



Lista de Medicamentos de 2026

(Actualizado en Diciembre 2025)

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

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente Preferidos

Segundo Nivel: Medicamentos Genéricos – Bioequivalente No Preferidos

Tercer Nivel: Medicamentos de Marca Preferidos.

Cuarto Nivel: Medicamentos de Marca No Preferidos.

Quinto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos Preferidos

Sexto Nivel: Medicamentos Especializados Biosimilares o Biotecnológicos No Preferidos

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

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

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

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

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES].....7

ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]..... 13

ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA] 14

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]..... 14

ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN] 17

ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] 18

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] 32

ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] 38

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]	40
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	43
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	43
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	46
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	47
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	47
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]	50
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	52
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	60
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	63
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	63
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	67
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	67
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	67
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	70

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]	72
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	76
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]	76
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	82
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	83
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	83
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	84
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	84
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]	84
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]	87
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	87
MISCELLANEOUS [MISCELÁNEOS]	88
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]	109
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	112

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]	115
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]	116
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	121
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]	122
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]	123

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	2	ESGIC	QL(90 / 30)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	2	FIORICET	QL(90 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2	FIORINAL	QL(90 / 30)
<i>QUTENZA 8 % ext kit</i>	6		PA
<i>QUTENZA (2 PATCH) 8 % ext kit</i>	6		PA
<i>TENCON 50-325 mg tab</i>	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 % gel</i>	2	VOLTAREN	
<i>aspercreme arthritis pain 1 % 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 tab</i>	1		QL(30 / 30), AL
<i>bayer aspirin 325 mg tab, 325 mg tab</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dr</i>			
<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>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 % gel</i>	2	VOLTAREN	
<i>cvs genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>diclofenac epolamine 1.3 % patch</i>	2	FLECTOR	
<i>diclofenac potassium 50 mg tab</i>	2	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	2	ZIPSOR	
<i>diclofenac sodium 2 % ext soln</i>	2	PENNSAID	
<i>diclofenac sodium 1.5 % ext soln</i>	2	PENNSAID	
<i>diclofenac sodium 3 % gel</i>	2	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	2	VOLTAREN	
<i>diclofenac sodium 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 % gel</i>	2	VOLTAREN	
<i>eq arthritis pain reliever 1 % gel</i>	2	VOLTAREN	
<i>eq aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>eq aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<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

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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 600 mg tab</i>	1	NALFON	
<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 % gel</i>	2	VOLTAREN	
<i>ft aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>gnp arthritis pain 1 % gel</i>	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 % gel</i>	2	VOLTAREN	
<i>goodsense arthritis pain 1 % 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 cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen er 200 mg cap er 24 hr</i>	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 +rfd 30 mg/ml</i>	2	TORADOL	QL(20 / 25)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>inj soln</i>			
<i>kls arthritis pain relief 1 % gel</i>	2	VOLTAREN	
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kls diclofenac sodium 1 % 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 % gel</i>	2	VOLTAREN	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>motrin arthritis pain 1 % gel</i>	2	VOLTAREN	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
NALFON 400 mg cap	4		
NAPRELAN 750 mg tab er 24 hr	4		
<i>napro 15 % crm</i>	1		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	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 % gel</i>	2	VOLTAREN	
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	FELDENE	
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>qc diclofenac sodium 1 % gel</i>	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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ra aspirin 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 400 mg cap, 600 mg tab</i>	2	TOLECTIN	
<i>voltaren arthritis pain 1 % 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
<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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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 300-30 mg tab, 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	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	2	FIORINAL WITH CODEINE	
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
DEMEROL 75 mg/ml inj soln	4		
<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>fentanyl citrate 1600 mcg bucc lozg on hd, 200 mcg bucc lozg on hd, 800 mcg bucc lozg on hd</i>	2	ACTIQ	
<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,</i>	2	NORCO	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>7.5-325 mg tab</i>			
<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>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	
<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 ext aer</i>	1		
GEBAUERS PAIN EASE ext aer	4		
GEBAUERS SPRAY AND STRETCH ext aer	4		
<i>lidocaine 5 % oint</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>lidocaine 5 % patch</i>	2	LIDODERM	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % crm</i>	2	LIDAMANTLE	
<i>lidocaine hcl 4 % ext soln</i>	2	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	2	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % crm</i>	1	LIDAMANTLE	
<i>premium lidocaine 5 % oint</i>	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]			
<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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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 4 mg m/t gum</i>	4	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)
<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</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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 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, 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg	4		PA, QL(2772 / 365)
<i>nicorette mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicorette starter kit 2 mg m/t gum, 4 mg m/t gum</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	2		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>nicotine polacrilex mini 2 mg m/t lozg</i>	4	NICORETTE	PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(28 / 365)
NICOTROL NS 10 mg/ml nasal soln	4		PA, QL(160 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	4	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	2	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	2	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<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>sm nicotine polacrilex 4 mg m/t gum</i>	1	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 % foam	4		
<i>hydrocortisone (perianal) 2.5 % crm</i>	2	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % crm</i>	2	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	2	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	2		
<i>hydrocortisone acetate 30 mg rect supp</i>	2	PROCTOCORT	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>procto-med hc 2.5 % crm</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 % crm, 0.1 % oint</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 % swab</i>	4	CLEOCIN-T	
<i>clindacin-p 1 % swab</i>	4	CLEOCIN-T	
CLINDAGEL 1 % gel	4		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	2	CLEOCIN	
<i>clindamycin phos (once-daily) 1 % gel</i>	4	CLEOCIN-T	
<i>clindamycin phos (twice-daily) 1 % gel</i>	4	CLEOCIN-T	
<i>clindamycin phosphate 2 % vag crm</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % lot</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % foam</i>	2	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	4		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	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>mafenide acetate 5 % ext pckt</i>	2	SULFAMYLON	
<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 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>nitrofurantoin monohyd macro 100 mg cap</i>	2	MACROBID	
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
<i>ssd 1 % crm</i>	4	SILVADENE	
SULFAMYLON 85 mg/gm crm	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	
XIFAXAN 200 mg tab, 550 mg tab	6		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	2	CECLOR	
<i>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>cefepodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefepodoxime 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</i>	1	AMOXIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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 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 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	2	AUGMENTIN XR	
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
e.e.s. 400 400 mg tab	4	E.E.S.	
ery 2 % pad	2		
erythromycin 2 % ext soln	2	ERYDERM	
erythromycin 2 % gel	2	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	2		
erythromycin base 500 mg tab	2	ERY-TAB	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	2	ERYPED	
ZITHROMAX 1 gm pckt	4		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
CIPRO 250 MG/5ML (5%) susp	4		
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	2	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	2	LEVAQUIN	
levofloxacin 25 mg/ml soln	2	LEVAQUIN	
moxifloxacin hcl 400 mg tab	2	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	2	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium 10 % ophth soln	2	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	2	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	2	KLARON	
sulfadiazine 500 mg tab	2		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	2	SEPTRA	
sulfatrim pediatric 200-40 mg/5ml susp	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
avidoxy 100 mg tab	2	ADOXA	
AVIDOXY DK 100 mg cmb kit	4		
demeclocycline hcl 150 mg tab, 300 mg tab	2	DECLOMYCIN	
doxycycline hyclate 200 mg tab dr, 50 mg tab dr	1	DORYX	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr	2	DORYX	
doxycycline hyclate 20 mg tab	2	PERIOSTAT	
doxycycline hyclate 100 mg tab	2	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	2	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab,	2	ADOXA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>			
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	2	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	2	MINOCIN	
<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>mondoxyne nl 100 mg cap</i>	4	MONODOX	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	2		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 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>roweepra 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</i>	1	KLONOPIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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, 2 mg tab disint</i>			
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	4		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	4		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	4		
<i>diazepam 5 mg/ml inj soln</i>	2		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	2	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	2	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	2	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	2	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	2		
<i>phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix</i>	2		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	2	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	2	GABITRIL	
<i>valproic acid 250 mg cap</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	2	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	5	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	2	FELBATOL	
LAMICTAL XR 21 x 25 MG & 7 x 50	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
mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit			
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	2	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	LAMICTAL	
<i>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>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	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4		
DILANTIN 100 mg cap, 30 mg cap	4		
DILANTIN 125 mg/5ml susp	4		
DILANTIN INFATABS 50 mg tab chew	4		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	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,</i>	2	VIMPAT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>200 mg tab, 50 mg tab</i>			
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	2	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	2	TRILEPTAL	
<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]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	2	HYDERGINE	
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	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 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>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/snrts (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrsts/Irsnts (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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	
<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,</i>	1	EFFEXOR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>37.5 mg tab, 50 mg tab, 75 mg tab</i>			
<i>venlafaxine hcl er 225 mg tab er 24 hr</i>	2		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	2	EFFEXOR XR	
<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]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	DICLEGIS	
<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 Emotogénicas - 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, 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 +rfid 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 % ext soln</i>	4	PENLAC	PA
<i>clotrimazole 10 mg m/t troche</i>	2	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	2	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	2	LOTRISONE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CRESEMBA 186 mg cap	4		PA
econazole nitrate 1 % crm	2	SPECTAZOLE	
ERTACZO 2 % crm	4		
EXELDERM 1 % crm	4		
EXELDERM 1 % ext soln	4		
fluconazole 100 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 150 mg tab	1	DIFLUCAN	QL(2 / 28)
fluconazole 10 mg/ml susp, 40 mg/ml susp	2	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	2	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	2	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	2	GRIS-PEG	
iodoquinol-hc-aloe polysacch 1-2-1 % gel	2	ALCORTIN A	
itraconazole 10 mg/ml soln	1	SPORANOX	PA
itraconazole 100 mg cap	2	SPORANOX	PA
ketoconazole 2 % foam	2	EXTINA	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % crm	2	NIZORAL	
ketoconazole 2 % shampoo	2	NIZORAL	
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	2	VUSION	
NATACYN 5 % ophth susp	4		
NOXAFIL 40 mg/ml susp	4		
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwr, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	2	MYCOLOG	
ORAVIG 50 mg bucc tab	4		
OXISTAT 1 % lot	4		
sulconazole nitrate 1 % crm	2	EXELDERM	
terbinafine hcl 250 mg tab	1	LAMISIL	PA
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	
terconazole 80 mg vag supp	2	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	6	VFEND	PA
voriconazole 40 mg/ml susp	6	VFEND	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
VUSION 0.25-15-81.35 % oint	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]			
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
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 4 mg/0.5ml sc</i>	2	IMITREX STATDOSE	QL(2 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>			
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	2	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	2	TREXIMET	QL(9 / 30)
TOSYMRA 10 mg/act nasal soln	3		
<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]			
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	
TRECTOR 250 mg tab	4		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - 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,	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
40 mg cap			
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
ZANOSAR 1 gm iv soln	6		PA
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab</i>	5	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	6	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>nilutamide 150 mg tab</i>	5	NILANDRON	PA
NUBEQA 300 mg tab	5		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
<i>lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap</i>	5	REVLIMID	PA
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 % crm</i>	5	CARAC	PA
<i>fluorouracil 5 % crm</i>	5	EFUDEX	PA
<i>fluorouracil 2 % ext soln, 5 % ext soln</i>	5	EFUDEX	PA
<i>hydroxyurea 500 mg cap</i>	6	HYDREA	PA
<i>mercaptopurine 50 mg tab</i>	6	PURINETHOL	PA
NIPENT 10 mg iv soln	6		PA
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ABRAXANE 100 mg iv susp	6		PA
ALIMTA 100 mg iv soln, 500 mg iv soln	6		PA
ARRANON 5 mg/ml iv soln	6		PA

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>arsenic trioxide 12 mg/6ml iv soln</i>	5	TRISENOX	PA
<i>bendamustine hcl 100 mg iv soln, 25 mg iv soln</i>	5	TREANDA	PA
BENDEKA 100 mg/4ml iv soln	5		PA
<i>bleomycin sulfate 15 unit inj soln, 30 unit inj soln</i>	6	BLENOXANE	PA
<i>bortezomib 3.5 mg 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
<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>	5	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
HALAVEN 1 mg/2ml iv soln	6		PA
<i>idarubicin hcl 10 mg/10ml iv soln, 20</i>	6	IDAMYCIN PFS	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>mg/20ml iv soln, 5 mg/5ml iv soln</i>			
IFEX 3 gm iv soln	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
IXEMPRA KIT 15 mg iv soln, 45 mg iv soln	6		PA
JEVTANA 60 mg/1.5ml iv soln	6		PA
KADCYLA 100 mg iv soln, 160 mg iv soln	6		PA
KANJINTI 150 mg iv soln, 420 mg iv soln	5		PA
<i>mitomycin 20 mg iv soln, 40 mg iv soln, 5 mg iv soln</i>	6	MUTAMYCIN	PA
<i>nelarabine 5 mg/ml iv soln</i>	5	ARRANON	PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	5	ELOXATIN	PA
<i>oxaliplatin 100 mg/20ml iv soln, 50 mg/10ml iv soln</i>	5	ELOXATIN	PA
<i>paclitaxel 100 mg/16.7ml iv conc, 150 mg/25ml iv conc, 30 mg/5ml iv conc, 300 mg/50ml iv conc</i>	6	TAXOL	PA
<i>paclitaxel protein-bound part 100 mg iv susp</i>	5	ABRAXANE	PA
<i>pemetrexed disodium 100 mg iv soln, 500 mg iv soln</i>	5	ALIMTA	PA
PERJETA 420 mg/14ml iv soln	5		PA
PHOTOFRIN 75 mg iv soln	6		PA
PROLEUKIN 22000000 unit iv soln	6		PA
<i>romidepsin 10 mg iv soln</i>	5	ISTODAX (OVERFILL)	PA
TABLOID 40 mg tab	6		PA
TICE BCG 50 mg i-vesic susp	4		PA
TREANDA 100 mg iv soln, 25 mg iv soln	5		PA
VELCADE 3.5 mg inj soln	6		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	5		PA
<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

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

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

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	5	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	6		PA
IRESSA 250 mg tab	6		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	6		PA
KEYTRUDA 100 mg/4ml iv soln	6		PA
<i>lapatinib ditosylate 250 mg tab</i>	5	TYKERB	PA
NEXAVAR 200 mg tab	6		PA
<i>pazopanib hcl 200 mg tab</i>	5		PA
ROZLYTREK 100 mg cap, 200 mg cap	5		PA
<i>sorafenib tosylate 200 mg tab</i>	5	NEXAVAR	PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PA
STIVARGA 40 mg tab	6		PA
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	5	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	6		PA
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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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 % gel</i>	5	TARGRETIN	PA
PANRETIN 0.1 % gel	6		PA
TARGRETIN 1 % gel	6		PA
<i>tretinoin 10 mg cap</i>	6	VESANOID	PA
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
<i>mesna 100 mg/ml iv soln</i>	6	MESNEX	PA
MESNEX 400 mg tab	6		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	2	ALBENZA	
<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>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/Escabidas - Medicamentos Para Sarna Y Piojos]			
<i>crotan 10 % lot</i>	4		PA
<i>cvs ivermectin lice treatment 0.5 % lot</i>	2	SKLICE	PA
<i>eq ivermectin 0.5 % lot</i>	2	SKLICE	PA
<i>ivermectin 0.5 % lot</i>	2	SKLICE	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
NATROBA 0.9 % ext susp	4		PA
permethrin 5 % crm	2	ELIMITE	PA
rid one & done 0.5 % lot	2	SKLICE	PA
sklice 0.5 % lot	2	SKLICE	PA
sulfurated lime ext soln	1		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
benztropine mesylate 1 mg/ml inj soln	1	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab	1	ARTANE	
trihexyphenidyl hcl 5 mg tab	2	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	2		
amantadine hcl 100 mg cap, 100 mg tab	2	SYMMETREL	
entacapone 200 mg tab	2	COMTAN	
tolcapone 100 mg tab	5	TASMAR	PA
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	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		
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	
pramipexole dihydrochloride 0.75 mg tab	2	MIRAPEX	
pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr	2	MIRAPEX ER	
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab,	1	REQUIP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>5 mg tab</i>			
<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 [Precusores De Dopamina/ Inhibidores De La Decarboxilasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	5	APOKYN	PA
<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 Monoaminoxidasa 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 [ANTIPSIÓTICOS - 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,</i>	2	PROLIXIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>2.5 mg/ml inj soln, 5 mg/ml oral conc</i>			
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	2	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	2	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	2	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	2	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	2	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	2	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	2	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	2	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	2	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
<i>FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	4		
<i>FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab</i>	4		
<i>INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs</i>	6		PA
<i>INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs,</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
234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs			
INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs	6		PA
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	2	LATUDA	
<i>olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ZYPREXA	
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr</i>	2	INVEGA	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	2	SEROQUEL XR	
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	6		PA
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 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 subbl, 5 mg tab subbl	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	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
susp, 300 mg im susp, 405 mg im susp			
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	CLOZARIL	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	2	FAZACLO	
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]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap	1	DANTRIUM	
dantrolene sodium 50 mg cap	2	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	2	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
valganciclovir hcl 450 mg tab	2	VALCYTE	
valganciclovir hcl 50 mg/ml soln	2	VALCYTE	
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
adefovir dipivoxil 10 mg tab	5	HEPSERA	PA
entecavir 0.5 mg tab, 1 mg tab	1	BARACLUDE	PA
lamivudine 100 mg tab	1	EPIVIR HBV	PA
VEMLIDY 25 mg tab	5		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
sofosbuvir-velpatasvir 400-100 mg tab	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]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	6		PA
ribavirin 200 mg tab	5	COPEGUS	PA
ribavirin 200 mg cap	5	REBETOL	PA
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De 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
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 (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
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
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
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	PA
DESCOVY 120-15 mg tab, 200-25 mg tab	6		PA
DOVATO 50-300 mg tab	5		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
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
FUZEON 90 mg sc soln	6		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>maraviroc 150 mg tab, 300 mg tab</i>	5	SELZENTRY	PA
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
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	5	REYATAZ	PA
<i>darunavir 600 mg tab, 800 mg tab</i>	5	PREZISTA	PA
<i>fosamprenavir calcium 700 mg tab</i>	5	LEXIVA	PA
KALETRA 100-25 mg tab	5		PA
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	5	KALETRA	PA
NORVIR 100 mg pckt	5		PA
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	6		PA
PREZISTA 100 mg/ml susp	6		PA
<i>ritonavir 100 mg tab</i>	5	NORVIR	PA
VIRACEPT 250 mg tab, 625 mg tab	5		PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	2	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	2	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	2	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	2	ZOVIRAX	
<i>acyclovir 5 % crm, 5 % oint</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	2	ZOVIRAX	
DENAVIR 1 % crm	4		
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	5	FAMVIR	
<i>penciclovir 1 % crm</i>	2	DENAVIR	
<i>trifluridine 1 % ophth soln</i>	2	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	VALTREX	
XERESE 5-1 % crm	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>bupirone 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
CYCLOSET 0.8 mg tab	4		
FARXIGA 10 mg tab, 5 mg tab	3		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide-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	
<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	3		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
tab			
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
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	1	GLUCOPHAGE	
metformin hcl 500 mg/5ml soln	1	RIOMET	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
nateglinide 120 mg tab, 60 mg tab	2	STARLIX	
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	2	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	3		PA
RYBELSUS (FORMULATION R2) 1.5 mg tab, 4 mg tab, 9 mg tab	3		PA
saxagliptin hcl 2.5 mg tab, 5 mg tab	2	Onglyza	ST
saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2	Kombiglyze XR	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,	3		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
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			
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
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)
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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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	3		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 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 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/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</i>	3	COUMADIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab, 6 mg tab</i>			
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		
Anticoagulants - Blood Thinners anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
FRAGMIN 10000 unit/4ml sc soln	6		PA
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	
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
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</i>	1	PLAVIX	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	2	PERSANTINE	
<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	DIBENZYLIN	
<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>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			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	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, 400 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</i>	2	RYTHMOL SR	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>			
<i>quinidine gluconate er 324 mg tab er</i>	2		
<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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	2	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	2	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	2	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	4		
<i>dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>diltiazem hcl 30 mg tab, 60 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 90 mg tab</i>	2	CARDIZEM	
<i>diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	2		
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	2	DILACOR XR	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	2	CARDIZEM CD	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap</i>	1	DYNACIRC	
<i>isradipine 5 mg cap</i>	2	DYNACIRC	
<i>matzim la 360 mg tab er 24 hr, 420 mg tab er 24 hr</i>	4		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	2	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg</i>	1	ADALAT CC	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 er 24 hr</i>			
<i>nifedipine er 90 mg tab er 24 hr</i>	2	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	2	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	2	SULAR	
<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</i>	2	EXFORGE 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, 5-160-12.5 mg tab, 5-160-25 mg tab</i>			
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	2	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	2	LOTENSIN HCT	
<i>BIDIL 20-37.5 mg tab</i>	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	
<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</i>	2	ACCURETIC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab, 20-12.5 mg tab, 20-25 mg tab</i>			
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	2	RANEXA	
<i>spironolactone-hctz 25-25 mg tab</i>	2	ALDACTAZIDE	
<i>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	
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	EDECIN	
<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	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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	
FIBRICOR 105 mg tab, 35 mg tab	4		
<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 pwr</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	
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	LOVAZA	
<i>prevalite 4 gm/dose oral pwdr</i>	4	QUESTRAN LIGHT	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<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	
NITRO-BID 2 % td oint	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	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl</i>	2	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	2	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	2	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml soln</i>	2	PROCENTRA	
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	DEXEDRINE	
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	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 er 0.1 mg tab er 12 hr</i>	2	KAPVAY	
DAYTRANA 10 mg/9hr td patch, 15 mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch	3		
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	2	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	2	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2</i>	2	INTUNIV	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>			
<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	
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 er	4		
NUEDEXTA 20-10 mg cap	4		
<i>riluzole 50 mg tab</i>	6	RILUTEK	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap, 300 mg cap</i>	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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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]			
<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
<i>teriflunomide 14 mg tab, 7 mg tab</i>	5	AUBAGIO	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		
CAPHOSOL m/t soln	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 % 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>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	6	SORIATANE	PA
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	2	DIFFERIN	
<i>adapalene treatment 0.1 % gel</i>	2	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	EPIDUO	
ANALPRAM-HC 2.5-1 % lot	4		
<i>avar cleanser 10-5 % ext liq</i>	4		
<i>avar-e emollient 10-5 % crm</i>	4	PLEXION	
AZELEX 20 % crm	4		
<i>benzoyl peroxide 8 % gel</i>	2	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	2	BENZAMYCIN	
BIONECT 0.2 % gel	4		
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>bp wash 2.5 % ext liq</i>	2		
<i>bpo foaming cloths 6 % ext misc</i>	1		
<i>calcipotriene 0.005 % crm, 0.005 % oint</i>	2	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	2	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint</i>	2	TACLONEX	
<i>calcitrene 0.005 % oint</i>	4	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	2	VECTICAL	
CLINDACIN ETZ 1 % ext kit	4		
<i>clindamycin phos-benzoyl perox 1.2-3.75 % gel</i>	2		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	BENZAACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	2	ZIANA	
CORTANE-B 10-10-1 mg/ml lot	4		
<i>cvs adapalene 0.1 % gel</i>	2	DIFFERIN	
<i>dapsone 5 % gel, 7.5 % gel</i>	2	ACZONE	
<i>differin 0.1 % gel</i>	2	DIFFERIN	
<i>doxycycline 40 mg cap dr</i>	2	ORACEA	
EBGLYSS 250 mg/2ml sc soln auto-inj,	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
250 mg/2ml sc soln pfs			
EPIDUO 0.1-2.5 % gel	3		
<i>gnp adapalene 0.1 % gel</i>	2	DIFFERIN	
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	2	ANALPRAM HC	
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	2	ANALPRAM HC	
<i>imiquimod 5 % crm</i>	2	ALDARA	
<i>imiquimod pump 3.75 % crm</i>	2	ZYCLARA	PA
<i>iodosorb 0.9 % gel</i>	4		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	2	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % 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 % crm</i>	2	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	2	METROGEL	
<i>metronidazole 0.75 % lot</i>	2	METROLOTION	
<i>neuac 1.2-5 % gel</i>	4	DUAC	
NORITATE 1 % crm	4		
OVACE PLUS 10 % crm	4		
<i>panoxyl 2.5 % ext liq</i>	2		
<i>pimecrolimus 1 % crm</i>	2	ELIDEL	
<i>podofilox 0.5 % gel</i>	2		
<i>podofilox 0.5 % ext soln</i>	2	CONDYLOX	
PROCORT 1.85-1.15 % crm	4		
PROCTOFOAM HC 1-1 % foam	4		
PROMISEB crm	4		
PRUDOXIN 5 % crm	4		
REGRANEX 0.01 % gel	4		
RETIN-A MICRO PUMP 0.06 % gel, 0.08 % gel	4		PA
SANTYL 250 unit/gm oint	4		
SCALACORT DK 2 & 2-2 % ext kit	4		
SELARSDI 130 mg/26ml iv soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>sodium sulfacetamide 10 % shampoo</i>	1		
SORILUX 0.005 % foam	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
sss 10-5 10-5 % foam	1		
sss 10-5 10-5 % crm	1	PLEXION	
sulfacetamide sodium 10 % ext liq	2		
sulfacetamide sodium (cleans) 10 % gel	2		
sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot	2		
sulfacetamide sodium-sulfur 10-5 % crm	2	PLEXION	
sulfacetamide sodium-sulfur 9-4.5 % ext liq	2	SUMADAN WASH	
sulfacetamide sodium-sulfur 8-4 % ext susp	2	SUMAXIN TS	
sulfacetamide sodium-sulfur 8-4 % ext susp	2	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % ext liq	2	SUMAXIN WASH	
sulfacetamide sodium-sulfur 9-4 % ext liq	2	SUMAXIN WASH	
sulfacetamide-sulfur in urea 10-5 % ext emul	2	ROSULA CLEANSER	
TACLONEX 0.005-0.064 % ext susp	4		
tacrolimus 0.03 % oint, 0.1 % oint	2	PROTOPIC	PA
tazarotene 0.05 % crm	2		
tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel	2	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	2	RETIN-A	PA
tretinoin microsphere 0.04 % gel, 0.1 % gel	2	RETIN-A	PA
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	2	RETIN-A	PA
VECTICAL 3 mcg/gm oint	4		
VEREGEN 15 % oint	4		
WEZLANA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		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
zaclir cleansing 8 % lot	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
ZIANA 1.2-0.025 % gel	4		ST
ZITHRANOL 1 % shampoo	4		
ZONALON 5 % crm	4		
ZYCLARA 3.75 % crm	4		
ZYCLARA PUMP 2.5 % crm	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	
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		
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	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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	ANASPAZ	
<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>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 5 mg tab disint</i>	2	METZOLV	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
<i>metoclopramide hcl +rfd 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
RELISTOR 150 mg tab	4		ST
RELISTOR 12 mg/0.6ml sc soln, 12	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
mg/0.6ml sc soln pfs, 8 mg/0.4ml sc soln pfs			
SYMPROIC 0.2 mg tab	3		ST
TRULANCE 3 mg tab	4		ST
ursodiol 300 mg cap	2	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	2	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	2	TAGAMET	
cimetidine hcl 300 mg/5ml soln	2	TAGAMET	
famotidine 200 mg/20ml iv soln, 40 mg/4ml iv soln	2		
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	2	PEPCID	
famotidine (pf) 20 mg/2ml iv soln	2	PEPCID	
nizatidine 150 mg cap, 300 mg cap	2	AXID	
ranitidine hcl 300 mg tab	1	ZANTAC	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alose tron hcl 0.5 mg tab, 1 mg tab	2	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		ST
lubiprostone 24 mcg cap, 8 mcg cap	2	AMITIZA	ST
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
constulose 10 gm/15ml soln	2	CONSTULOSE	
enulose 10 gm/15ml soln	1	CONSTULOSE	
generlac 10 gm/15ml soln	1	CONSTULOSE	
kristalose 20 gm pckt	4		
kristalose 10 gm pckt	4	KRISTALOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	
peg-3350/electrolytes 236 gm soln	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			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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 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
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>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</i>	1	DITROPAN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>			
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	
<i>tropium chloride 20 mg tab</i>	2	SANCTURA	
<i>tropium 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 mg cap, 5 mg cap</i>	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
<i>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>phenazo 200 mg tab</i>	4	PYRIDIUM	
<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
<i>urelle 81 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
<i>uro-mp 118 mg cap</i>	2		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	4		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	4		
<i>vilamit mb 118 mg cap</i>	4		
<i>vilevev mb 81 mg tab</i>	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 % lot	4		
<i>ala-cort 1 % crm</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	ACLOVATE	
<i>amcinonide 0.1 % crm, 0.1 % oint</i>	1	CYCLOCORT	
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % oint</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	2	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	2	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	2	BETA-VAL	
<i>betamethasone valerate 0.12 % foam</i>	2	LUXIQ	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>clobetasol prop emollient base 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	2	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	2	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	2	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % crm</i>	2	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % foam</i>	2	OLUX-E	
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	
<i>clodan 0.05 % shampoo</i>	4	CLOBEX	
CLODERM 0.1 % crm	4		
<i>cortisone acetate 25 mg tab</i>	2	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	4		
<i>desonide 0.05 % gel</i>	2	DESONATE	
<i>desonide 0.05 % crm, 0.05 % oint</i>	2	DESOWEN	
<i>desonide 0.05 % lot</i>	2	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</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 % crm, 0.05</i>	2	PSORCON	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
% oint			
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	2	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	2	SYNALAR	
fluocinolone acetonide body 0.01 % ext oil	2	DERMA-SMOOTH/FS	
fluocinolone acetonide scalp 0.01 % ext oil	2	DERMA-SMOOTH/FS	
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	2	LIDEX	
fluocinonide 0.05 % ext soln	2	LIDEX	
fluocinonide 0.1 % crm	2	VANOS	
fluocinonide emulsified base 0.05 % crm	2	LIDEX-E	
flurandrenolide 0.05 % crm	2	CORDRAN	
flurandrenolide 0.05 % lot	2	CORDRAN	
fluticasone propionate 0.05 % crm	1	CUTIVATE	
fluticasone propionate 0.005 % oint	2	CUTIVATE	
fluticasone propionate 0.05 % lot	2	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	2	ULTRAVATE	
HALOG 0.1 % ext soln	4		
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	
hydrocortisone 2.5 % crm, 2.5 % oint	1	HYTONE	
hydrocortisone 2.5 % lot	2	HYTONE	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	2	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	2	LOCOID	
hydrocortisone valerate 0.2 % crm, 0.2 % oint	2	WESTCORT	
KENALOG-10 10 mg/ml inj susp	4		
MEDROL 2 mg tab	4		
methylprednisolone 4 mg tab, 4 mg tab pack	1	MEDROL	
methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab	2	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	2	DEPO-MEDROL	
methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj	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 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % crm</i>	2	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	2	ELOCON	
PANDEL 0.1 % crm	4		
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	2		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	2	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	2	ORAPRED	
<i>prednisolone sodium phosphate 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 % ext soln	4		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	2	KENALOG	
<i>triamcinolone acetonide 0.05 % oint</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	2	TRIDERM	
<i>triamcinolone in absorbase 0.05 % oint</i>	2	TRIANEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (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		
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
<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]			
<i>ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</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
<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		
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	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		
<i>covaryx 1.25-2.5 mg tab</i>	4	ESTRATEST	
<i>covaryx hs 0.625-1.25 mg tab</i>	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 gel	4		
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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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 0.5 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>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	2	DEMULEN	QL(28 / 28)
<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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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 tab</i>	4	NORDETTE	QL(28 / 28)
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>lutra 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)
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	4		
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</i>	4	LOESTRIN FE	QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab</i>			
<i>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>philith 0.4-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	4	MIRCETTE	QL(28 / 28)
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab, 25 mg inj soln	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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	4		QL(28 / 28)
<i>tri-linyah 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>curae 1.5 mg tab</i>	4	PLAN B ONE-STEP	
<i>deblitane 0.35 mg tab</i>	4	NOR-QD	QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	4		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	4		QL(1 / 90)
<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</i>	1	PROVERA	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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, 2.5 mg tab, 5 mg tab</i>			
<i>megestrol acetate 625 mg/5ml susp</i>	2	MEGACE	PA
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	6	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	6	MEGACE	PA
MIRENA (52 MG) 20 mcg/day iud	5		PA
<i>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	
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 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		
<i>levo-t 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	4	SYNTHROID	
<i>levothyroxine sodium 137 mcg tab, 25</i>	1	SYNTHROID	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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, 50 mcg tab</i>			
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	2	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	2	TIROSINT	
<i>levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	4	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	2	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	4		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab</i>	2		
TIROSINT 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap	4		
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	4		
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			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
[AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	2	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	5		PA
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	6	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	5		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit, 30 mg im kit	5		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		PA
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 [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-adbm (2 syringe) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit</i>	5		PA
<i>adalimumab-adbm(cd/uc/hs strt) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit</i>	5		PA
<i>adalimumab-adbm(ps/uv starter) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml 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 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
<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
CYLTEZO (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
CYLTEZO (2 SYRINGE) 10 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA
CYLTEZO-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CYLTEZO-PSORIASIS/UV STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		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
<i>gengraf 100 mg/ml soln</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
<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
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
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTIMMUNE 100 mcg/0.5ml sc soln	6		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	2	ARAVA	
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,	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
80 mg/4ml iv soln			
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	2	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	2	LIALDA	
<i>mesalamine 4 gm rect enema</i>	2	ROWASA	
<i>mesalamine er 500 mg cap er</i>	2	PENTASA	
<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 % 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	
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	
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
<i>pamidronate disodium 30 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, 6 mg/ml iv soln, 90 mg/10ml iv 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	ST
<i>risedronate sodium 35 mg tab dr</i>	2	ATELVIA	ST
<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
<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		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	1		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BD 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 misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>careone unifine pentips plus 29G X</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
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			
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		
<i>clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
CLICKFINE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ml misc	1		
COMFORT EZ INSULIN SYRINGE 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	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 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			
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	2		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		
COMFORT 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	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
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			
DROPLET PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
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 SY 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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EASY TOUCH INSULIN BARRELS U-100 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 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	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
15/64" 1 ml misc, 31G X 5/16" 1 ml misc			
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		
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ml misc	1		
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ml misc	2		
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		
<i>eql insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>global ease inject pen needles 32G X 4 MM misc</i>	2		
<i>global easy glide insulin syr 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
<i>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>			
<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 misc, 31G X 5/16" 1 ml misc</i>	1		
<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		
<i>GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>gnp insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	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</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>5/16" 0.3 ml misc</i>			
<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 SAFEPACK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
<i>goodsense clickfine pen needle 31G X 5 MM misc</i>	1		
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>h-e-b incontral pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	2		
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise micron pen needles 32G X 4 MM misc</i>	1		
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3	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			
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		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	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, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>kmart valu insulin syringe 29g U-100 0.5 ml misc, U-100 1 ml misc</i>	1		
<i>kmart valu insulin syringe 30g U-100</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
0.3 ml misc, U-100 0.5 ml misc, U-100 1 ml misc			
<i>croger insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>croger pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		
<i>croger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	2		
<i>leader insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>longs insulin syringe 31G X 5/16" 0.5 ml misc</i>	1		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc			
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
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,	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
31G X 5/16" 1 ml misc, U-100 1 ml misc			
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>ms insulin syringe 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
<i>pc unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needle/5-bevel tip 31G X 8 MM misc, 32G X 4 MM misc</i>	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		
<i>pen needles 5/16" 31G X 8 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</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>MM misc</i>			
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
<i>preferred plus insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>preferred plus unifine pentips 29G X 12MM misc</i>	1		
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 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	2		
<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 extra short pen needles 31G X 6 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>px pen needle 29G X 12MM misc, 31G X 8 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	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 X 8 MM misc</i>	1		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	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 MINI PEN NEEDLES 31G X 6 MM misc	1		
RELION PEN NEEDLES 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
RELION SHORT PEN NEEDLES 31G X 8 MM misc	1		

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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		
SECURES SAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
SECURES SAFE INSULIN SYRINGE 29G X 1/2" 0.5 ml misc	2		
SECURES SAFE SAFETY PEN NEEDLES 30G X 8 MM misc	1		
<i>sure comfort insulin syringe 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>sure comfort insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc</i>	2		
<i>sure comfort pen needles 30G X 8 MM misc, 32G X 6 MM misc</i>	1		
<i>sure comfort pen needles 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
<i>techlite insulin syringe 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	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>todays health pen needles 29G X 12MM misc</i>	1		
<i>todays health short pen needle 31G X 8 MM misc</i>	1		
<i>topcare clickfine pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>topcare ultra comfort ins syr 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	2		
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	2		
<i>true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<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	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
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			
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, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM misc, 31G X 5	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			
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	2		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<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 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		
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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ULTRA-THIN II 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, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM misc	2		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	2		
<i>value health insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	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>vp insulin syringe 29G X 1/2" 0.3 ml misc</i>	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	2		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	2		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
<i>acticarnitine sf 1 gm/10ml soln</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>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	4		
<i>condoms misc</i>	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		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	2		
KAMELEON LUBRICATED misc	4		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	4		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	4		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	2	CARNITOR	
<i>levocarnitine (dietary) 1 gm/10ml soln</i>	2		
<i>levocarnitine l-tartrate 330 mg tab</i>	2		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
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)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TROJAN 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/STUDDED 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 misc	4		QL(12 / 30)
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		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	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		
<i>altacaine 0.5 % ophth soln</i>	4		
<i>altacaine 0.5 % ophth soln</i>	4		
<i>altafrin 10 % ophth soln, 2.5 % ophth soln</i>	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 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		
<i>tetracaine hcl 0.5 % ophth soln</i>	2		
<i>tropicamide 0.5 % ophth soln</i>	1		
<i>tropicamide 1 % ophth soln</i>	2	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>advanced eye relief 0.2 % ophth soln</i>	2	PATADAY	
ALOCRIIL 2 % ophth soln	4		
<i>azelastine hcl 0.05 % ophth soln</i>	2	OPTIVAR	
<i>bepotastine besilate 1.5 % ophth soln</i>	2	BEPREVE	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>cromolyn sodium 4 % ophth soln</i>	2	OPTICROM	
<i>cvs olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
CYCLOMYDRIL 0.2-1 % ophth soln	4		
<i>epinastine hcl 0.05 % ophth soln</i>	2	ELESTAT	
<i>eq olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
<i>eye allergy itch relief 0.2 % ophth soln</i>	2	PATADAY	
<i>ft eye allergy itch relief 0.2 % ophth soln</i>	2	PATADAY	
<i>gnp olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
<i>pataday 0.2 % ophth soln</i>	2	PATADAY	
<i>qc olopatadine hcl 0.2 % ophth soln</i>	2	PATADAY	
<i>retaine allergy 0.2 % ophth soln</i>	2	PATADAY	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
ALOMIDE 0.1 % ophth soln	4		
ALREX 0.2 % ophth susp	4		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	2	CORTISPORIN	
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	2	VOLTAREN	
FLAREX 0.1 % ophth susp	4		
<i>fluorometholone 0.1 % ophth susp</i>	2	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML FORTE 0.25 % ophth susp	4		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	2	ACULAR	
LOTEMAX 0.5 % ophth oint	4		
LOTEMAX SM 0.38 % ophth gel	4		
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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	TOBEX	
TOBEX 0.3 % ophth oint	4		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	2	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	3		
<i>apraclonidine hcl 0.5 % ophth soln</i>	2	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	2	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	4		
BETOPTIC-S 0.25 % ophth susp	4		
<i>brimonidine tartrate 0.15 % 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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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 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		
<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>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</i>	2	CORTISPORIN	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>			
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 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	4		QL(13 / 30), ST
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	2	PULMICORT	QL(120 / 30), AL
<i>budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>cvs budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>eq budesonide nasal 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	2	NASALIDE	QL(25 / 25)
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	QL(16 / 30)
<i>fluticasone propionate diskus 100</i>	2		QL(120 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act</i>			
<i>fluticasone propionate hfa 44 mcg/act inh aer</i>	2		QL(10.6 / 30)
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer</i>	2		QL(12 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	2	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	4		QL(12.5 / 30)
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		
<i>ra budesonide 32 mcg/act nasal susp</i>	2	RHINOCORT	QL(17.2 / 30)
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	2	ASTELIN	QL(30 / 30)
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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	
ZYFLO 600 mg tab	4		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	4		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(4 / 25)
<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)
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>tiotropium bromide 18 mcg inh cap</i>	1	SPIRIVA HANDIHALER	QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwr br act	4		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	2	ACCUNEB	QL(300 / 25)
<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)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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 pwr br act	3		QL(1 / 30)
SEREVENT DISKUS 50 mcg/act inh aer pwr br act	4		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	4		QL(4 / 30)
<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]			
KITABIS PAK (W/ NEBULIZER) 300 mg/5ml inh neb 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 - 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 -			

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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 Asma/Pulmón]			
<i>ambrisentan 10 mg tab, 5 mg tab</i>	5	LETAIRIS	PA
<i>bosentan 125 mg tab, 62.5 mg tab</i>	5	TRACLEER	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
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
<i>pirfenidone 534 mg tab</i>	5		PA
<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	
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)
AIRDUO RESPICLICK 113/14 113-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 232/14 232-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
AIRDUO RESPICLICK 55/14 55-14 mcg/act inh aer pwdr br act	4		QL(1 / 30), ST
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
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-</i>	1	SYMBICORT	QL(10.2 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>			
<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	
<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		
<i>pulmosal 7 % inh neb soln</i>	4	HYPERSAL	
<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	
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	6		PA
<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			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculoesqueléticos - 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	
DYSPORT 300 unit im soln, 500 unit im soln	4		
<i>enovarx-cyclobenzaprine hcl 20 mg/gm td crm</i>	1		
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>methocarbamol 1000 mg/10ml inj soln</i>	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 subl, 5 mg tab subl	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 subl, 3.5 mg tab subl</i>	2	INTERMEZZO	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	2	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	2	NUVIGIL	

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>modafinil 100 mg tab, 200 mg tab</i>	2	PROVIGIL	
<i>ramelteon 8 mg tab</i>	2	ROZEREM	
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
<i>c-nate dha 28-1-200 mg cap</i>	1		
CALCIFOL 1342-1.6 mg oral wafer	4		
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	4		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	4		
CITRANATAL B-CALM 20-1 MG & 2 x 25 mg oral misc	4		
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 folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
<i>effer-k 25 meq tab eff</i>	4		
EFFER-K 10 meq tab eff, 20 meq tab eff	4		
ELITE-OB 50-1.25 mg tab	4		
ENFAMIL POLY-VI-SOL-IRON 11 mg/ml soln	1		AL
<i>fa-8 0.8 mg cap</i>	1		QL(30 / 30), AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
<i>fer-in-sol 75 (15 Fe) mg/ml soln</i>	4	FER-IN-SOL	AL
<i>ferrous sulfate 220 (44 Fe) mg/5ml soln, 300 (60 Fe) mg/5ml soln, 300 mg/6.8ml soln</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; 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>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		
<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 supplement 220 (44 Fe) mg/5ml soln</i>	1		AL
<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>land before time multivitamin 15 mg tab chew</i>	1		AL
MAGNEBIND 400 80-115 mg tab	4		
<i>multivitamin drops/iron 11 mg/ml soln</i>	1		AL
<i>multivitamin infant & toddler 11 mg/ml soln</i>	1		AL
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	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		
NIVA-PLUS 27-1 mg tab	4		
NOVAFERRUM 125 mg/5ml liq	4		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	4		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
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		
<i>one vite ferrous sulfate 220 (44 Fe) mg/5ml soln</i>	1		AL
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>phospha 250 neutral 155-852-130 mg tab</i>	4		
<i>phospho-trin 250 neutral 155-852-130 mg tab</i>	4		
<i>phospho-trin k500 500 mg tab</i>	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 meq cap er</i>	2	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5</i>	2	UROKIT-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 (540 mg) tab er</i>			
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	2		
<i>prenaissance 29-1.25-325 mg cap</i>	1		
<i>prenaissance plus 28-1-250 mg cap</i>	1		
PRENATABS RX 29-1 mg tab	4		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 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 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>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 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		
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		
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
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
<i>sodium polystyrene sulfonate oral pwdr</i>	2	KAYEXALATE	
<i>sps (sodium polystyrene sulf) 15 gm/60ml cmb susp</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>1st tier unifine pentips</i>	88	
<i>1st tier unifine pentips plus</i>	88	
A		
<i>abacavir sulfate</i>	44	<i>ala-cort</i>
<i>abacavir sulfate-lamivudine</i>	44	<i>albendazole</i>
ABATRON.....	123	<i>albuterol sulfate</i>
<i>abiraterone acetate</i>	33	<i>albuterol sulfate hfa</i>
ABRAXANE	33	<i>alclometasone dipropionate</i>
<i>acamprosate calcium</i>	14	<i>alendronate sodium</i>
ACANYA	63	<i>alfuzosin hcl er</i>
<i>acarbose</i>	47	ALIMTA
<i>acebutolol hcl</i>	54	<i>aliskiren fumarate</i>
<i>acetaminophen-codeine</i>	12	<i>allopurinol</i>
<i>acetazolamide</i>	114	<i>almotriptan malate</i>
<i>acetazolamide er</i>	114	ALOCRIAL.....
<i>acetic acid</i>	115	<i>alogliptin benzoate</i>
<i>acetylcysteine</i>	120	<i>alogliptin-metformin hcl</i>
<i>acitretin</i>	64	<i>alogliptin-pioglitazone</i>
<i>acticarnitine sf</i>	109	ALOMIDE
ACTIMMUNE	86	ALORA
ACUVAIL.....	113	<i>alose tron hcl</i>
<i>acyclovir</i>	45	ALPHAGAN P
<i>adalimumab-adbm (2 pen)</i>	85	<i>alprazolam</i>
<i>adalimumab-adbm (2 syringe)</i>	85	<i>alprazolam er</i>
<i>adalimumab-adbm(cd/uc/hs strt)</i>	85	ALPRAZOLAM INTENSOL
<i>adalimumab-adbm(ps/uv starter)</i>	85	<i>alprazolam xr</i>
<i>adapalene</i>	64	ALREX
<i>adapalene treatment</i>	64	<i>altacaine</i>
<i>adapalene-benzoyl peroxide</i>	64	<i>altafrin</i>
<i>adefovir dipivoxil</i>	43	ALTOPREV
ADRENALIN	120	ALVESCO
ADVAIR HFA	120	<i>alvimopan</i>
<i>advanced eye relief</i>	112	<i>alyacen 1/35</i>
ADVOCATE INSULIN PEN NEEDLE	88	<i>alyacen 7/7/7</i>
ADVOCATE INSULIN PEN NEEDLES	88	<i>amantadine hcl</i>
ADVOCATE INSULIN SYRINGE	88	<i>ambrisentan</i>
<i>aftera</i>	81	<i>amcinonide</i>
<i>afterpill</i>	81	<i>amethyst</i>
<i>aimsco lubricated</i>	110	<i>amiloride hcl</i>
AIRDUO RESPICLICK 113/14.....	120	<i>amiloride-hydrochlorothiazide</i>
AIRDUO RESPICLICK 232/14.....	120	<i>aminocaproic acid</i>
AIRDUO RESPICLICK 55/14.....	120	<i>amiodarone hcl</i>
AKTEN.....	112	<i>amitriptyline hcl</i>
ALA SCALP	72	AMJEVITA.....
		<i>AMJEVITA-PED 15KG TO <30KG</i>
		<i>amlodipine besy-benazepril hcl</i>
		<i>amlodipine besylate</i>
		<i>amlodipine besylate-valsartan</i>
		<i>amlodipine-atorvastatin</i>

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>	56	<i>aspirin ec adult low dose</i>	7
<i>amlodipine-valsartan-hctz</i>	56	<i>aspirin ec low dose</i>	7
<i>amoxapine</i>	28	<i>aspirin ec low strength</i>	7
<i>amoxicill-clarithro-lansopraz</i>	68	<i>aspirin low dose</i>	7
<i>amoxicillin</i>	19, 20	<i>aspirin regimen</i>	7
<i>amoxicillin-pot clavulanate</i>	20	<i>aspirin-dipyridamole er</i>	51
<i>amoxicillin-pot clavulanate er</i>	20	ASSURE ID DUO PRO PEN NEEDLES	88
<i>amphetamine-dextroamphet er</i>	61	ASSURE ID PRO PEN NEEDLES	88
<i>amphetamine-dextroamphetamine</i>	61	ASSURE ID SAFETY PEN NEEDLES	89
<i>ampicillin</i>	20	ATABEX EC	123
<i>anagrelide hcl</i>	51	<i>atazanavir sulfate</i>	45
ANALPRAM-HC.....	64	<i>atenolol</i>	54
<i>anastrozole</i>	36	<i>atenolol-chlorthalidone</i>	57
ANGELIQ.....	77	<i>atomoxetine hcl</i>	61
<i>anucort-hc</i>	17	<i>atorvastatin calcium</i>	59
ANZEMET	29	<i>atovaquone</i>	38
ALENZIN	26	<i>atovaquone-proguanil hcl</i>	38
<i>apomorphine hcl</i>	40	<i>atropine sulfate</i>	112
<i>apraclonidine hcl</i>	114	ATROVENT HFA.....	118
<i>aprepitant</i>	29	AUGMENTIN.....	20
APRETUDE	44	<i>aum insulin safety pen needle</i>	89
APTIVUS.....	45	<i>aum mini insulin pen needle</i>	89
AQUORAL	63	<i>aum pen needle</i>	89
<i>aranelle</i>	77	AUM READYGARD DUO PEN NEEDLE	89
<i>arformoterol tartrate</i>	118	AUM SAFETY PEN NEEDLE.....	89
<i>aripiprazole</i>	41	<i>aurora pen needles</i>	89
<i>armodafinil</i>	122	<i>avar cleanser</i>	64
ARMOUR THYROID.....	82	<i>avar-e emollient</i>	64
ARNUITY ELLIPTA.....	116	<i>avidoxy</i>	21
ARRANON.....	33	AVIDOXY DK	21
<i>arsenic trioxide</i>	34	<i>azasan</i>	85
<i>arthritis pain reliever</i>	7	AZASITE	114
ARZERRA.....	37	<i>azathioprine</i>	85
<i>ascomp-codeine</i>	12	<i>azelastine hcl</i>	112, 117
<i>asenapine maleate</i>	41	<i>azelastine-fluticasone</i>	117
ASMANEX (120 METERED DOSES).....	116	AZELEX	64
ASMANEX (14 METERED DOSES).....	116	<i>azithromycin</i>	20
ASMANEX (30 METERED DOSES).....	116	<i>azurette</i>	77
ASMANEX (60 METERED DOSES).....	116	B	
ASMANEX HFA	116	<i>bac (butalbital-acetamin-caff)</i>	7
<i>aspercreme arthritis pain</i>	7	<i>bacitracin</i>	114
<i>aspirin</i>	7	<i>bacitracin-polymyxin b</i>	112
<i>aspirin 81</i>	7	<i>bacitra-neomycin-polymyxin-hc</i>	113
<i>aspirin adult low dose</i>	7	<i>baclofen</i>	43
<i>aspirin adult low strength</i>	7	<i>balziva</i>	77
<i>aspirin childrens</i>	7	BAQSIMI ONE PACK.....	49

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

BAQSIMI TWO PACK.....	49	BICILLIN C-R 900/300	20
<i>bayer advanced aspirin reg st</i>	7	BICILLIN L-A	20
<i>bayer aspirin</i>	7	BIDIL	57
<i>bayer aspirin ec low dose</i>	8	BIKTARVY	44
<i>bayer low dose</i>	8	<i>bimatoprost</i>	115
BD AUTOSHIELD DUO	89	BINOSTO	87
BD INS SYR ULTRAFINE 1/2UNIT	89	BIONECT	64
BD INSULIN SYR ULTRAFINE II.....	89	<i>bisoprolol fumarate</i>	54
BD INSULIN SYRINGE.....	89	<i>bisoprolol-hydrochlorothiazide</i>	57
BD INSULIN SYRINGE HALF-UNIT	89	<i>bleomycin sulfate</i>	34
BD INSULIN SYRINGE MICROFINE.....	89	<i>blisovi fe 1.5/30</i>	77
BD INSULIN SYRINGE U/F	89	<i>blisovi fe 1/20</i>	77
BD INSULIN SYRINGE ULTRAFINE	90	BOCASAL	63
BD PEN NEEDLE MICRO ULTRAFINE.....	90	<i>bortezomib</i>	34
BD PEN NEEDLE MINI ULTRAFINE	90	<i>bosentan</i>	120
BD PEN NEEDLE NANO 2ND GEN	90	BOSULIF	36
BD PEN NEEDLE NANO ULTRAFINE	90	<i>bp 10-1</i>	64
BD PEN NEEDLE ORIG ULTRAFINE	90	<i>bp wash</i>	64
BD PEN NEEDLE SHORT ULTRAFINE	90	<i>bpo foaming cloths</i>	64
BD SAFETYGLIDE INSULIN SYRINGE	90	<i>bprotected pedia iron</i>	123
BD VEO INSULIN SYR U/F 1/2UNIT	90	BPROTECTED PEDIA POLY-VITE/FE.....	123
BD VEO INSULIN SYR ULTRAFINE	90	BREO ELLIPTA.....	120
<i>benazepril hcl</i>	53	<i>breyna</i>	120
<i>benazepril-hydrochlorothiazide</i>	57	<i>briellyn</i>	77
<i>bendamustine hcl</i>	34	BRILINTA	51
BENDEKA.....	34	<i>brimonidine tartrate</i>	114
<i>benzonatate</i>	120	<i>brimonidine tartrate-timolol</i>	114
<i>benzoyl peroxide</i>	64	<i>brinzolamide</i>	114
<i>benzoyl peroxide-erythromycin</i>	64	<i>bromfenac sodium (once-daily)</i>	113
<i>benztropine mesylate</i>	39	<i>bromocriptine mesylate</i>	39
<i>bepotastine besilate</i>	112	<i>budesonide</i>	87, 116
BESIVANCE	114	<i>budesonide-formoterol fumarate</i>	120
BETADINE OPHTHALMIC PREP	18	<i>bumetanide</i>	58
<i>betamethasone dipropionate</i>	72	<i>buprenorphine</i>	11
<i>betamethasone dipropionate aug</i>	72	<i>buprenorphine hcl</i>	14
<i>betamethasone sod phos & acet</i>	72	<i>buprenorphine hcl-naloxone hcl</i>	14
<i>betamethasone valerate</i>	72	<i>bupropion hcl</i>	26
<i>betaxolol hcl</i>	54, 114	<i>bupropion hcl er (smoking det)</i>	14
<i>bethanechol chloride</i>	71	<i>bupropion hcl er (sr)</i>	26
BETIMOL	114	<i>bupropion hcl er (xl)</i>	26
BETOPTIC-S	114	<i>buspirone hcl</i>	46
BEVESPI AEROSPHERE.....	120	<i>busulfan</i>	32
<i>bexarotene</i>	38	<i>butalbital-acetaminophen</i>	7
BEYFORTUS	120	<i>butalbital-apap-caff-cod</i>	12
<i>bicalutamide</i>	33	<i>butalbital-apap-caffeine</i>	7
BICILLIN C-R.....	20	<i>butalbital-asa-caff-codeine</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>butalbital-aspirin-caffeine</i>	7	<i>cefadroxil</i>	19
BYSTOLIC	54	<i>cefdinir</i>	19
C		<i>cefixime</i>	19
<i>cabergoline</i>	84	<i>cefpodoxime proxetil</i>	19
CALCIFOL	123	<i>cefprozil</i>	19
<i>calcipotriene</i>	64	<i>ceftriaxone sodium</i>	19
<i>calcipotriene-betameth diprop</i>	64	<i>cefuroxime axetil</i>	19
<i>calcitonin (salmon)</i>	87	<i>celecoxib</i>	8
<i>calcitrene</i>	64	CELONTIN	22
<i>calcitriol</i>	64, 87	<i>cephalexin</i>	19
<i>calcium acetate (phos binder)</i>	72	<i>cetirizine hcl</i>	117
<i>camila</i>	81	CETRAXAL	116
<i>camrese</i>	77	<i>cevimeline hcl</i>	63
<i>camrese lo</i>	77	CHANTIX	14
<i>candesartan cilexetil</i>	14, 52	CHANTIX CONTINUING MONTH PAK	14
<i>candesartan cilexetil-hctz</i>	57	CHANTIX STARTING MONTH PAK	14
<i>capecitabine</i>	33	CHEMET	127
CAPHOSOL	63	<i>childrens aspirin</i>	8
CAPRELSA	36	<i>chlordiazepoxide hcl</i>	46
<i>captopril</i>	53	<i>chlordiazepoxide-amitriptyline</i>	28
<i>captopril-hydrochlorothiazide</i>	57	<i>chlordiazepoxide-clidinium</i>	67
<i>carbamazepine</i>	24	<i>chloroquine phosphate</i>	38
<i>carbamazepine er</i>	24	<i>chlorpromazine hcl</i>	40
CARBATROL	24	<i>chlorthalidone</i>	58
<i>carbidopa</i>	40	<i>chlorzoxazone</i>	122
<i>carbidopa-levodopa</i>	40	<i>cholestyramine</i>	59
<i>carbidopa-levodopa er</i>	40	<i>cholestyramine light</i>	59
<i>carbidopa-levodopa-entacapone</i>	40	<i>ciclodan</i>	29
<i>carbinoxamine maleate</i>	117	<i>cilostazol</i>	51
<i>carboplatin</i>	36	CILOXAN	114
CARDIZEM LA	55	<i>cimetidine</i>	69
CARDURA XL	71	<i>cimetidine hcl</i>	69
CAREFINE PEN NEEDLES	90	<i>cinacalcet hcl</i>	84
<i>careone insulin syringe</i>	90	CIPRO	21
<i>careone unifine pentips plus</i>	90	CIPRO HC	115
CARETOUCH INSULIN SYRINGE	91	<i>ciprofloxacin hcl</i>	21, 114, 116
CARETOUCH PEN NEEDLES	91	<i>ciprofloxacin-dexamethasone</i>	115
<i>carglumic acid</i>	67	<i>cisplatin</i>	34
<i>carisoprodol</i>	122	<i>citalopram hydrobromide</i>	27
<i>carmustine</i>	34	CITRANATAL 90 DHA	123
<i>carteolol hcl</i>	114	CITRANATAL ASSURE	123
<i>carvedilol</i>	54	CITRANATAL B-CALM	123
<i>carvedilol phosphate er</i>	54	<i>cladribine</i>	34
CAYA	110	CLARINEX-D 12 HOUR	121
<i>cefaclor</i>	19	<i>clarithromycin</i>	20
<i>cefaclor er</i>	19	<i>clarithromycin er</i>	20

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

<i>clemastine fumarate</i>	117	COMFORT ASSIST INSULIN SYRINGE	91
CLEOCIN	18	COMFORT EZ INSULIN SYRINGE	91
CLEVER CHOICE COMFORT EZ	91	COMFORT EZ MICRO PEN NEEDLES.....	91
<i>clickfine pen needles</i>	91	COMFORT EZ PEN NEEDLES	91
CLICKFINE PEN NEEDLES	91	COMFORT EZ PRO PEN NEEDLES.....	92
CLIMARA PRO	77	COMFORT EZ SHORT PEN NEEDLES	92
<i>clindacin etz</i>	18	COMFORT TOUCH INSULIN PEN NEED	92
CLINDACIN ETZ.....	64	COMPLERA	44
<i>clindacin-p</i>	18	<i>complete natal dha</i>	123
CLINDAGEL.....	18	<i>completenate</i>	123
<i>clindamycin hcl</i>	18	<i>compro</i>	40
<i>clindamycin palmitate hcl</i>	18	CO-NATAL FA	123
<i>clindamycin phos (once-daily)</i>	18	CONCEPT DHA	123
<i>clindamycin phos (twice-daily)</i>	18	CONCEPT OB	123
<i>clindamycin phos-benzoyl perox</i>	64	<i>condoms</i>	110
<i>clindamycin phosphate</i>	18	<i>constulose</i>	69
<i>clindamycin-tretinoin</i>	64	CONZIP	11
<i>clobazam</i>	22	CORTANE-B	64
<i>clobetasol prop emollient base</i>	73	CORTIFOAM.....	87
<i>clobetasol propionate</i>	73	<i>cortisone acetate</i>	73
<i>clobetasol propionate e</i>	73	<i>covaryx</i>	77
<i>clobetasol propionate emulsion</i>	73	<i>covaryx hs</i>	77
<i>clocortolone pivalate</i>	73	CREON	67
<i>clodan</i>	73	CRESEMBA	30
CLODERM.....	73	CRINONE.....	81
<i>clofarabine</i>	34	<i>cromolyn sodium</i>	68, 113, 119
<i>clomipramine hcl</i>	28	<i>croton</i>	38
<i>clonazepam</i>	22, 23	<i>curae</i>	81
<i>clonidine</i>	52	<i>cvs adapalene</i>	64
<i>clonidine hcl</i>	52	<i>cvs aspirin</i>	8
<i>clonidine hcl er</i>	61	<i>cvs aspirin adult low dose</i>	8
<i>clopidogrel bisulfate</i>	51	<i>cvs aspirin adult low strength</i>	8
<i>clorazepate dipotassium</i>	46	<i>cvs aspirin ec</i>	8
<i>clotrimazole</i>	29	<i>cvs aspirin low dose</i>	8
<i>clotrimazole-betamethasone</i>	29	<i>cvs aspirin low strength</i>	8
<i>clozapine</i>	43	<i>cvs budesonide</i>	116
<i>c-nate dha</i>	123	<i>cvs diclofenac sodium</i>	8
COARTEM.....	38	<i>cvs folic acid</i>	123
<i>codeine sulfate</i>	12	<i>cvs genuine aspirin</i>	8
<i>colchicine</i>	31	<i>cvs ivermectin lice treatment</i>	38
<i>colchicine-probenecid</i>	31	<i>cvs nicotine</i>	15
<i>colesevelam hcl</i>	60	<i>cvs nicotine polacrilex</i>	15
<i>colestipol hcl</i>	60	<i>cvs olopatadine hcl</i>	113
COMBIGAN	115	<i>cyclobenzaprine hcl</i>	122
COMBIPATCH.....	77	CYCLOMYDRIL	113
COMBIVENT RESPIMAT	118	<i>cyclopentolate hcl</i>	112

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

<i>cyclophosphamide</i>	32	DEPO-MEDROL	73
<i>cycloserine</i>	32	DEPO-PROVERA	81
CYCLOSET	47	DEPO-SUBQ PROVERA 104	81
<i>cyclosporine</i>	85, 112	DESCOVY	44
<i>cyclosporine modified</i>	85	<i>desipramine hcl</i>	28
CYLTEZO (2 PEN).....	85	<i>desloratadine</i>	117
CYLTEZO (2 SYRINGE).....	85	<i>desmopressin ace spray refrig</i>	76
CYLTEZO-CD/UC/HS STARTER	85	<i>desmopressin acetate</i>	76
CYLTEZO-PSORIASIS/UV STARTER	86	<i>desmopressin acetate spray</i>	76
<i>cyproheptadine hcl</i>	117	<i>desogestrel-ethinyl estradiol</i>	77
CYRAMZA	36	<i>desonide</i>	73
CYSTAGON.....	67	<i>desoximetasone</i>	73
<i>cytarabine</i>	34	<i>desvenlafaxine succinate er</i>	27
<i>cytarabine (pf)</i>	34	<i>dexamethasone</i>	73
<i>cytra k crystals</i>	123	DEXAMETHASONE INTENSOL	73
D		<i>dexamethasone sod phosphate pf</i>	73
<i>dabigatran etexilate mesylate</i>	50	<i>dexamethasone sodium phosphate</i>	73, 115
<i>dacarbazine</i>	34	DEXILANT.....	70
<i>dactinomycin</i>	34	<i>dexlansoprazole</i>	70
<i>dalfampridine er</i>	63	<i>dexmethylphenidate hcl</i>	61
DALIRESP	119	<i>dexmethylphenidate hcl er</i>	61
<i>danazol</i>	76	<i>dexrazoxane hcl</i>	34
<i>dantrolene sodium</i>	43	<i>dextroamphetamine sulfate</i>	61
<i>dapsone</i>	32, 64	<i>dextroamphetamine sulfate er</i>	61
<i>darifenacin hydrobromide er</i>	70	DIATHRIVE PEN NEEDLE	92
<i>darunavir</i>	45	<i>diazepam</i>	23, 46
<i>dasatinib</i>	37	<i>diazepam intensol</i>	46
<i>dasetta 1/35 (28)</i>	77	<i>diazoxide</i>	49
<i>dasetta 7/7/7</i>	77	<i>diclofenac epolamine</i>	8
<i>daunorubicin hcl</i>	34	<i>diclofenac potassium</i>	8
<i>daysee</i>	77	<i>diclofenac sodium</i>	8, 113
DAYTRANA	61	<i>diclofenac sodium er</i>	8
<i>deblitane</i>	81	<i>diclofenac-misoprostol</i>	8
<i>decitabine</i>	34	<i>dicloxacillin sodium</i>	20
<i>deferasirox</i>	127	<i>dicyclomine hcl</i>	68
<i>deferasirox granules</i>	127	<i>differin</i>	64
<i>deferiprone</i>	127	<i>diflorasone diacetate</i>	73
DELESTROGEN.....	77	<i>diflunisal</i>	8
<i>delyla</i>	77	<i>difluprednate</i>	115
<i>demeclocycline hcl</i>	21	<i>digoxin</i>	57
DEMEROL	12	<i>dihydroergotamine mesylate</i>	31
DENAVIR.....	45	DILANTIN	24
DEPAKOTE	23	DILANTIN INFATABS	24
DEPAKOTE ER	23	<i>diltiazem hcl</i>	55
DEPAKOTE SPRINKLES	23	<i>diltiazem hcl er</i>	55
DEPO-ESTRADIOL	77	<i>diltiazem hcl er beads</i>	55

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

<i>diltiazem hcl er coated beads</i>	55	<i>dutasteride-tamsulosin hcl</i>	71
<i>dilt-xr</i>	55	DYSPORT	122
<i>dimenhydrinate</i>	29	E	
<i>dimethyl fumarate</i>	63	<i>e.e.s. 400</i>	21
<i>dimethyl fumarate starter pack</i>	63	<i>easy comfort insulin syringe</i>	93
<i>diphenhydramine hcl</i>	117	<i>easy comfort pen needles</i>	93
<i>diphenoxylate-atropine</i>	68	<i>easy glide pen needles</i>	93
<i>dipyridamole</i>	52	EASY TOUCH FLIPLOCK INSULIN SY.....	93
<i>disopyramide phosphate</i>	53	EASY TOUCH INSULIN BARRELS	94
<i>disulfiram</i>	14	EASY TOUCH INSULIN SAFETY SYR.....	94
DIURIL	58	EASY TOUCH INSULIN SYRINGE.....	94
<i>divalproex sodium</i>	23	EASY TOUCH PEN NEEDLES	94
<i>divalproex sodium er</i>	23	EASY TOUCH SAFETY PEN NEEDLES	94
DIVIGEL.....	77	EASY TOUCH SHEATHLOCK SYRINGE....	94
<i>docetaxel</i>	34	EBGLYSS	64
<i>dofetilide</i>	53	<i>econazole nitrate</i>	30
<i>donepezil hcl</i>	25	<i>econtra one-step</i>	81
<i>dorzolamide hcl</i>	115	<i>ecotrin</i>	8
<i>dorzolamide hcl-timolol mal</i>	115	<i>ecotrin arthrtis pain</i>	8
<i>dorzolamide hcl-timolol mal pf</i>	115	<i>ecotrin low strength</i>	8
DOVATO.....	44	EDARBI.....	52
<i>doxazosin mesylate</i>	71	EDLUAR.....	122
<i>doxepin hcl</i>	28	EDURANT	44
<i>doxercalciferol</i>	87	<i>efavirenz</i>	44
<i>doxorubicin hcl</i>	34	<i>efavirenz-emtricitab-tenofo df</i>	44
<i>doxorubicin hcl liposomal</i>	34	<i>effer-k</i>	123
<i>doxycycline</i>	64	EFFER-K.....	123
<i>doxycycline hyclate</i>	21	ELESTRIN.....	77
<i>doxycycline monohydrate</i>	21, 22	<i>eletriptan hydrobromide</i>	31
<i>doxylamine-pyridoxine</i>	29	ELIGARD	84
<i>dronabinol</i>	29	<i>elinest</i>	77
<i>droperidol</i>	46	ELIQUIS	50
DROPLET INSULIN SYRINGE.....	92	ELIQUIS DVT/PE STARTER PACK.....	50
DROPLET PEN NEEDLES	92, 93	ELITE-OB.....	123
DROPSAFE AUTOPROTECT DUO	93	<i>elixophyllin</i>	119
<i>dropsafe safety pen needles</i>	93	ELLA	81
<i>drospiren-eth estrad-levomefol</i>	77	ELMIRON.....	71
<i>drospirenone-ethinyl estradiol</i>	77	EMBECTA AUTOSHIELD DUO	94
DROXIA	33	EMBECTA INS SYR U/F 1/2 UNIT.....	94
<i>drug mart unifine pentips</i>	93	EMBECTA INSULIN SYR ULTRAFINE... 94, 95	
<i>drug mart unifine pentips plus</i>	93	EMBECTA INSULIN SYRINGE U-100	95
<i>duloxetine hcl</i>	27	EMBECTA PEN NEEDLE NANO	95
DUREX EXTRA SENSITIVE THIN	110	EMBECTA PEN NEEDLE NANO 2 GEN	95
DUREX REALFEEL	110	EMBECTA PEN NEEDLE ULTRAFINE	95
DUREX TROPICAL	110	EMBRACE PEN NEEDLES	95
<i>dutasteride</i>	71	EMEND	29

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

EMGALITY.....	31	<i>erythromycin ethylsuccinate</i>	21
EMGALITY (300 MG DOSE).....	31	<i>escitalopram oxalate</i>	27
<i>emtricitabine-tenofovir df</i>	44	<i>esomeprazole magnesium</i>	70
EMTRIVA.....	44	<i>est estrogens-methyltest</i>	78
<i>enalapril maleate</i>	53	<i>est estrogens-methyltest ds</i>	78
<i>enalapril-hydrochlorothiazide</i>	57	<i>est estrogens-methyltest hs</i>	78
ENCARE.....	71	<i>estradiol</i>	78
<i>endocet</i>	12	<i>estradiol valerate</i>	78
ENFAMIL POLY-VI-SOL-IRON.....	123	<i>estradiol-norethindrone acet</i>	78
<i>enovarx-cyclobenzaprine hcl</i>	122	ESTROGEL.....	78
<i>enoxaparin sodium</i>	50	<i>eszopiclone</i>	122
<i>entacapone</i>	39	<i>ethacrynic acid</i>	58
<i>entecavir</i>	43	<i>ethambutol hcl</i>	32
<i>enulose</i>	69	<i>ethosuximide</i>	22
EPIDUO.....	65	<i>ethyl chloride</i>	13
EPIFOAM.....	17	<i>ethynodiol diac-eth estradiol</i>	78
<i>epinastine hcl</i>	113	<i>etodolac</i>	9
<i>eplerenone</i>	58	<i>etodolac er</i>	9
EPOGEN.....	51	<i>etonogestrel-ethinyl estradiol</i>	78
<i>eq arthritis pain</i>	8	ETOPOPHOS.....	36
<i>eq arthritis pain reliever</i>	8	<i>etoposide</i>	36
<i>eq aspirin</i>	8	<i>etravirine</i>	44
<i>eq aspirin adult low dose</i>	8	EVAMIST.....	78
<i>eq aspirin low dose</i>	8	<i>everolimus</i>	37, 86
<i>eq budesonide nasal</i>	116	EXELDERM.....	30
<i>eq ivermectin</i>	38	<i>exemestane</i>	36
<i>eq nicotine</i>	15	<i>eye allergy itch relief</i>	113
<i>eq nicotine polacrilex</i>	15	<i>ezetimibe</i>	60
<i>eq nicotine step 3</i>	15	<i>ezetimibe-simvastatin</i>	60
<i>eq olopatadine hcl</i>	113	F	
<i>eq aspirin ec</i>	8	<i>fa-8</i>	123
<i>eq aspirin low dose</i>	8	<i>falmina</i>	78
<i>eq insulin syringe</i>	95	<i>famciclovir</i>	45
EQUETRO.....	24	<i>famotidine</i>	69
ERBITUX.....	37	<i>famotidine (pf)</i>	69
<i>ergoloid mesylates</i>	25	FANAPT.....	41
ERGOMAR.....	31	FANAPT TITRATION PACK A.....	41
<i>ergotamine-caffeine</i>	31	FANTASY LUBRICATED.....	110
<i>eribulin mesylate</i>	34	FANTASY LUBRICATED/SPERMICIDE.....	110
ERIVEDGE.....	37	FARXIGA.....	47
ERLEADA.....	33	FC2 FEMALE CONDOM.....	110
<i>erlotinib hcl</i>	37	<i>febuxostat</i>	31
ERTACZO.....	30	<i>felbamate</i>	23
<i>ery</i>	21	<i>felodipine er</i>	55
<i>erythromycin</i>	21, 114	FEM PH.....	18
<i>erythromycin base</i>	21	FEMCAP.....	110

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

FEMRING	78	<i>fluticasone propionate hfa</i>	117
<i>fenofibrate</i>	59	<i>fluticasone-salmeterol</i>	121
<i>fenofibrate micronized</i>	59	<i>fluvastatin sodium</i>	59
<i>fenofibric acid</i>	59	<i>fluvoxamine maleate</i>	27
<i>fenopropfen calcium</i>	9	<i>fluvoxamine maleate er</i>	27
<i>fentanyl</i>	11	FML FORTE	113
<i>fentanyl citrate</i>	12	<i>folate</i>	123
<i>fer-in-sol</i>	123	<i>folic acid</i>	124
<i>ferrous sulfate</i>	123	FOLIVANE-OB	124
<i>fe-vite iron</i>	123	<i>fondaparinux sodium</i>	50
FIBRICOR	59	FORFIVO XL	26
FIFTY50 PEN NEEDLES	95	<i>formoterol fumarate</i>	119
FIFTY50 SUPERIOR COMFORT SYR	95	FOSAMAX PLUS D	87
<i>finasteride</i>	71	<i>fosamprenavir calcium</i>	45
<i>fingolimod hcl</i>	63	<i>fosfomycin tromethamine</i>	18
FIRST-LANSOPRAZOLE	70	<i>fosinopril sodium</i>	53
FIRST-MOUTHWASH BLM	63	<i>fosinopril sodium-hctz</i>	57
FIRST-OMEPRAZOLE	70	<i>fosphenytoin sodium</i>	24
FIRST-PROGESTERONE VGS	81	FRAGMIN	50, 51
FIRVANQ	18	<i>frovatriptan succinate</i>	31
FLAREX	113	<i>fruity chews/iron</i>	124
<i>flavoxate hcl</i>	70	<i>ft arthritis pain</i>	9
<i>flecainide acetate</i>	53	<i>ft aspirin</i>	9
<i>floxuridine</i>	34	<i>ft aspirin low dose</i>	9
<i>fluconazole</i>	30	<i>ft enteric coated aspirin</i>	9
<i>flucytosine</i>	30	<i>ft eye allergy itch relief</i>	113
<i>fludarabine phosphate</i>	36	<i>ft folic acid</i>	124
<i>fludrocortisone acetate</i>	74	<i>ft nicotine</i>	15
<i>flunisolide</i>	116	<i>ft nicotine mini</i>	15
<i>fluocinolone acetonide</i>	74, 115	FULPHILA	51
<i>fluocinolone acetonide body</i>	74	<i>fulvestrant</i>	34
<i>fluocinolone acetonide scalp</i>	74	<i>furosemide</i>	58
<i>fluocinonide</i>	74	FUZEON	44
<i>fluocinonide emulsified base</i>	74	<i>fyavolv</i>	78
<i>fluorometholone</i>	113	G	
<i>fluorouracil</i>	33, 34	<i>gabapentin</i>	23
<i>fluoxetine hcl</i>	27	<i>gabapentin (once-daily)</i>	62
<i>fluoxetine hcl (pmdd)</i>	27	<i>galantamine hydrobromide</i>	25
<i>fluphenazine decanoate</i>	40	<i>galantamine hydrobromide er</i>	25
<i>fluphenazine hcl</i>	40	GALZIN	124
<i>flurandrenolide</i>	74	<i>gatifloxacin</i>	114
<i>flurazepam hcl</i>	122	GAZYVA	37
<i>flurbiprofen</i>	9	GEBAUERS PAIN EASE	13
<i>flurbiprofen sodium</i>	113	GEBAUERS SPRAY AND STRETCH	13
<i>fluticasone propionate</i>	74, 116	<i>gemcitabine hcl</i>	34
<i>fluticasone propionate diskus</i>	116	<i>gemfibrozil</i>	59

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

<i>generlac</i>	69	<i>gnp ultra com insulin syringe</i>	97
<i>gengraf</i>	86	<i>goodsense arthritis pain</i>	9
<i>gentamicin sulfate</i>	18, 114	<i>goodsense aspirin</i>	9
<i>genuine aspirin</i>	9	<i>goodsense aspirin low dose</i>	9
<i>glatiramer acetate</i>	63	<i>goodsense clickfine pen needle</i>	97
GLEOSTINE	32	<i>goodsense nicotine</i>	16
<i>g-levocarnitine s/f</i>	110	<i>goodsense nicotine polacrilex</i>	16
<i>glimepiride</i>	47	GOODSENSE PEN NEEDLE PENFINE	97
<i>glipizide</i>	47	GRALISE	62
<i>glipizide er</i>	47	<i>granisetron hcl</i>	29
<i>glipizide-metformin hcl</i>	47	<i>griseofulvin microsize</i>	30
<i>global ease inject pen needles</i>	95	<i>griseofulvin ultramicrosize</i>	30
<i>global easy glide insulin syr</i>	95	<i>guanfacine hcl</i>	52
<i>global easy glide pen needles</i>	96	<i>guanfacine hcl er</i>	61
<i>global inject ease insulin syr</i>	96	H	
<i>global insulin syringes</i>	96	<i>habitrol</i>	16
<i>glucagon emergency</i>	49	HADLIMA	86
GLUCOPRO INSULIN SYRINGE	96	HADLIMA PUSHTOUCH	86
<i>glyburide</i>	47	HALAVEN	34
<i>glyburide micronized</i>	47	<i>halobetasol propionate</i>	74
<i>glyburide-metformin</i>	47	HALOG	74
<i>glycopyrrolate</i>	68	<i>haloperidol</i>	41
GLYXAMBI	47	<i>haloperidol decanoate</i>	41
<i>gnp adapalene</i>	65	<i>haloperidol lactate</i>	41
<i>gnp adult aspirin low strength</i>	9	<i>healthwise insulin syr/needle</i>	97
<i>gnp arthritis pain</i>	9	<i>healthwise micron pen needles</i>	97
<i>gnp aspirin</i>	9	<i>healthwise short pen needles</i>	97
<i>gnp aspirin low dose</i>	9	<i>h-e-b aspirin</i>	9
<i>gnp budesonide nasal spray</i>	117	<i>h-e-b incontrol pen needles</i>	97
<i>gnp childrens chewables/iron</i>	124	H-E-B INCONTROL UNIFINE PENTIP	97
<i>gnp clickfine pen needles</i>	96	<i>her style</i>	81
<i>gnp diclofenac sodium</i>	9	HM ULTICARE INSULIN SYRINGE	97
<i>gnp folic acid</i>	124	HM ULTICARE MINI PEN NEEDLES	98
<i>gnp insulin syringe</i>	96	HM ULTICARE SHORT PEN NEEDLES	98
<i>gnp insulin syringes</i>	96	HOMATROPAIRE	112
<i>gnp insulin syringes 28gx1/2</i>	96	HORIZANT	62
<i>gnp insulin syringes 29gx1/2</i>	96	HUMULIN 70/30	49
<i>gnp insulin syringes 30gx5/16</i>	96	HUMULIN 70/30 KWIKPEN	49
<i>gnp insulin syringes 31gx5/16</i>	97	HUMULIN N	49
<i>gnp nicotine</i>	15	HUMULIN N KWIKPEN	49
<i>gnp nicotine mini</i>	15	HUMULIN R	49
<i>gnp nicotine polacrilex</i>	16	HUMULIN R U-500 (CONCENTRATED)	49
<i>gnp olopatadine hcl</i>	113	HUMULIN R U-500 KWIKPEN	49
<i>gnp pen needles</i>	97	HYCAMTIN	36
<i>gnp ulticare pen needles</i>	97	<i>hydralazine hcl</i>	60
GNP ULTIGUARD SAFEPAK NEEDLE	97	<i>hydrochlorothiazide</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>hydrocod poli-chlorphe poli er</i>	121	<i>indomethacin er</i>	9
<i>hydrocodone bit-homatrop mbr</i>	121	<i>infiximab</i>	86
<i>hydrocodone-acetaminophen</i>	12, 13	INLYTA.....	37
<i>hydrocodone-ibuprofen</i>	13	INNOPRAN XL.....	54
<i>hydrocortisone</i>	74, 87	<i>insulin lispro</i>	49
<i>hydrocortisone (perianal)</i>	17	<i>insulin lispro (1 unit dial)</i>	49
<i>hydrocortisone ace-pramoxine</i>	17, 65	<i>insulin lispro junior kwikpen</i>	49
<i>hydrocortisone acetate</i>	17	<i>insulin lispro prot & lispro</i>	49
<i>hydrocortisone butyrate</i>	74	<i>insulin syringe</i>	98
<i>hydrocortisone valerate</i>	74	<i>insulin syringe-needle u-100</i>	98
<i>hydrocortisone-acetic acid</i>	115	<i>insupen pen needles</i>	98
<i>hydrocort-pramoxine (perianal)</i>	65	INSUPEN32G EXTR3ME.....	98
<i>hydromet</i>	121	INTELENCE.....	44
<i>hydromorphone hcl</i>	13	<i>introvale</i>	78
<i>hydromorphone hcl er</i>	13	INVEGA HAFYERA.....	41
<i>hydroxychloroquine sulfate</i>	38	INVEGA SUSTENNA.....	41
<i>hydroxyurea</i>	33	INVEGA TRINZA.....	42
<i>hydroxyzine hcl</i>	46, 117	<i>iodoquinol-hc-aloe polysacch</i>	30
<i>hydroxyzine pamoate</i>	117	<i>iodosorb</i>	65
<i>hyoscyamine sulfate</i>	68	IOPIDINE.....	115
<i>hyoscyamine sulfate er</i>	68	<i>ipratropium bromide</i>	118
<i>hyosyne</i>	68	<i>ipratropium-albuterol</i>	118
HYPERSAL.....	121	<i>irbesartan</i>	52
I		<i>irbesartan-hydrochlorothiazide</i>	57
<i>ibandronate sodium</i>	87	IRESSA.....	37
IBRANCE.....	37	<i>irinotecan hcl</i>	35
<i>ibu</i>	9	<i>iron (ferrous sulfate)</i>	124
<i>ibuprofen</i>	9	<i>iron infant & toddler</i>	124
<i>ibuprofen-famotidine</i>	9	<i>iron infant/toddler</i>	124
<i>icar</i>	124	<i>iron supplement</i>	124
<i>icatibant acetate</i>	85	IRON UP.....	124
<i>idarubicin hcl</i>	34	ISENTRESS.....	44
IFEX.....	35	ISENTRESS HD.....	44
<i>ifosfamide</i>	35	<i>isibloom</i>	78
<i>imatinib mesylate</i>	37	<i>isoniazid</i>	32
<i>imipramine hcl</i>	28	<i>isosorb dinitrate-hydralazine</i>	57
<i>imipramine pamoate</i>	28	<i>isosorbide dinitrate</i>	60
<i>imiquimod</i>	65	<i>isosorbide mononitrate</i>	60
<i>imiquimod pump</i>	65	<i>isosorbide mononitrate er</i>	60
INATAL GT.....	124	<i>isradipine</i>	55
INCONTROL ULTICARE PEN NEEDLES....	98	<i>itraconazole</i>	30
<i>indapamide</i>	58	<i>ivabradine hcl</i>	57
INDERAL XL.....	54	<i>ivermectin</i>	38
<i>indocin</i>	9	IXEMPRA KIT.....	35
INDOCIN.....	9	J	
<i>indomethacin</i>	9	JAKAFI.....	37

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

<i>jantoven</i>	50	<i>kls aspirin low dose</i>	10
JANUMET	47	<i>kls diclofenac sodium</i>	10
JANUMET XR	48	<i>kls quit2</i>	16
JANUVIA	48	<i>kls quit4</i>	16
JARDIANCE	48	<i>kmart valu insulin syringe 29g</i>	98
<i>jencycla</i>	81	<i>kmart valu insulin syringe 30g</i>	98
JENTADUETO	48	KORLYM	49
JENTADUETO XR	48	<i>kp aspirin</i>	10
JEVTANA	35	<i>kp folic acid</i>	124
<i>jolessa</i>	78	K-PHOS NO 2	124
<i>juleber</i>	78	<i>k-prime</i>	124
<i>junel 1/20</i>	78	<i>kristalose</i>	69
<i>junel fe 1.5/30</i>	78	<i>croger insulin syringe</i>	99
<i>junel fe 1/20</i>	78	<i>croger pen needles</i>	99
K		<i>kurvelo</i>	79
KADCYLA	35	L	
<i>kaitlib fe</i>	78	<i>labetalol hcl</i>	54
KALETRA	45	<i>lacosamide</i>	24, 25
KAMELEON LUBRICATED	110	<i>lactulose</i>	69
KANJINTI	35	<i>lactulose encephalopathy</i>	69
<i>kariva</i>	79	LAMICTAL XR	23
KENALOG-10	74	<i>lamivudine</i>	43, 44
KESIMPTA	63	<i>lamivudine-zidovudine</i>	44
<i>ketoconazole</i>	30	<i>lamotrigine</i>	24
<i>ketoprofen er</i>	9	<i>lamotrigine er</i>	24
<i>ketorolac tromethamine</i>	9, 113	<i>land before time multivitamin</i>	124
<i>ketorolac tromethamine +rfid</i>	9	<i>lansoprazole</i>	70
KEYTRUDA	37	<i>lanthanum carbonate</i>	72
<i>kimono</i>	110	LANTUS	49
KIMONO COLORS	110	LANTUS SOLOSTAR	49
KIMONO MAXX-LARGE FLARE	110	<i>lapatinib ditosylate</i>	37
<i>kimono micro thin</i>	110	<i>larin 1.5/30</i>	79
<i>kimono micro thin plus</i>	110	<i>larin 1/20</i>	79
<i>kimono plus</i>	110	<i>larin 24 fe</i>	79
<i>kimono ps</i>	110	<i>larin fe 1.5/30</i>	79
<i>kimono ps plus</i>	110	<i>larin fe 1/20</i>	79
<i>kimono sensation</i>	110	<i>latanoprost</i>	115
<i>kimono sensation plus</i>	110	<i>leader insulin syringe</i>	99
KIMONO SPECIAL	110	LEADER UNIFINE PENTIPS	99
<i>kinray insulin syringe</i>	98	LEADER UNIFINE PENTIPS PLUS	99
KITABIS PAK (W/ NEBULIZER)	119	<i>lederle leucovorin</i>	36
<i>klor-con</i>	124	<i>leena</i>	79
<i>klor-con m10</i>	124	<i>leflunomide</i>	86
<i>klor-con m15</i>	124	<i>lenalidomide</i>	33
<i>klor-con/ef</i>	124	<i>letrozole</i>	36
<i>kls arthritis pain relief</i>	10	<i>leucovorin calcium</i>	36

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

LEUKERAN.....	33	LO LOESTRIN FE.....	79
<i>leuprolide acetate</i>	84	<i>loestrin 1.5/30 (21)</i>	79
<i>levabuterol hcl</i>	119	<i>loestrin 1/20 (21)</i>	79
<i>levabuterol tartrate</i>	119	<i>loestrin fe 1/20</i>	79
<i>levetiracetam</i>	22	<i>longs insulin syringe</i>	99
<i>levetiracetam er</i>	22	<i>lopinavir-ritonavir</i>	45
<i>levobunolol hcl</i>	115	<i>lorazepam</i>	46
<i>levocarnitine</i>	110	<i>losartan potassium</i>	52
<i>levocarnitine (dietary)</i>	110	<i>losartan potassium-hctz</i>	57
<i>levocarnitine l-tartrate</i>	110	LOTEMAX.....	113
<i>levocetirizine dihydrochloride</i>	117	LOTEMAX SM.....	113
<i>levofloxacin</i>	21, 114	<i>loteprednol etabonate</i>	113
<i>levoleucovorin calcium</i>	36	<i>lovastatin</i>	59
<i>levonest</i>	79	<i>low-ogestrel</i>	79
<i>levonorgest-eth est & eth est</i>	79	<i>loxapine succinate</i>	41
<i>levonorgest-eth estrad 91-day</i>	79	<i>lubiprostone</i>	69
<i>levonorgestrel</i>	81	LUMIGAN.....	115
<i>levonorgestrel-ethinyl estrad</i>	79	LUPRON DEPOT (1-MONTH).....	84
<i>levonorg-eth estrad triphasic</i>	79	LUPRON DEPOT (3-MONTH).....	84
<i>levora 0.15/30 (28)</i>	79	LUPRON DEPOT (4-MONTH).....	84
<i>levorphanol tartrate</i>	11	LUPRON DEPOT (6-MONTH).....	84
<i>levo-t</i>	82	LUPRON DEPOT-PED (1-MONTH).....	84
<i>levothyroxine sodium</i>	82, 83	LUPRON DEPOT-PED (3-MONTH).....	84
<i>levoxyl</i>	83	LUPRON DEPOT-PED (6-MONTH).....	84
<i>lidocaine</i>	13, 14	<i>lurasidone hcl</i>	42
<i>lidocaine hcl</i>	14, 63	<i>lutera</i>	79
<i>lidocaine hcl urethral/mucosal</i>	14	LYSODREN.....	83
<i>lidocaine viscous hcl</i>	63	<i>lyza</i>	81
<i>lidocaine-hydrocort (perianal)</i>	65	M	
<i>lidocaine-hydrocortisone ace</i>	65	<i>mafenide acetate</i>	18
<i>lidocaine-prilocaine</i>	14	MAGELLAN INSULIN SAFETY SYR.....	99
<i>lidopin</i>	14	MAGNEBIND 400.....	124
<i>linezolid</i>	18	MARATHON MEDICAL PENTIPS.....	100
LINZESS.....	69	<i>maraviroc</i>	45
<i>liothyronine sodium</i>	83	<i>marlissa</i>	79
LIPOFEN.....	59	MARPLAN.....	26
<i>lisdexamfetamine dimesylate</i>	61	MATULANE.....	33
<i>lisinopril</i>	53	<i>matzim la</i>	55
<i>lisinopril-hydrochlorothiazide</i>	57	MAVYRET.....	43
LITETOUCH INSULIN SYRINGE.....	99	MAXICOMFORT II PEN NEEDLE.....	100
LITETOUCH PEN NEEDLES.....	99	MAXI-COMFORT INSULIN SYRINGE.....	100
<i>lithium</i>	47	MAXI-COMFORT SAFETY PEN NEEDLE..	100
<i>lithium carbonate</i>	47	MAXICOMFORT SYR 27G X 1/2.....	100
<i>lithium carbonate er</i>	47	MAXIDEX.....	113
LITHOSTAT.....	71	<i>maxx</i>	110
LIVALO.....	59	<i>maxx plus</i>	110

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

MAYZENT.....	63	<i>methylphenidate hcl er (osm)</i>	62
MAYZENT STARTER PACK	63	<i>methylprednisolone</i>	74
<i>meclizine hcl</i>	29	<i>methylprednisolone acetate</i>	74
<i>meclofenamate sodium</i>	10	<i>methylprednisolone sodium succ</i>	74
<i>medic insulin syringe</i>	100	<i>metoclopramide hcl</i>	68
<i>medicine shoppe pen needles</i>	100	<i>metoclopramide hcl +rfid</i>	68
<i>medi-first aspirin</i>	10	<i>metolazone</i>	59
<i>medique aspirin</i>	10	<i>metoprolol succinate er</i>	54
MEDROL.....	74	<i>metoprolol tartrate</i>	54
<i>medroxyprogesterone acetate</i>	81	<i>metoprolol-hydrochlorothiazide</i>	57
<i>mefenamic acid</i>	10	<i>metronidazole</i>	18, 65
<i>mefloquine hcl</i>	38	<i>metyrosine</i>	57
<i>megestrol acetate</i>	82	<i>mexiletine hcl</i>	53
<i>meijer aspirin ec</i>	10	<i>mibelas 24 fe</i>	79
<i>meijer pen needles</i>	100	<i>miconazole-zinc oxide-petrolat</i>	30
<i>meloxicam</i>	10	MICRODOT PEN NEEDLE	100
<i>melphalan hcl</i>	33	<i>microgestin 1.5/30</i>	79
<i>memantine hcl</i>	26	<i>microgestin 1/20</i>	79
<i>memantine hcl er</i>	26	<i>microgestin fe 1.5/30</i>	79
MENEST	79	<i>microgestin fe 1/20</i>	80
MENOSTAR.....	79	<i>midodrine hcl</i>	52
<i>meperidine hcl</i>	13	MIGERGOT.....	31
<i>meprobamate</i>	46	<i>miglustat</i>	67
<i>mercaptapurine</i>	33	<i>minocycline hcl</i>	22
<i>mesalamine</i>	87	<i>minocycline hcl er</i>	22
<i>mesalamine er</i>	87	<i>minoxidil</i>	60
<i>mesalamine-cleanser</i>	87	MIOCHOL-E.....	112
<i>mesna</i>	38	MIOSTAT	115
MESNEX.....	38	MIRENA (52 MG).....	82
<i>metformin hcl</i>	48	<i>mirtazapine</i>	26
<i>metformin hcl er</i>	48	<i>misoprostol</i>	70
<i>methamphetamine hcl</i>	61	<i>mitomycin</i>	35
<i>methazolamide</i>	115	MITOSOL.....	110
<i>methenamine hippurate</i>	18	<i>mitoxantrone hcl</i>	36
<i>methenamine mandelate</i>	18	<i>mm arthritis pain reliever</i>	10
<i>methimazole</i>	84	<i>mm aspirin</i>	10
<i>methocarbamol</i>	122	<i>mm insulin syringe/needle</i>	100
<i>methotrexate sodium</i>	86	MM PEN NEEDLES	100
<i>methotrexate sodium (pf)</i>	86	<i>modafinil</i>	123
<i>methoxsalen rapid</i>	65	<i>moexipril hcl</i>	53
<i>methscopolamine bromide</i>	68	<i>mometasone furoate</i>	75, 117
<i>methyl dopa</i>	52	<i>mondoxyne nl</i>	22
<i>methylphenidate hcl</i>	62	MONOJECT INSULIN SYRINGE.....	100
<i>methylphenidate hcl er</i>	62	MONOJECT ULTRA COMFORT SYRINGE.....	101
<i>methylphenidate hcl er (cd)</i>	62	<i>mono-lynyah</i>	80
<i>methylphenidate hcl er (la)</i>	62	<i>montelukast sodium</i>	118

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

<i>morphine sulfate</i>	13	<i>neomycin-bacitracin zn-polymyx</i>	112
<i>morphine sulfate er</i>	11	<i>neomycin-polymyxin-dexameth</i>	113
<i>morphine sulfate er beads</i>	11	<i>neomycin-polymyxin-gramicidin</i>	112
MOTEGRITY.....	68	<i>neomycin-polymyxin-hc</i>	113, 115
MOTOFEN.....	68	NEOTUSS PLUS.....	121
<i>motrin arthritis pain</i>	10	NESTABS	124
MOVANTIK	68	NESTABS DHA.....	124
<i>moxifloxacin hcl</i>	21, 114	<i>neuac</i>	65
MOZOBIL.....	51	NEUPRO.....	39
<i>ms insulin syringe</i>	101	NEVANAC.....	114
MULTAQ.....	53	<i>nevirapine</i>	44
<i>multivitamin drops/iron</i>	124	<i>nevirapine er</i>	44
<i>multivitamin infant & toddler</i>	124	<i>new day</i>	82
<i>mupirocin</i>	18	NEXAVAR.....	37
<i>mupirocin calcium</i>	18	NEXIUM	70
<i>my choice</i>	82	NEXPLANON	82
<i>my way</i>	82	<i>nicardipine hcl</i>	55
<i>mycophenolate mofetil</i>	86	<i>nicoderm cq</i>	16
<i>mycophenolate sodium</i>	86	<i>nicorette</i>	16
MYLERAN.....	33	<i>nicorette mini</i>	16
MYOBLOC.....	122	NICORETTE MINI	16
N		<i>nicorette starter kit</i>	16
<i>na ferric gluc cplx in sucrose</i>	124	<i>nicotine</i>	16
<i>na sulfate-k sulfate-mg sulf</i>	69	<i>nicotine mini</i>	16
<i>nabumetone</i>	10	<i>nicotine polacrilex</i>	16
<i>nadolol</i>	54	<i>nicotine polacrilex mini</i>	17
NALFON	10	<i>nicotine step 1</i>	17
<i>naltrexone hcl</i>	14	<i>nicotine step 2</i>	17
NAPRELAN.....	10	<i>nicotine step 3</i>	17
<i>napro</i>	10	NICOTROL NS.....	17
<i>naproxen</i>	10	<i>nifedipine</i>	55
<i>naproxen dr</i>	10	<i>nifedipine er</i>	55, 56
<i>naproxen sodium</i>	10	<i>nifedipine er osmotic release</i>	56
<i>naproxen sodium er</i>	10	<i>nikki</i>	80
<i>naratriptan hcl</i>	31	<i>nilutamide</i>	33
NATACYN.....	30	<i>nimodipine</i>	56
NATAZIA.....	80	NIPENT	33
<i>nateglinide</i>	48	<i>nisoldipine er</i>	56
NATROBA.....	39	<i>nitazoxanide</i>	38
<i>nebivolol hcl</i>	54	NITRO-BID	60
NEBUSAL	121	NITRO-DUR	60
<i>necon 0.5/35 (28)</i>	80	<i>nitrofurantoin</i>	18
NEEVO DHA.....	124	<i>nitrofurantoin macrocrystal</i>	18
<i>nefazodone hcl</i>	27	<i>nitrofurantoin monohyd macro</i>	19
<i>nelarabine</i>	35	<i>nitroglycerin</i>	60
<i>neomycin sulfate</i>	18	NITRO-TIME	60

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

NIVA-PLUS	124	OBSTETRIX DHA	125
NIVESTYM.....	51	<i>octreotide acetate</i>	76
<i>nizatidine</i>	69	<i>ofloxacin</i>	21, 114, 116
<i>norethin ace-eth estrad-fe</i>	80	<i>olanzapine</i>	42
<i>norethindrone</i>	82	<i>olanzapine-fluoxetine hcl</i>	27
<i>norethindrone acetate</i>	82	<i>olmesartan medoxomil</i>	52
<i>norethindrone acet-ethinyl est</i>	80	<i>olmesartan medoxomil-hctz</i>	57
<i>norethindrone-eth estradiol</i>	80	<i>olmesartan-amlodipine-hctz</i>	57
<i>norethin-eth estradiol-fe</i>	80	<i>olopatadine hcl</i>	113, 117
<i>norgestimate-eth estradiol</i>	80	<i>omega-3-acid ethyl esters</i>	60
<i>norgestim-eth estrad triphasic</i>	80	<i>omeprazole</i>	70
NORITATE.....	65	<i>omeprazole-sodium bicarbonate</i>	70
<i>norlyroc</i>	82	OMNARIS	117
NORPACE CR.....	53	OMNIFLEX DIAPHRAGM	110
<i>nortrel 7/7/7</i>	80	ONCASPAR.....	36
<i>nortriptyline hcl</i>	28	<i>ondansetron</i>	29
NORVIR.....	45	<i>ondansetron hcl</i>	29
NOVAFERRUM	124	<i>ondansetron hcl +rfid</i>	29
NOVAFERRUM PEDIATRIC DROPS.....	124	<i>one vite ferrous sulfate</i>	125
NOVOFINE PEN NEEDLE.....	101	<i>opcicon one-step</i>	82
NOVOFINE PLUS PEN NEEDLE	101	<i>option 2</i>	82
NOVOLIN 70/30.....	49	OPTIONS GYNOL II CONTRACEPTIVE	71
NOVOLIN 70/30 FLEXPEN.....	49	ORACIT.....	125
NOVOLIN 70/30 FLEXPEN RELION	49	<i>oralone</i>	63
NOVOLIN 70/30 RELION.....	49	ORAVIG	30
NOVOLIN N	50	ORLADEYO	85
NOVOLIN N FLEXPEN.....	50	<i>orphenadrine citrate</i>	122
NOVOLIN N FLEXPEN RELION.....	50	<i>orphenadrine citrate er</i>	122
NOVOLIN N RELION.....	50	<i>oscimin</i>	68
NOVOLIN R	50	<i>oseltamivir phosphate</i>	45
NOVOLIN R RELION.....	50	OVACE PLUS	65
NOXAFIL.....	30	<i>oxaliplatin</i>	35
NP THYROID.....	83	<i>oxaprozin</i>	10
NUBEQA.....	33	<i>oxazepam</i>	46
NUDEXTA	62	<i>oxcarbazepine</i>	25
<i>nulev</i>	68	OXISTAT	30
NUMOISYN.....	63	<i>oxybutynin chloride</i>	70
NUVARING	80	<i>oxybutynin chloride er</i>	70
<i>nystatin</i>	30	<i>oxycodone hcl</i>	13
<i>nystatin-triamcinolone</i>	30	<i>oxycodone-acetaminophen</i>	13
O		OXYCONTIN.....	12
OB COMPLETE	125	<i>oxymorphone hcl</i>	13
OB COMPLETE ONE	125	<i>oxymorphone hcl er</i>	12
OB COMPLETE PETITE.....	125	OXYTROL	71
OB COMPLETE PREMIER.....	125	P	
OB COMPLETE/DHA	125	<i>pacerone</i>	53

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

<i>paclitaxel</i>	35	<i>phenobarbital</i>	23
<i>paclitaxel protein-bound part</i>	35	<i>phenoxybenzamine hcl</i>	52
<i>paliperidone er</i>	42	<i>phentolamine mesylate</i>	52
<i>palonosetron hcl</i>	29	<i>phenylephrine hcl</i>	112
<i>pamidronate disodium</i>	87	<i>phenytek</i>	25
PANCREAZE.....	67	<i>phenytoin</i>	25
PANDEL.....	75	<i>phenytoin sodium</i>	25
<i>panoxyl</i>	65	<i>phenytoin sodium extended</i>	25
PANRETIN.....	38	<i>philith</i>	80
<i>pantoprazole sodium</i>	70	<i>phospha 250 neutral</i>	125
PARAGARD INTRAUTERINE COPPER	110	PHOSPHOLINE IODIDE.....	115
<i>paricalcitol</i>	88	<i>phospho-trin 250 neutral</i>	125
<i>paroxetine hcl</i>	27	<i>phospho-trin k500</i>	125
<i>paroxetine hcl er</i>	27	PHOTOFRIN	35
<i>pataday</i>	113	<i>pilocarpine hcl</i>	63, 115
PAXLOVID (150/100).....	46	<i>pimecrolimus</i>	65
PAXLOVID (300/100).....	46	<i>pimozide</i>	41
<i>pazopanib hcl</i>	37	<i>pimtreea</i>	80
<i>pc pediatric iron drops</i>	125	<i>pindolol</i>	54
<i>pc unifine pentips</i>	101	<i>pip pen needles 31g x 5mm</i>	101
<i>peg 3350-kcl-na bicarb-nacl</i>	69	<i>pip pen needles 32g x 4mm</i>	101
<i>peg-3350/electrolytes</i>	69	<i>pirfenidone</i>	120
PEGASYS.....	43	<i>piroxicam</i>	10
<i>pemetrexed disodium</i>	35	<i>pitavastatin calcium</i>	59
<i>pen needle/5-bevel tip</i>	101	<i>plan b one-step</i>	82
<i>pen needles</i>	101	<i>pnv-dha</i>	125
<i>pen needles 5/16</i>	101	<i>pnv-dha+docusate</i>	125
<i>penciclovir</i>	45	<i>pnv-omega</i>	125
<i>penicillin g potassium</i>	20	<i>pnv-select</i>	125
<i>penicillin g sodium</i>	20	<i>podofilox</i>	65
<i>penicillin v potassium</i>	20	<i>polycin</i>	112
PENTASA	87	<i>polymyxin b-trimethoprim</i>	112
<i>pentazocine-naloxone hcl</i>	13	POLY-VI-SOL/IRON.....	125
PENTIPS.....	101	<i>poly-vita/iron</i>	125
PENTIPS GENERIC PEN NEEDLES	101	<i>poly-vite/iron</i>	125
<i>pentoxifylline er</i>	57	<i>potassium chloride</i>	125
<i>perindopril erbumine</i>	53	<i>potassium chloride crys er</i>	125
PERJETA.....	35	<i>potassium chloride er</i>	125
<i>permethrin</i>	39	<i>potassium citrate er</i>	125
<i>perphenazine</i>	41	<i>potassium citrate-citric acid</i>	126
<i>perphenazine-amitriptyline</i>	28	PRADAXA.....	51
PERTZYE	67	<i>pramipexole dihydrochloride</i>	39
<i>pharmacist choice diclofenac</i>	10	<i>pramipexole dihydrochloride er</i>	39
<i>phenazo</i>	71	<i>prasugrel hcl</i>	52
<i>phenazopyridine hcl</i>	71	<i>pravastatin sodium</i>	59
<i>phenelzine sulfate</i>	26	<i>praziquantel</i>	38

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

<i>prazosin hcl</i>	52	<i>promethazine hcl</i>	29
PRECISION SURE-DOSE SYRINGE	102	<i>promethazine-codeine</i>	121
PRED MILD	114	<i>promethazine-dm</i>	121
<i>prednisolone</i>	75	<i>promethazine-phenylephrine</i>	121
<i>prednisolone acetate</i>	114	PROMETHEGAN	29
<i>prednisolone sodium phosphate</i>	75, 114	PROMISEB	65
<i>prednisone</i>	75	<i>propafenone hcl</i>	53
PREDNISON INTENSOL	75	<i>propafenone hcl er</i>	53
<i>preferred plus insulin syringe</i>	102	<i>proparacaine hcl</i>	112
<i>preferred plus unifine pentips</i>	102	<i>propranolol hcl</i>	54, 55
<i>pregabalin</i>	62	<i>propranolol hcl er</i>	55
<i>pregabalin er</i>	62	<i>propylthiouracil</i>	84
PREMARIN	80	<i>protriptyline hcl</i>	28
<i>premium lidocaine</i>	14	<i>prucalopride succinate</i>	68
PREMPHASE	80	PRUDOXIN	65
PREMPRO	80	PULMICORT FLEXHALER	117
<i>prenaissance</i>	126	<i>pulmosal</i>	121
<i>prenaissance plus</i>	126	<i>pure comfort pen needle</i>	102
PRENATABS RX	126	<i>pure comfort safety pen needle</i>	102
<i>prenatal</i>	126	<i>px extra short pen needles</i>	102
<i>prenatal 19</i>	126	<i>px insulin syringe</i>	102
<i>prenatal plus</i>	126	<i>px mini pen needles</i>	102
PRENATAL-U	126	<i>px pen needle</i>	103
<i>prevalite</i>	60	<i>pyrazinamide</i>	32
PREVENT DROPSAFE PEN NEEDLES	102	<i>pyridostigmine bromide</i>	32
PREVENT SAFETY PEN NEEDLES	102	<i>pyridostigmine bromide er</i>	32
PREZISTA	45	Q	
PRIFTIN.....	32	<i>qc aspirin</i>	10
PRIOSEC.....	70	<i>qc aspirin low dose</i>	10
<i>primaquine phosphate</i>	38	<i>qc childrens aspirin</i>	10
<i>primidone</i>	23	<i>qc childrens vitamins/iron</i>	126
PRO COMFORT INSULIN SYRINGE	102	<i>qc diclofenac sodium</i>	10
<i>pro comfort pen needles</i>	102	<i>qc enteric aspirin</i>	10
PROAIR RESPICLICK.....	119	<i>qc folic acid</i>	126
<i>probenecid</i>	31	<i>qc nicotine transdermal system</i>	17
<i>prochlorperazine</i>	41	<i>qc olopatadine hcl</i>	113
<i>prochlorperazine edisylate</i>	41	<i>qc pen needles</i>	103
<i>prochlorperazine maleate</i>	41	<i>qc unifine pentips</i>	103
PROCORT	65	QNASL	117
PROCTOFOAM HC	65	QNASL CHILDRENS	117
<i>procto-med hc</i>	18	<i>quazepam</i>	47
PRODIGY INSULIN SYRINGE	102	<i>quetiapine fumarate</i>	42
<i>progesterone</i>	82	<i>quetiapine fumarate er</i>	42
PROLENSA	114	QUICK TOUCH INSULIN PEN NEEDLE	103
PROLEUKIN	35	QUILLICHEW ER.....	62
PROLIA.....	88	QUILLIVANT XR	62

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

<i>quinapril hcl</i>	53	RESTASIS	112
<i>quinapril-hydrochlorothiazide</i>	57	RETACRIT	51
<i>quinidine gluconate er</i>	54	<i>retaine allergy</i>	113
<i>quinidine sulfate</i>	54	RETIN-A MICRO PUMP.....	65
<i>quinine sulfate</i>	38	RETROVIR.....	44
QUTENZA.....	7	REZVOGLAR KWIKPEN.....	50
QUTENZA (2 PATCH)	7	<i>ribavirin</i>	43, 121
R		<i>rid one & done</i>	39
<i>ra aspirin</i>	10	RIDAURA	86
<i>ra aspirin adult low dose</i>	10	<i>rifabutin</i>	32
<i>ra aspirin adult low strength</i>	10	<i>rifampin</i>	32
<i>ra aspirin childrens</i>	10	<i>riluzole</i>	62
<i>ra aspirin ec</i>	11	<i>rimantadine hcl</i>	45
<i>ra aspirin ec adult low st</i>	11	RIMSO-50	71
<i>ra budesonide</i>	117	<i>risedronate sodium</i>	88
<i>ra folic acid</i>	126	RISPERDAL CONSTA.....	42
<i>ra insulin syringe</i>	103	<i>risperidone</i>	42
<i>ra mini nicotine</i>	17	<i>ritonavir</i>	45
<i>ra nicotine</i>	17	<i>rivaroxaban</i>	51
<i>ra nicotine gum</i>	17	<i>rivastigmine</i>	26
<i>ra nicotine polacrilex</i>	17	<i>rivastigmine tartrate</i>	26
<i>ra pain relief aspirin</i>	11	<i>rivelsa</i>	80
<i>ra pen needles</i>	103	<i>rizatriptan benzoate</i>	31
<i>rabeprazole sodium</i>	70	<i>roflumilast</i>	119
<i>raloxifene hcl</i>	82	<i>romidepsin</i>	35
<i>ramelteon</i>	123	<i>ropinirole hcl</i>	39
<i>ramipril</i>	53	<i>ropinirole hcl er</i>	40
<i>ranitidine hcl</i>	69	<i>rosuvastatin calcium</i>	59
<i>ranolazine er</i>	58	<i>roweepra</i>	22
<i>rasagiline mesylate</i>	40	ROZLYTREK.....	37
<i>raya sure pen needle</i>	103	<i>rufinamide</i>	25
RAYOS	75	RYBELSUS	48
<i>react</i>	82	RYBELSUS (FORMULATION R2)	48
<i>reality insulin syringe</i>	103	S	
REALITY LATEX CONDOMS	110	<i>safety pen needles</i>	104
REALITY LATEX/ULTRA TEXTURED.....	110	SALIVAMAX.....	63
REALITY LATEX/ULTRA THIN.....	110	<i>salsalate</i>	11
<i>reclipsen</i>	80	SANCUSO	29
REGRANEX.....	65	SANTYL	65
RELENZA DISKHALER	45	SAPHRIS	42
RELION INSULIN SYRINGE	103	SAVELLA	63
RELION MINI PEN NEEDLES	103	SAVELLA TITRATION PACK.....	63
RELION PEN NEEDLES.....	103	<i>saxagliptin hcl</i>	48
RELION SHORT PEN NEEDLES	103	<i>saxagliptin-metformin er</i>	48
RELISTOR.....	68	<i>sb aspirin</i>	11
<i>repaglinide</i>	48	<i>sb aspirin ec</i>	11

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

<i>sb childrens aspirin</i>	11	SPIRIVA RESPIMAT	118
<i>sb insulin syringe</i>	104	<i>spironolactone</i>	58
<i>sb low dose asa ec</i>	11	<i>spironolactone-hctz</i>	58
SCALACORT DK	65	<i>sprintec 28</i>	80
<i>scopolamine</i>	29	SPRIX	11
SECURESAFE INSULIN SYRINGE	104	SPRYCEL	37
SECURESAFE SAFETY PEN NEEDLES... 104		<i>sps (sodium polystyrene sulf)</i>	127
SELARSDI	65	SPS (SODIUM POLYSTYRENE SULF).....	127
SELECT-OB.....	126	<i>ssd</i>	19
SELECT-OB+DHA.....	126	<i>sss 10-5</i>	66
<i>selegiline hcl</i>	40	<i>st joseph aspirin</i>	11
SELZENTRY	45	<i>st joseph low dose</i>	11
<i>se-natal 19</i>	126	STIVARGA.....	37
SEREVENT DISKUS	119	STRIBILD	44
<i>sertraline hcl</i>	27	STRIVERDI RESPIMAT	119
<i>setlakin</i>	80	<i>sucralfate</i>	70
<i>sevelamer carbonate</i>	72	<i>sulconazole nitrate</i>	30
<i>sevelamer hcl</i>	72	<i>sulfacetamide sodium</i>	21, 66
SFROWASA	87	<i>sulfacetamide sodium (acne)</i>	21
<i>sharobel</i>	82	<i>sulfacetamide sodium (cleans)</i>	66
<i>shewise</i>	82	<i>sulfacetamide sodium-sulfur</i>	66
<i>sildenafil citrate</i>	120	<i>sulfacetamide-prednisolone</i>	114
<i>silodosin</i>	71	<i>sulfacetamide-sulfur in urea</i>	66
<i>silver sulfadiazine</i>	19	<i>sulfadiazine</i>	21
<i>simvastatin</i>	59	<i>sulfamethoxazole-trimethoprim</i>	21
<i>sirolimus</i>	86	SULFAMYLON	19
<i>sklice</i>	39	<i>sulfasalazine</i>	87
<i>sm aspirin ec</i>	11	<i>sulfatrim pediatric</i>	21
<i>sm nicotine polacrilex</i>	17	<i>sulfurated lime</i>	39
<i>sod citrate-citric acid</i>	126	<i>sulindac</i>	11
<i>sodium chloride</i>	121	<i>sumatriptan</i>	31
<i>sodium fluoride</i>	126	<i>sumatriptan succinate</i>	31
<i>sodium phenylbutyrate</i>	67	<i>sumatriptan succinate refill</i>	32
<i>sodium polystyrene sulfonate</i>	127	<i>sumatriptan-naproxen sodium</i>	32
<i>sodium sulfacetamide</i>	65	<i>sunitinib malate</i>	37
<i>sofosbuvir-velpatasvir</i>	43	SUPREP BOWEL PREP KIT	69
SOHONOS.....	110	<i>sure comfort insulin syringe</i>	104
<i>solifenacin succinate</i>	71	<i>sure comfort pen needles</i>	104
SOLTAMOX.....	33	SYMPROIC	69
SOLU-CORTEF	75	SYNAGIS	121
SOLU-MEDROL.....	75	SYNJARDY	48
<i>sorafenib tosylate</i>	37	SYNJARDY XR.....	48
SORILUX.....	65	SYNTHROID	83
<i>sotalol hcl</i>	54	T	
<i>sotalol hcl (af)</i>	54	TABLOID.....	35
SPIRIVA HANDIHALER.....	118	TACLONEX.....	66

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

<i>tacrolimus</i>	66, 86	<i>ticagrelor</i>	52
<i>tadalafil (pah)</i>	120	TICE BCG	35
<i>take action</i>	82	<i>tilia fe</i>	80
<i>tamoxifen citrate</i>	33	<i>timolol maleate</i>	55, 115
<i>tamsulosin hcl</i>	71	<i>timolol maleate (once-daily)</i>	115
TARGRETIN	38	<i>timolol maleate pf</i>	115
TARON-C DHA.....	126	<i>tinidazole</i>	38
TASIGNA.....	37	<i>tiopronin</i>	71
<i>tazarotene</i>	66	<i>tiotropium bromide</i>	118
TAZORAC.....	66	TIROSINT	83
<i>teclite insulin syringe</i>	104	TIROSINT-SOL	83
TECHLITE PEN NEEDLES.....	104	<i>tizanidine hcl</i>	43
TECHLITE PLUS PEN NEEDLES	104	<i>tobramycin</i>	114, 119
TEGRETOL.....	25	<i>tobramycin-dexamethasone</i>	114
TEGRETOL-XR	25	TOBREX	114
<i>telmisartan</i>	52	TODAY SPONGE.....	71
<i>telmisartan-amlodipine</i>	58	<i>today's health pen needles</i>	105
<i>telmisartan-hctz</i>	58	<i>today's health short pen needle</i>	105
<i>temazepam</i>	122	<i>tolcapone</i>	39
TEMODAR.....	33	<i>tolmetin sodium</i>	11
<i>temozolomide</i>	33	<i>tolterodine tartrate</i>	71
<i>temsirolimus</i>	86	<i>tolterodine tartrate er</i>	71
TENCON.....	7	<i>topcare clickfine pen needles</i>	105
<i>terazosin hcl</i>	71	<i>topcare ultra comfort ins syr</i>	105
<i>terbinafine hcl</i>	30	<i>topiramate</i>	24
<i>terbutaline sulfate</i>	119	<i>topiramate er</i>	24
<i>terconazole</i>	30	<i>topotecan hcl</i>	36
<i>teriflunomide</i>	63	<i>torseamide</i>	58
<i>teriparatide</i>	88	TOSYMRA	32
<i>testosterone</i>	76	TOUJEO MAX SOLOSTAR	50
<i>testosterone cypionate</i>	76	TOUJEO SOLOSTAR	50
<i>testosterone enanthate</i>	76	TRADJENTA	48
<i>tetracaine hcl</i>	112	<i>tramadol hcl</i>	13
<i>tetracycline hcl</i>	22	<i>tramadol hcl (er biphasic)</i>	12
TEXACORT	75	<i>tramadol hcl er</i>	12
THALOMID	33	<i>tramadol-acetaminophen</i>	13
THEO-24.....	119	<i>trandolapril</i>	53
<i>theophylline</i>	119	<i>trandolapril-verapamil hcl er</i>	58
<i>theophylline er</i>	119	<i>tranylcypromine sulfate</i>	26
<i>thioridazine hcl</i>	41	<i>travoprost (bak free)</i>	115
<i>thiotepa</i>	33	TRAZIMERA	38
<i>thiothixene</i>	41	<i>trazodone hcl</i>	27
<i>thrive</i>	17	TREANDA	35
<i>thrivite rx</i>	126	TRECATOR	32
<i>thyroid</i>	83	<i>tretinoin</i>	38, 66
<i>tiagabine hcl</i>	23	<i>tretinoin microsphere</i>	66

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

<i>tretinoin microsphere pump</i>	66	TRULICITY.....	48
TREXALL.....	86	TRUSTEX COLOR CONDOMS + LUBE.....	111
<i>triamcinolone acetonide</i>	63, 75	TRUSTEX LUB/RIBBED/STUDED.....	111
<i>triamcinolone in absorbase</i>	75	TRUSTEX LUB/SPERMICIDE EX ST.....	111
<i>triamterene</i>	58	TRUSTEX LUB/SPERMICIDE XL.....	111
<i>triamterene-hctz</i>	58	TRUSTEX LUBRICATED.....	111
<i>triazolam</i>	47	TRUSTEX LUBRICATED EX LARGE.....	111
<i>tricitrates</i>	126	TRUSTEX LUBRICATED EXTRA ST.....	111
<i>trientine hcl</i>	71	TRUSTEX LUBRICATED/SPERMICIDE.....	111
TRIESENCE.....	114	TRUSTEX NATURAL CONDOMS + LUBE.....	111
<i>tri-estarylla</i>	80	TRUSTEX NON-LUBRICATED.....	111
<i>trifluoperazine hcl</i>	41	TRUSTEX RIA LUB/SPERMICIDE.....	111
<i>trifluridine</i>	45	TRUSTEX RIA LUBRICATED.....	111
<i>trihexyphenidyl hcl</i>	39	TRUSTEX RIA NON-LUBRICATED.....	111
TRIJARDY XR.....	48	TRUSTEX-NONOXYNOL-9/RIB/STUD.....	111
<i>tri-legest fe</i>	81	TRUXIMA.....	38
<i>tri-linyah</i>	81	TUDORZA PRESSAIR.....	118
<i>tri-lo-marzia</i>	81	TUSNEL.....	121
<i>tri-lo-sprintec</i>	81	TYENNE.....	86
<i>trimethobenzamide hcl</i>	29	TYMLOS.....	88
<i>trimethoprim</i>	19	U	
<i>trimipramine maleate</i>	28	UDENYCA.....	51
<i>trinatal rx 1</i>	126	ULTICARE INSULIN SAFETY SYR.....	106
TRINATE.....	126	ULTICARE INSULIN SYR 1/2 UNIT.....	106
TROJAN BARESKIN.....	110	ULTICARE INSULIN SYRINGE.....	106
TROJAN ENZ.....	110	ULTICARE MICRO PEN NEEDLES.....	106
TROJAN MAGNUM.....	111	ULTICARE MINI PEN NEEDLES.....	106
TROJAN ULTRA RIBBED LUBRICATED...	111	ULTICARE PEN NEEDLES.....	106
TROJAN ULTRA THIN.....	111	ULTICARE SHORT PEN NEEDLES.....	106
TROJAN ULTRA THIN/SPERMICIDAL.....	111	ULTIGUARD SAFEPAK PEN NEEDLE...	106
TROJAN-ENZ LUBRICATED.....	111	ULTIGUARD SAFEPAK SYR/NEEDLE...	107
TROJAN-ENZ/SPERMICIDAL.....	111	ULTILET PEN NEEDLE.....	107
<i>tropicamide</i>	112	<i>ultra comfort insulin syringe</i>	107
<i>trospium chloride</i>	71	ULTRA FLO INSULIN PEN NEEDLES.....	107
<i>trospium chloride er</i>	71	ULTRA FLO INSULIN SYR 1/2 UNIT.....	107
<i>true comfort insulin syringe</i>	105	ULTRA FLO INSULIN SYRINGE.....	107
<i>true comfort pen needles</i>	105	ULTRA THIN PEN NEEDLES.....	107
<i>true comfort pro insulin syr</i>	105	<i>ultracare insulin syringe</i>	108
<i>true comfort pro pen needles</i>	105	<i>ultracare pen needles</i>	108
<i>true comfort safety pen needle</i>	105	ULTRA-THIN II INS SYR SHORT.....	107
<i>true cover</i>	111	ULTRA-THIN II INSULIN SYRINGE.....	107
<i>true folic acid</i>	126	ULTRA-THIN II MINI PEN NEEDLE.....	108
<i>true vitamin b3</i>	126	ULTRA-THIN II PEN NEEDLE SHORT.....	108
TRUEPLUS 5-BEVEL PEN NEEDLES.....	105	ULTRA-THIN II PEN NEEDLES.....	108
TRUEPLUS INSULIN SYRINGE.....	106	UNIFINE OTC PEN NEEDLES.....	108
TRULANCE.....	69	UNIFINE PENTIPS.....	108

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

UNIFINE PENTIPS PLUS.....	108	VIRACEPT	45
UNIFINE PROTECT PEN NEEDLE.....	108	VITAFOL-OB.....	126
UNIFINE SAFECONTROL PEN NEEDLE ..	108	VITAFOL-OB+DHA	126
UNIFINE ULTRA PEN NEEDLE	109	VITAFOL-ONE	126
<i>urelle</i>	71	VITAMEDMD ONE RX/QUATREFOLIC.....	126
<i>uro-mp</i>	72	VIVITROL.....	14
<i>ursodiol</i>	69	VOGELXO.....	76
V		VOGELXO PUMP	76
<i>valacyclovir hcl</i>	45	<i>voltaren arthritis pain</i>	11
<i>valganciclovir hcl</i>	43	<i>voriconazole</i>	30
<i>valproic acid</i>	23	VOTRIENT	37
<i>valsartan</i>	52	<i>vp insulin syringe</i>	109
<i>valsartan-hydrochlorothiazide</i>	58	VUSION	31
<i>value health insulin syringe</i>	109	<i>vyfemla</i>	81
<i>vancomycin hcl</i>	19	VYVANSE	61
VANISHPOINT INSULIN SYRINGE	109	W	
<i>varenicline tartrate</i>	17	<i>warfarin sodium</i>	51
<i>varenicline tartrate (starter)</i>	17	<i>wee care</i>	126
VCF VAGINAL CONTRACEPTIVE.....	72	<i>wegmans unifine pentips plus</i>	109
VECTIBIX.....	38	<i>wera</i>	81
VECTICAL	66	WEZLANA.....	66
VELCADE	35	WIDE-SEAL DIAPHRAGM 60.....	111
VELIVET	81	WIDE-SEAL DIAPHRAGM 65.....	111
VEMLIDY	43	WIDE-SEAL DIAPHRAGM 70.....	111
<i>venlafaxine hcl</i>	27	WIDE-SEAL DIAPHRAGM 75.....	111
<i>venlafaxine hcl er</i>	28	WIDE-SEAL DIAPHRAGM 80.....	111
VENTOLIN HFA.....	119	WIDE-SEAL DIAPHRAGM 85.....	112
<i>verapamil hcl</i>	56	WIDE-SEAL DIAPHRAGM 90.....	112
<i>verapamil hcl er</i>	56	WIDE-SEAL DIAPHRAGM 95.....	112
VEREGEN	66	<i>wixela inhub</i>	121
VERIFINE INSULIN PEN NEEDLE.....	109	<i>wymzya fe</i>	81
VERIFINE INSULIN SYRINGE	109	X	
VERIFINE PLUS PEN NEEDLE	109	XALKORI.....	37
VERZENIO.....	36	XARELTO	51
<i>vestura</i>	81	XARELTO STARTER PACK	51
<i>vienna</i>	81	XELJANZ	86
<i>vigabatrin</i>	23	XELJANZ XR	86
<i>vilamit mb</i>	72	XERESE.....	45
<i>vilazodone hcl</i>	28	XGEVA.....	88
<i>vilevev mb</i>	72	XIFAXAN.....	19
VIMPAT.....	25	XIGDUO XR.....	48
VINATE DHA RF.....	126	XOFLUZA (80 MG DOSE)	45
<i>vinblastine sulfate</i>	35	XOPENEX HFA.....	119
<i>vincristine sulfate</i>	35	<i>xulane</i>	81
<i>vinorelbine tartrate</i>	35		
<i>viorele</i>	81		

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

Y		<i>ziprasidone mesylate</i>	42
YESINTEK.....	66	ZIPSOR.....	11
<i>yl folic acid</i>	126	ZIRABEV.....	33
<i>yuvafem</i>	81	ZITHRANOL.....	67
Z		ZITHROMAX.....	21
<i>zaclir cleansing</i>	66	ZOLADEX.....	84
<i>zafirlukast</i>	118	<i>zoledronic acid</i>	88
<i>zaleplon</i>	122	ZOLINZA.....	36
ZANOSAR.....	33	<i>zolmitriptan</i>	32
ZARXIO.....	51	<i>zolpidem tartrate</i>	122
ZELAPAR.....	40	<i>zolpidem tartrate er</i>	122
ZELBORAF.....	37	ZOMIG.....	32
ZENPEP.....	67	ZONALON.....	67
ZEPATIER.....	43	<i>zonisamide</i>	22
ZEVALIN Y-90.....	36	ZYCLARA.....	67
<i>zevrx insulin syringe</i>	109	ZYCLARA PUMP.....	67
<i>zevrx pen needles</i>	109	ZYDELIG.....	37
ZIANA.....	67	ZYFLO.....	118
<i>zidovudine</i>	44	ZYKADIA.....	37
<i>zileuton er</i>	118	ZYLET.....	114
<i>ziprasidone hcl</i>	42	ZYPREXA RELPREVV.....	42

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