acid</i>	132
<i>ra insulin syringe</i>	108
<i>ra mini nicotine</i>	16
<i>ra niacin</i>	132
<i>ra nicotine</i>	16
<i>ra nicotine gum</i>	17
<i>ra nicotine polacrilex</i>	17
<i>ra no flush niacin</i>	132
<i>ra pain relief aspirin</i>	10
<i>ra pen needles</i>	108
<i>ra vitamins complete childrens</i>	132
<i>rabeprazole sodium</i>	76

<i>raloxifene hcl</i>	88
<i>ramelteon</i>	128
<i>ramipril</i>	55
<i>ranitidine hcl</i>	74
<i>ranolazine er</i>	60
<i>rasagiline mesylate</i>	41
<i>raya sure pen needle</i>	109
RAYOS	81
<i>react</i>	88
<i>reality insulin syringe</i>	109
REALITY LATEX CONDOMS	116
REALITY LATEX/ULTRA TEXTURED	116
REALITY LATEX/ULTRA THIN	116
<i>reclipsen</i>	87
RECTIV	68
RELENZA DISKHALER	46
RELION INSULIN SYRINGE	109
RELION PEN NEEDLES	109
RELISTOR	74
RENFLXIS	92
<i>repaglinide</i>	49
REPATHA	62
REPATHA SURECLICK	62
RESTASIS	117
RETACRIT	53
<i>retaine allergy</i>	118
RETIN-A MICRO PUMP	68
RETROVIR	45
REZVOGLAR KWIKPEN	51
<i>ribavirin</i>	44, 127
<i>rid one & done</i>	39
RIDAURA	93
<i>rifabutin</i>	33
<i>rifampin</i>	33
<i>rilpivirine hcl</i>	45
<i>riluzole</i>	65
<i>rimantadine hcl</i>	46
RIMSO-50	77
RINVOQ	92
<i>risedronate sodium</i>	95
RISPERDAL CONSTA	43
<i>risperidone</i>	43
<i>ritonavir</i>	46
<i>rivaroxaban</i>	52
<i>rivastigmine</i>	25
<i>rivastigmine tartrate</i>	25

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

<i>rivelsa</i>	87
<i>rizatriptan benzoate</i>	32
<i>roflumilast</i>	125
<i>romidepsin</i>	36
<i>ropinirole hcl</i>	40
<i>ropinirole hcl er</i>	40
<i>rosuvastatin calcium</i>	61
<i>roweepra</i>	22
ROZLYTREK	38
<i>rufinamide</i>	25
RYBELSUS	49

S

<i>sacubitril-valsartan</i>	60
<i>safety pen needles</i>	109
SALIVAMAX	66
<i>salsalate</i>	10
SANCUSO	29
SANTYL	69
SAPHRIS	43
SAVELLA	65
SAVELLA TITRATION PACK	65
<i>saxagliptin hcl</i>	49
<i>saxagliptin-metformin er</i>	50
<i>sb aspirin</i>	10
<i>sb aspirin ec</i>	10
<i>sb childrens aspirin</i>	10
<i>sb insulin syringe</i>	109
<i>sb low dose asa ec</i>	10
SCALACORT DK	69
<i>scopolamine</i>	29
SECURESAFE INSULIN SYRINGE	109
SECURESAFE SAFETY PEN NEEDLES	109
SEGLUROMET	50
SELARSDI	69
SELECT-OB	132
SELECT-OB+DHA	132
<i>selegiline hcl</i>	41
<i>selenium sulfide</i>	69
SELZENTRY	46
<i>se-natal 19</i>	132
SEREVENT DISKUS	124
<i>sertraline hcl</i>	27
<i>setlakin</i>	87
<i>sevelamer carbonate</i>	77
<i>sevelamer hcl</i>	77
SFROWASA	94

<i>sharobel</i>	88
<i>shewise</i>	88
<i>sildenafil citrate</i>	125
<i>silodosin</i>	76
<i>silver sulfadiazine</i>	18
<i>simvastatin</i>	61
<i>sirolimus</i>	92
<i>sitagliptin phos-metformin hcl</i>	50
<i>sklice</i>	39
SKYRIZI	69
SKYRIZI PEN	69
<i>sm aspirin ec</i>	10
SMARTY PANTS KIDS COMPLETE	72
<i>sod citrate-citric acid</i>	132
<i>sodium chloride</i>	127
<i>sodium fluoride</i>	132
<i>sodium oxybate</i>	128
<i>sodium phenylbutyrate</i>	72
<i>sodium polystyrene sulfonate</i>	133
<i>sodium sulfacetamide</i>	69
<i>sofosbuvir-velpatasvir</i>	44
SOHONOS	116
<i>solifenacin succinate</i>	76
SOLTAMOX	34
SOLU-CORTEF	81
SOLU-MEDROL	81
<i>sorafenib tosylate</i>	38
SORILUX	69
<i>sotalol hcl</i>	56
<i>sotalol hcl (af)</i>	56
<i>spinosad</i>	39
SPIRIVA HANDIHALER	123
SPIRIVA RESPIMAT	123
<i>spironolactone</i>	60
<i>spironolactone-hctz</i>	60
SPONGEBOB SQUAREPANTS GUMMIES	72
<i>sprintec 28</i>	87
SPRIX	10
SPRYCEL	38
<i>sps (sodium polystyrene sulf)</i>	133
SPS (SODIUM POLYSTYRENE SULF)	133
<i>ssd</i>	18
<i>sss 10-5</i>	69
<i>st joseph aspirin</i>	10
<i>st joseph low dose</i>	10
STARJEMZA	69

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

STEGLATRO	50	<i>techlite insulin syringe</i>	110
STEGLUJAN	50	TECHLITE PEN NEEDLES	110
STIVARGA	38	TECHLITE PLUS PEN NEEDLES	110
STRIBILD	44	TEGRETOL	25
STRIVERDI RESPIMAT	124	TEGRETOL-XR	25
<i>sucralfate</i>	75	<i>telmisartan</i>	54
<i>sulconazole nitrate</i>	31	<i>telmisartan-amlodipine</i>	60
<i>sulfacetamide sodium</i>	21, 69	<i>telmisartan-hctz</i>	60
<i>sulfacetamide sodium (acne)</i>	21	<i>temazepam</i>	128
<i>sulfacetamide sodium (cleans)</i>	69	TEMODAR	33
<i>sulfacetamide sodium-sulfur</i>	69	<i>temozolomide</i>	33
<i>sulfacetamide-prednisolone</i>	119	<i>temsirolimus</i>	92
<i>sulfacetamide-sulfur in urea</i>	69	TENCON	6
<i>sulfadiazine</i>	21	<i>tenofovir disoproxil fumarate</i>	45
<i>sulfamethoxazole-trimethoprim</i>	21	<i>terazosin hcl</i>	77
SULFAMYLON	18	<i>terbinafine hcl</i>	31
<i>sulfasalazine</i>	94	<i>terbutaline sulfate</i>	124
<i>sulfatrim pediatric</i>	21	<i>terconazole</i>	31
<i>sulfurated lime</i>	39	<i>teriflunomide</i>	66
<i>sulindac</i>	10	<i>teriparatide</i>	95
<i>sumatriptan</i>	32	<i>testosterone</i>	82, 83
<i>sumatriptan succinate</i>	32	<i>testosterone cypionate</i>	83
<i>sumatriptan succinate refill</i>	32	<i>testosterone enanthate</i>	83
<i>sumatriptan-naproxen sodium</i>	32	<i>tetrabenazine</i>	65
<i>sunitinib malate</i>	38	<i>tetracaine hcl</i>	117
SUPREP BOWEL PREP KIT	75	<i>tetracycline hcl</i>	22
<i>sure comfort insulin syringe</i>	109	TEXACORT	81
<i>sure comfort pen needles</i>	110	TEZSPIRE	127
SYMPROIC	74	THALOMID	34
SYNJARDY	50	THEO-24	125
SYNJARDY XR	50	<i>theophylline</i>	125
SYNTHROID	89	<i>theophylline er</i>	125
T		<i>thioridazine hcl</i>	42
TABLOID	36	<i>thiotepa</i>	33
TACLONEX	70	<i>thiothixene</i>	42
<i>tacrolimus</i>	70, 92	<i>thrive</i>	17
<i>tadalafil (pah)</i>	125	<i>thrivite rx</i>	132
<i>take action</i>	88	<i>thyroid</i>	89
TALTZ	70	<i>tiagabine hcl</i>	23
<i>tamoxifen citrate</i>	34	<i>ticagrelor</i>	54
<i>tamsulosin hcl</i>	76	TICE BCG	36
TARGRETIN	38	<i>tilia fe</i>	87
TARON-C DHA	132	<i>timolol hemihydrate</i>	120
TASIGNA	38	<i>timolol maleate</i>	57, 120
<i>tazarotene</i>	70	<i>timolol maleate (once-daily)</i>	120
TAZORAC	70	<i>timolol maleate pf</i>	120

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

<i>tinidazole</i>	39	TREXALL	93
<i>tiopronin</i>	77	<i>triamcinolone acetonide</i>	66, 81, 82
<i>tiotropium bromide</i>	123	<i>triamcinolone in absorbase</i>	82
TIROSINT	89	<i>triamterene</i>	60
TIROSINT-SOL.....	89	<i>triamterene-hctz</i>	60
<i>tizanidine hcl</i>	44	<i>triazolam</i>	48
<i>tobramycin</i>	119, 124	<i>tricitrates</i>	132
<i>tobramycin-dexamethasone</i>	119	<i>trientine hcl</i>	77
TOBREX.....	119	TRIESENCE.....	119
TODAY SPONGE	77	<i>tri-estarylla</i>	87
<i>todays health pen needles</i>	110	<i>trifluoperazine hcl</i>	42
<i>todays health short pen needle</i>	110	<i>trifluridine</i>	46
<i>tofacitinib citrate</i>	92	<i>trihexyphenidyl hcl</i>	40
<i>tofacitinib citrate er</i>	93	TRIJARDY XR.....	50
<i>tolcapone</i>	40	<i>tri-legest fe</i>	87
<i>tolmetin sodium</i>	10	<i>tri-linyah</i>	87
<i>tolterodine tartrate</i>	76	<i>tri-lo-marzia</i>	87
<i>tolterodine tartrate er</i>	76	<i>tri-lo-sprintec</i>	87
TOPFINE INSULIN PEN NEEDLE.....	110	<i>trimethobenzamide hcl</i>	29
<i>topiramate</i>	24	<i>trimethoprim</i>	18
<i>topiramate er</i>	24	<i>trimipramine maleate</i>	28
<i>topotecan hcl</i>	37	<i>trinatal rx 1</i>	132
<i>torseamide</i>	60	TRINATE.....	132
TOSYMRA	32	TROJAN BARESKIN.....	116
TOUJEO MAX SOLOSTAR	51	TROJAN ENZ.....	116
TOUJEO SOLOSTAR.....	51	TROJAN MAGNUM.....	116
TOVIAZ.....	76	TROJAN ULTRA RIBBED LUBRICATED ...	116
TRADJENTA.....	50	TROJAN ULTRA THIN.....	116
<i>tramadol hcl</i>	13	TROJAN ULTRA THIN/SPERMICIDAL.....	116
<i>tramadol hcl (er biphasic)</i>	11	TROJAN-ENZ LUBRICATED.....	116
<i>tramadol hcl er</i>	11	TROJAN-ENZ/SPERMICIDAL	116
<i>tramadol-acetaminophen</i>	13	<i>tropicamide</i>	118
<i>trandolapril</i>	55	<i>trospium chloride</i>	76
<i>trandolapril-verapamil hcl er</i>	60	<i>trospium chloride er</i>	76
<i>tranylcypromine sulfate</i>	26	<i>true comfort insulin syringe</i>	110
<i>travoprost (bak free)</i>	120	<i>true comfort pen needles</i>	110
TRAZIMERA	38	<i>true comfort pro insulin syr</i>	110
<i>trazodone hcl</i>	27	<i>true comfort pro pen needles</i>	111
TREANDA.....	36	<i>true comfort safety pen needle</i>	111
TRELEGY ELLIPTA.....	127	<i>true cover</i>	116
TREMFYA.....	70	<i>true folic acid</i>	132
TREMFYA ONE-PRESS.....	93	<i>true vitamin b3</i>	132
TREMFYA PEN	70	TRUEPLUS 5-BEVEL PEN NEEDLES	111
<i>tretinoin</i>	38, 70	TRUEPLUS INSULIN SYRINGE	111
<i>tretinoin microsphere</i>	70	TRULANCE.....	74
<i>tretinoin microsphere pump</i>	70	TRULICITY.....	50

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

TRUSTEX COLOR CONDOMS + LUBE	116
TRUSTEX LUB/RIBBED/STUDDED	116
TRUSTEX LUB/SPERMICIDE EX ST	116
TRUSTEX LUB/SPERMICIDE XL	116
TRUSTEX LUBRICATED	116
TRUSTEX LUBRICATED EX LARGE	116
TRUSTEX LUBRICATED EXTRA ST	116
TRUSTEX LUBRICATED/SPERMICIDE	116
TRUSTEX NATURAL CONDOMS + LUBE	116
TRUSTEX NON-LUBRICATED	116
TRUSTEX RIA LUB/SPERMICIDE	116
TRUSTEX RIA LUBRICATED	116
TRUSTEX RIA NON-LUBRICATED	116
TRUSTEX-NONOXYNOL-9/RIB/STUD	116
TRUXIMA	38
TUDORZA PRESSAIR	123
TUSNEL	127
TYENNE	93
TYMLOS	95

U

UBRELVY	32
UDENYCA	53
ULTICARE INSULIN SAFETY SYR	111
ULTICARE INSULIN SYR 1/2 UNIT	111
ULTICARE INSULIN SYRINGE	111
ULTICARE MICRO PEN NEEDLES	111
ULTICARE MINI PEN NEEDLES	112
ULTICARE PEN NEEDLES	112
ULTICARE SHORT PEN NEEDLES	112
ULTIGUARD SAFEPAK PEN NEEDLE ...	112
ULTIGUARD SAFEPAK SYR/NEEDLE ...	112
ULTILET PEN NEEDLE	112
ULTRA CHOICE MULTIVITAMIN KIDS	132
<i>ultra comfort insulin syringe</i>	112
ULTRA FLO INSULIN PEN NEEDLES	112
ULTRA FLO INSULIN SYR 1/2 UNIT	112
ULTRA FLO INSULIN SYRINGE	112
ULTRA THIN PEN NEEDLES	113
<i>ultracare insulin syringe</i>	113
<i>ultracare pen needles</i>	113
ULTRA-THIN II INS SYR SHORT	113
ULTRA-THIN II INSULIN SYRINGE	113
ULTRA-THIN II MINI PEN NEEDLE	113
ULTRA-THIN II PEN NEEDLE SHORT	113
ULTRA-THIN II PEN NEEDLES	113
UNIFINE OTC PEN NEEDLES	113

UNIFINE PENTIPS	113
UNIFINE PENTIPS PLUS	113
UNIFINE PROTECT PEN NEEDLE	114
UNIFINE SAFECONTROL PEN NEEDLE ..	114
UNIFINE ULTRA PEN NEEDLE	114
URELLE	77
<i>uro-mp</i>	77
<i>ursodiol</i>	74

V

<i>valacyclovir hcl</i>	46
<i>valganciclovir hcl</i>	44
<i>valproic acid</i>	23
<i>valsartan</i>	54
<i>valsartan-hydrochlorothiazide</i>	60
<i>vancomycin hcl</i>	18
VANISHPOINT INSULIN SYRINGE	114
<i>varenicline tartrate</i>	17
<i>varenicline tartrate (starter)</i>	17
VCF VAGINAL CONTRACEPTIVE	77
VECTIBIX	38
VECTICAL	70
VELCADE	36
VELIVET	87
<i>venlafaxine hcl</i>	27
<i>venlafaxine hcl er</i>	27
VENTAVIS	125
VENTOLIN HFA	124
<i>verapamil hcl</i>	58
<i>verapamil hcl er</i>	58
VEREGEN	70
VERIFINE INSULIN PEN NEEDLE	114
VERIFINE INSULIN SYRINGE	114
VERIFINE PLUS PEN NEEDLE	114
VERQUVO	60
VERZENIO	37
<i>vestura</i>	87
<i>vienna</i>	87
<i>vigabatrin</i>	23
VIIBRYD	28
VILAMIT MB	77
<i>vilazodone hcl</i>	28
VILEVEV MB	77
VIMPAT	25
VINATE DHA RF	132
<i>vinblastine sulfate</i>	36
<i>vincristine sulfate</i>	36

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

<i>vinorelbine tartrate</i>	36
<i>viorele</i>	87
VIRACEPT	46
VIREAD	45
<i>vitachew multiple vitamin</i>	72
VITAFOL-OB	133
VITAFOL-OB+DHA	133
VITAFOL-ONE	133
VITALETS CHILDRENS	72
VIVITROL	14
VOGELXO	83
VOGELXO PUMP	83
<i>voltaren arthritis pain</i>	10
<i>voriconazole</i>	31
VOTRIENT	38
VTAMA	70
VUMERITY	66
VUSION	31
<i>vyfemla</i>	87
VYVANSE	63
W	
<i>warfarin sodium</i>	52
<i>wee care</i>	133
<i>wegmans unifine pentips plus</i>	114
<i>wera</i>	87
WIDE-SEAL DIAPHRAGM 60	117
WIDE-SEAL DIAPHRAGM 65	117
WIDE-SEAL DIAPHRAGM 70	117
WIDE-SEAL DIAPHRAGM 75	117
WIDE-SEAL DIAPHRAGM 80	117
WIDE-SEAL DIAPHRAGM 85	117
WIDE-SEAL DIAPHRAGM 90	117
WIDE-SEAL DIAPHRAGM 95	117
<i>wixela inhub</i>	127
<i>wymzya fe</i>	87
X	
XALKORI	38
XARELTO	52
XARELTO STARTER PACK	52
XELJANZ	93
XELJANZ XR	93
XERESE	46
XGEVA	95
XIFAXAN	18
XIGDUO XR	50

XOFLUZA (80 MG DOSE)	46
XOPENEX HFA	124
XTANDI	33
XTRENBO	95
<i>xulane</i>	87
XYREM	128
Y	
YESINTEK	70
<i>yl folic acid</i>	133
<i>your choice</i>	88
YUMVSKIDS MULTI ZERO	72
<i>yuvaferm</i>	87
Z	
<i>zaclir cleansing</i>	70
<i>zafirlukast</i>	123
<i>zaleplon</i>	128
ZARXIO	53
ZELAPAR	41
ZELBORAF	38
ZENPEP	72
ZEPATIER	44
ZEPOSIA	66
ZEPOSIA 7-DAY STARTER PACK	66
ZEPOSIA STARTER KIT	66
ZEVALIN Y-90	36
<i>zevrx insulin syringe</i>	114, 115
<i>zevrx pen needles</i>	115
ZIANA	70
<i>zidovudine</i>	45
<i>zileuton er</i>	123
<i>ziprasidone hcl</i>	43
<i>ziprasidone mesylate</i>	43
ZIPSOR	10
ZIRABEV	33
ZIRGAN	44
ZITHRANOL	70
ZOLADEX	91
<i>zoledronic acid</i>	95
ZOLINZA	37
<i>zolmitriptan</i>	32
<i>zolpidem tartrate</i>	128
<i>zolpidem tartrate er</i>	128
ZOMIG	32
ZONALON	70
<i>zonisamide</i>	22

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

ZOO FRIENDS MULTI GUMMIES.....	72	ZYFLO.....	123
ZYCLARA	70	ZYKADIA.....	38
ZYCLARA PUMP	70	ZYLET	119
ZYDELIG.....	38	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]