

**Programa de Farmacia de Triple-S Salud, Inc.
TRIPLE-S SALUD, INC.**

*Pharmacy Program from Triple-S Salud, Inc.
TRIPLE-S SALUD, INC.*

**Lista de Medicamentos o Formulario
Plan Federal 2023**

*Drug List or Formulary
Federal Plan 2023*

TABLA DE CONTENIDO / TABLE OF CONTENTS

Español	4
Introducción	4
Parte I – Diseño y Manejo de la Lista de Medicamentos	5
Presentación de la Lista de Medicamentos	5
¿Cómo puedo usar mi Lista de Medicamentos?	5
¿Cuánto voy a pagar por los medicamentos cubiertos?	5
¿Qué son Medicamentos Genéricos (Nivel 1)?	6
¿Qué son Medicamentos de Marca Preferidos (Nivel 2)?	6
¿Qué son Medicamentos de Marca No Preferidos (Nivel 3)?	7
¿Qué son Medicamentos Especializados o Biotecnológicos Preferidos (Nivel 4)?	7
¿Qué son los Medicamentos Especializados o Biotecnológicos No Preferidos (Nivel 5)?	7
¿Puede cambiar la Lista?	7
Guía de Referencia	9
Política para el Mantenimiento de la Lista de Medicamentos	14
Derechos Reservados	16
English	17
Introduction	17
Part I - Drug List Design	18
Presentation	18
How do I use the Drug List?	18
How much will I pay for covered drugs?	18
What are Generic Drugs (Level 1)?	19
What are Preferred Brand Drugs (Level 2)?	19
What are Non-Preferred Brand Drugs (Level 3)?	19
What are Preferred Specialty Drugs (Level 4)?	20
What are Non-Preferred Specialty or Biotech Drugs (Level 5)?	20

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

Can the Drug List change?	20
Reference Guide	21
Table of Abbreviations and Symbols	24
Reserved Rights	28
Formulary Drug List.....	34
Drug Name.....	34
[Nombre del Medicamento]	34
APÉNDICE I – TERAPIAS ESCALONADAS / <i>APPENDIX I – STEP THERAPIES</i> ..	155
APÉNDICE II – LÍMITES DE ESPECIALIDAD / <i>APPENDIX II – SPECIALTY LIMITATIONS</i>	163
APÉNDICE III – LISTA DE PREVENTIVOS / <i>APPENDIX III -PREVENTIVE LIST</i> ..	164
APÉNDICE IV – LISTA DE MEDICAMENTOS OTC CUBIERTOS / <i>APPENDIX IV - OVER THE COUNTER (OTC) COVERED DRUGS LIST</i>	178
Index	181

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

Español

Introducción

Tu beneficio de farmacia con Triple-S Salud usa una Lista de Medicamentos. La Lista de Medicamentos es una guía de los medicamentos seleccionados por el Comité de Farmacia y Terapéutica de Triple-S Salud, la cual representa los medicamentos vitales para un cuidado de alta calidad. Nuestro Comité de Farmacia y Terapéutica está formado por doctores, farmacéuticos clínicos y otros expertos de la salud, quienes se reúnen periódicamente para evaluar y escoger aquellos medicamentos que serán añadidos en esta Lista de Medicamentos. Esta selección se hace a base de la seguridad, efectividad y costo de los medicamentos. La Lista de Medicamentos se divide en tres partes:

La primera parte es un resumen que te ofrece información sobre la forma en que se diseñó la Lista. También se incluye una descripción de los éditos de utilización para validar dosis e identificar terapias duplicadas.

La segunda parte tiene los medicamentos por clase terapéutica.

La tercera parte contiene los Apéndices y una lista por orden alfabético (Índice) de los medicamentos de marca y genéricos en la Lista.

Para más información de cómo obtener tus medicamentos, busca la Sección 5(f) de tu Guía del Programa FEHB.

Esta es una lista parcial e incluye sólo algunos medicamentos cubiertos por Triple-S Salud. Si deseas más información visita nuestro portal www.ssspr.com o llama a nuestro Departamento de Servicio al Cliente:

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY:866-215-1999)

Parte I – Diseño y Manejo de la Lista de Medicamentos

Presentación de la Lista de Medicamentos

A continuación, presentamos la información que ofrecemos para los medicamentos en la Lista.

Nombre del Medicamento	Referencia	Nivel	Instrucciones
Antigota			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		2	PA; QL (1 TAB per 1 day)

Para todos los medicamentos en la Lista de Medicamentos aparece el nombre del medicamento, nombre de referencia (si aplica), el nivel y si tiene alguna instrucción especial.

¿Cómo puedo usar mi Lista de Medicamentos?

La forma más fácil en que puedes conseguir tus medicamentos en la Lista es buscando tu medicamento en el Índice que comienza en la página 143. El Índice provee una lista por orden alfabético de todos los medicamentos en este documento. Ambos, medicamentos de marca y genéricos, están en el Índice. Busca el Índice y encuentra tu medicamento. Al lado de tu medicamento, encontrarás el número de la página dónde sale la información de la cubierta. Busca la página indicada en el Índice y encuentra el nombre del medicamento en la primera columna de la Lista.

¿Cuánto voy a pagar por los medicamentos cubiertos?

Los medicamentos en la lista se clasifican por niveles, menos aquellos que tienen \$0 copago, si son recetados o provistos por proveedores de la red de Triple-S Salud. Estos niveles

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

identifican el costo compartido, o sea lo que pagas, por cada medicamento en la receta. Estos niveles son los siguientes:

- Nivel 1 – Medicamentos Genéricos
- Nivel 2 – Medicamentos de Marca Preferidos
- Nivel 3 – Medicamentos de Marca No Preferidos
- Nivel 4 – Medicamentos Especializados o Biotecnológicos Preferidos
- Nivel 5 – Medicamentos Especializados o Biotecnológicos No Preferidos

¿Qué son Medicamentos Genéricos (Nivel 1)?

Un medicamento genérico tiene el mismo ingrediente activo en su fórmula que un medicamento de marca. Los genéricos son aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) y usualmente cuestan menos que el de marca.

Los medicamentos genéricos de las siguientes categorías tienen \$0.00 copago si son recetados por proveedores de la red de Triple-S Salud:

- Antihipertensivos genéricos: inhibidores de la enzima convertidora de angiotensina (ACEIs, por sus siglas en inglés), antagonistas de los receptores de la angiotensina II (ARBs, por sus siglas en inglés), inhibidor directo de la renina;
- Antidiabéticos orales genéricos (excluye inyectables);
- Estatinas genéricas;
- Naloxona.

Te sugerimos que uses los medicamentos genéricos. Estos son iguales en potencia y dosis y también son aprobados por la FDA.

¿Qué son Medicamentos de Marca Preferidos (Nivel 2)?

Hay ciertos medicamentos de marca que han sido escogidos por el Comité como agentes preferidos luego de ser evaluados por seguridad, eficacia y costo. Los mismos están

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

identificados a la derecha como Nivel 2. En aquellas clases terapéuticas donde no hay genéricos, te sugerimos que uses como primera alternativa aquellos medicamentos preferidos.

¿Qué son Medicamentos de Marca No Preferidos (Nivel 3)?

Un medicamento es clasificado como “no preferido” porque existen opciones en los niveles anteriores que son más costo-efectivos o con menos efectos secundarios. Si obtienes un medicamento de marca del Nivel 3, tendrás que pagar un costo mayor por el medicamento.

¿Qué son Medicamentos Especializados o Biotecnológicos Preferidos (Nivel 4)?

Los medicamentos especializados requieren una administración y/o un manejo especial, por su composición compleja. Estos se usan para el tratamiento de condiciones crónicas y de alto riesgo.

El Nivel 4 identifica los medicamentos o productos en la Lista que se ofrecen bajo el Programa de Medicamentos para Condiciones Especiales. Los medicamentos en este nivel incluyen medicamentos genéricos, biosimilares (genéricos de productos biológicos) y de marca a un costo menor y un arreglo especial para su despacho.

¿Qué son los Medicamentos Especializados o Biotecnológicos No Preferidos (Nivel 5)?

El Nivel 5 incluye los Medicamentos Especializados No Preferidos. Los medicamentos en este nivel también tienen un arreglo especial para su despacho con la diferencia de que tienen un costo mayor que los del Nivel 4. Estos se usan también para tratar condiciones crónicas y de alto riesgo que requieren una administración y manejo especial.

¿Puede cambiar la Lista?

Podemos añadir o remover medicamentos por determinadas razones, incluyendo si la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) y/o el fabricante remueven un medicamento del mercado. También podemos mover un medicamento de un nivel a otro. Esta lista se actualiza periódicamente. Para obtener una lista actualizada, por favor visita nuestro portal en Internet www.ssspr.com o llámanos a

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

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)
USVI: 800-716-6081 (TTY:866-215-1999)

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST =
Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]
TSSC Federal 2023

Page 8 of 207

Update Date: 4/2023

Guía de Referencia

Programa de Terapia Escalonada

En algunos casos, te solicitaremos que pruebes primero un medicamento para tratar tu condición antes de usar otros medicamentos para esa condición (terapia escalonada). Por ejemplo, si el medicamento A y B pueden tratar tu condición, puede que necesitemos que uses el medicamento A antes del B. Si el medicamento A no funciona para tratar tu condición, entonces vamos a cubrir el medicamento B.

En algunos casos necesitarás usar medicamentos OTC o medicamentos genéricos antes de usar otros medicamentos para tratar tu condición. Debes usar el medicamento OTC como primera opción para tratar las úlceras y reflujo, alergias de la nariz y alergias de los ojos. Debes usar los genéricos como primera opción para el colesterol, la osteoporosis, alergias de la nariz, insomnio, alta presión sanguínea, el control del dolor, el alto nivel de azúcar en la sangre, depresión e hiperactividad, entre otros.

El Apéndice I contiene la lista de los medicamentos que tienen terapia escalonada. La misma es efectiva al momento de imprimirse esta Lista y está sujeta a cambios.

Medicamentos que Necesitan Preautorización (PA)

Los medicamentos que necesitan una preautorización usualmente son aquellos que presentan un posible nivel de toxicidad, son candidatos al uso inapropiado o están relacionados con un alto costo.

Aquellos medicamentos que han sido identificados que necesitan una preautorización deben cumplir unas guías clínicas según lo haya establecido el Comité. Estas guías clínicas se crearon de acuerdo a la literatura médica actual.

Medicamentos cuyo costo excedan \$750.00 necesitan una preautorización para su despacho. La farmacia enviará copia de la receta al número de facsímil que recibe a través de su sistema.

Límites de Cantidad (QL)

Ciertos medicamentos tienen un límite en la dosis a despacharse. Estos límites se establecen de acuerdo con lo sugerido por el fabricante como la cantidad máxima apta que no está asociada a reacciones adversas y la cual es efectiva para tratar una condición. En el área de Instrucciones de la Lista se identificaron los límites en la dosis a despacharse, en aquellos medicamentos que aplique. Estos límites son efectivos al momento de imprimirse esta Lista y está sujeta a cambios.

Límites de Especialidad Médica (SL)

Algunos medicamentos tienen un límite en la especialidad médica. Estos límites se establecen de acuerdo con la literatura médica actual.

El Apéndice II contiene la lista de los medicamentos que tienen límite de especialidad médica. La misma es efectiva al momento de imprimirse esta Lista y está sujeta a cambios.

Límites de Edad (AL)

Algunos medicamentos tienen un límite de edad. Estos límites son efectivos al momento de imprimirse esta Lista y están sujetos a cambios.

Uso de medicamentos en investigación o experimentales

Los medicamentos recetados para uso de investigación, experimental o no aprobados por la FDA, no se cubren en ningún plan de salud o cubierta de farmacia.

Recetas de Compuestos

Las recetas de compuestos están cubiertas si contienen por lo menos un medicamento de la Lista, si no son para uso cosmético.

Éditos de Análisis de Utilización (DUR)

A través del Programa de Beneficio de Farmacia de Triple-S Salud se han implantado los siguientes éditos de utilización (DUR, por sus siglas en inglés) con el propósito de evitarte complicaciones, ofreciendo un mejor cuidado.

- Édito de Validación de Dosis - coteja las dosis máximas diarias para la población pediátrica, adulta y geriátrica.

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

- Édito de Terapia Duplicada - verifica tu historial de medicamentos para recetas duplicadas, de dos formas:
 1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes).
 2. Si recibes dos medicamentos de la misma clase terapéutica, como, por ejemplo, dos antidepresivos o dos analgésicos, entre otros.

Hay ciertas excepciones a estos éditos. Se solicita a los médicos que incluyan la siguiente información en la receta:

- Cambio en dosis

Si aumentó la dosis y necesitas más medicamentos antes de tiempo, en este caso se necesitará una carta de justificación de parte de tu médico indicando el cambio en dosis. La farmacia necesitará una preautorización de Triple-S Salud, Inc. luego de que se reciba la información necesaria en la receta.

 1. Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta.
 2. Cuando la dosis del medicamento se ajusta de acuerdo a los niveles en la sangre, el médico debe indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos y warfarina).
 3. Cuando para la dosis indicada en la receta no existe su presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg, pero necesitas 75 mg (dosis indicada y aceptada). La farmacia necesitará una precertificación de Triple-S Salud, Inc.

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

Leyenda - Símbolos y Abreviaturas

Símbolos y Abreviaturas	Descripción
AL	Identifica aquellos medicamentos para los cuales existe algún límite de edad
Cap	Cápsula
Conc	Concentrado
Cr	Crema
ER, SR, CR	Acción prolongada, acción sostenida, acción controlada
Inh	Inhalador
Inj	Inyectable
QL	Identifica aquellos medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar
SL	Identifica aquellos medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos
Lot	Loción
Negrilla (<i>Bold</i>)	Identifica que el medicamento tiene genérico disponible en todas las presentaciones
Nivel 1	Identifica los medicamentos genéricos
Nivel 2	Identifica los medicamentos de marca preferidos
Nivel 3	Identifica los medicamentos de marca no preferidos
Nivel 4	Identifica los medicamentos especializados o biotecnológicos preferidos
Nivel 5	Identifica los medicamentos especializados o biotecnológicos no preferidos
Oint	Ungüento
Oph	Oftálmico
PA	Preautorización. La farmacia es responsable de solicitar y obtener una pre-autorización con Triple-S Salud, Inc., antes de despacharse el medicamento
SHA	Champú
SI	Sublingual
SNC	Sistema Nervioso Central
Soln	Solución
ST	Terapia Escalonada
Supp	Supositorio

Símbolos y Abreviaturas	Descripción
Susp	Suspensión
Tab	Tableta
Td	Transdermal

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

Política para el Mantenimiento de la Lista de Medicamentos

El Comité de Farmacia y Terapéutica se reúne periódicamente para revisar los nuevos medicamentos, y nueva información de los medicamentos que ya están en el mercado y en nuestra Lista. Los participantes del Comité revisan la información sobre la seguridad, la eficacia, el uso actual de la terapia y pruebas científicas, tales como las conclusiones pertinentes de organismos del gobierno federal, empresas farmacéuticas, asociaciones profesionales de médicos, comisiones nacionales y revistas revisadas por colegas. Una vez que el Comité termina su evaluación clínica, se considera costo para determinar la inclusión o remoción de un medicamento de la Lista.

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

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

Derechos Reservados

La Lista de medicamentos es una propiedad literaria. Triple-S Salud, Inc. es el propietario de los derechos de autor. Esta Lista no podrá copiarse o distribuirse ni cualquier porción de éste sin la autorización escrita de Triple-S Salud, Inc.

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

TSSC Federal 2023

Page 16 of 207

Update Date: 4/2023

English

Introduction

Your prescription drug benefit uses a Drug List. The List is a guide of drugs chosen by Triple-S Salud's Pharmacy and Therapeutics Committee, which represents the prescription therapies needed for high-quality treatment. Our Committee, composed of physicians, clinical pharmacists and other healthcare providers, meet periodically to review and decide which drugs should be added to the List. This review process is based on the drug's safety, efficacy and cost.

The Drug List has three parts.

The first part is an outline on how the List was designed. It also outlines the utilization edits used to verify dose and identify when two or more drugs of the same class are prescribed at the same time.

The second part has the drugs by therapeutic class.

The third part has the Appendixes and a list in alphabetical order (Index) of brand and generic drugs in the List.

To know more on how to get your drugs, please see Section 5(f) of your FEHB Program Brochure.

This document has only some drugs covered by Triple-S Salud. If you need support or have questions visit our Website www.ssspr.com or call us at:

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY:866-215-1999)

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

Part I - Drug List Design

Presentation

These examples show the information given for those drugs in the List.

Drug Name	Reference	Level	Instructions
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		2	PA; QL (1 TAB per 1 day)

For all the drugs in the List the drug name, reference name (if applicable), level and any special instructions will appear.

How do I use the Drug List?

The easiest way to find your drugs is seeking them in the Index that starts on page 143. The Index provides an alphabetical list of all the drugs in this List. Both brand and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the List.

How much will I pay for covered drugs?

The drugs in the List are classified by levels, except for those with \$0 copay, if prescribed or supplied by participating providers.

What you pay for each prescribed drug falls into one of these tiers or levels:

- Level 1 – Generic Drugs
- Level 2 – Preferred Brand Drugs

- Level 3 – Non-Preferred Brand Drugs
- Level 4 – Preferred Specialty or Biotech Drugs
- Level 5 – Non-Preferred Specialty or Biotech Drugs

What are Generic Drugs (Level 1)?

A generic drug has the same active ingredients in the same amounts as the brand-name drugs. They cost less and are approved by the FDA.

The generic medications from the following therapeutic categories have \$0 copay, if prescribed by participating providers:

- Generic antihypertensives: Angiotensin converting enzyme inhibitors (ACEIs), Angiotensin II receptor blockers (ARBs), Direct renin inhibitor;
- Generic Oral Antidiabetics (excludes injectables);
- Generic statins;
- Naloxone.

We suggest that you use generic drugs. They are identical in strength and dose, as well as approved by the FDA.

What are Preferred Brand Drugs (Level 2)?

There are some brand drugs pointed out as preferred agents after an in-depth review in terms of safety, efficacy and cost. You will find these with a Level 2 placed to the right of the drug name. In those therapeutic categories where there are no generic drugs, we suggest you use drugs that are designated as preferred as a first choice.

What are Non-Preferred Brand Drugs (Level 3)?

A drug is designated as non-preferred because there are other choices in prior levels that have lesser adverse reactions or are more cost effective. If you get a brand drug from Level 3, you will have to pay more for the drug.

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

What are Preferred Specialty Drugs (Level 4)?

Specialty Drugs need special handling and storage due to their complex composition. These are used for treating high risk and life-long health problems.

The Level 4 has the drugs or products in the List that are offered under the Special Conditions Drug Program. The drugs in this tier includes generics, biosimilars (generic biologics) and brands at a lower cost and a special handling for dispensing.

What are Non-Preferred Specialty or Biotech Drugs (Level 5)?

The Level 5 has Non-Preferred Specialty Drugs. The drugs in this level also need special storage and handling, but have a higher cost sharing when compared to drugs from Level 4. These are used to treat life-long and high-risk health problems.

Can the Drug List change?

Yes. We may add or remove drugs for certain reasons, including if the Food and Drug Administration (FDA) and or the manufacturer have determined to remove the drug from the market. We might also move a drug from one tier to another. This List is updated periodically. For an updated List, please visit our Website at www.ssspr.com or call us at

Puerto Rico: 787-774-6081 (TTY: 787-792-1370)

USVI: 800-716-6081 (TTY: 866-215-1999)

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

Reference Guide

Step Therapy Program

In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

You will need to use Over-The-Counter (OTC) or Generic Drugs before using other drugs to treat your health problem. You must use the OTC as first choice for treating ulcers, reflux, allergies, nasal allergies and eye allergies. You must use generics as a first choice for cholesterol, osteoporosis, nasal allergies, insomnia, high blood pressure, pain management, high blood sugar, depression and hyperactivity drugs, among others.

Appendix I has the list of drugs that have a Step Therapy. The Step Therapy List is subject to changes.

Drugs that Need a Prior Authorization (PA)

Drugs that need an authorization before use are likely to have higher potential for toxicity, inappropriate use or higher cost. Those drugs that need a prior authorization should fulfill specific clinical criteria as determined by the Committee. These criteria have been developed as stated by current medical literature.

Drugs whose cost goes beyond \$750.00 will need a prior authorization to be dispensed. The pharmacy will send a copy of the prescription via fax to the number displayed in the pharmacy system.

Quantity Limits (QL) on the amount to be dispensed

Certain drugs have a limit on the amount to be dispensed. These amounts are as stated by the manufacturer's indications as to the adequate amount that will not cause adverse effects and which is effective for treating health problems. The area of Instructions in the List points out the limits for those drugs that apply. Quantity limits are effective when they are published in the List and are subject to changes.

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

Medical Specialty Limits

Some drugs have a limit in the medical specialty; these limits are established based on current medical literature.

Appendix II has the list of drugs that has a medical specialty limit. The medical specialty limit list is subject to changes.

Age Limits (AL)

Some drugs have a limit due to age and are subject to changes.

Investigational or Experimental Drugs

Uses of investigational or experimental drugs, or those not approved by the FDA, are not covered by all health plans or prescription drug coverage.

Compounded Prescriptions

Compounded prescriptions are covered if they have at least one of the drugs on this List, and if they are not for cosmetic purposes.

Edits for Drug Utilization Analysis (DUR)

Through the Pharmacy Program, we have implemented the edits below for drug utilization review (DUR) to avoid other health problems while offering you a better care.

- Dose check edits - Verify daily maximum doses for pediatric, adult and geriatric population. In the most of cases, the maximum dose is the one approved by the FDA.

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

- Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:
 1. If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different; could be through the same pharmacy or different ones).
 2. If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.

There are exceptions to these edits. We suggest that your doctor includes in the prescription:

- Change in Dose

If the dose is increased and you need your drug right away, a letter from your doctor justifying the dose change will be needed. The pharmacy will need a prior authorization after the necessary information is received.

1. If the dose is determined by weight, the doctor must write your weight and height in the prescription.
2. When the dose of the drug is changed as a result to your blood levels, the doctor must write it in the prescription (e.g.: changes for thyroid, theophylline, anti-convulsiveness, and warfarin).
3. When the dose written in the prescription does not exist in the pharmaceutical dosage form of the drug. For example, the tablet exists in 25 mg and 50 mg, but you need a 75 mg dose (dose needed and accepted).

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

Table of Abbreviations and Symbols

Abbreviations and symbols	Description
AL	Drugs for which an age limit exists
Cap	Capsule
Conc	Concentrated
Cr	Cream
ER, SR, CR	Extended release, sustained release, controlled release
Inh	Inhaler
Inj	Injectable
QL	Drugs for which a dispensing limit exists
SL	Drugs for which a limit in the medical specialty exists
Lot	Lotion
Bold	If the drug has a generic available in all its dose forms
TIER 1	Generic drugs
TIER 2	Preferred brand drugs
TIER 3	Non-preferred brand drugs.
TIER 4	Preferred specialty or biotech drugs
TIER 5	Non-preferred specialty or biotech drugs
Oint	Ointment
Oph	Ophthalmic
PA	Prior authorization. The pharmacy is responsible to get a prior authorization from Triple S Salud, Inc. before dispensing the drug.
SHA	Shampoo
SI	Sublingual
SNC	Central Nervous System
Soln	Solution
ST	Step Therapy
Supp	Suppository
Susp	Suspension
Tab	Tablet
Td	Transdermal

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

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

Policy for the Review and Maintenance of the Drug List

The Pharmacy and Therapeutics Committee meets periodically to review new drugs, and new information about drugs that are already on the market and in our List. Committee members review available information concerning safety, effectiveness, current use of therapy and scientific evidence, such as relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals. Once the P&T Committee completes its clinical review, cost information is considered to determine the inclusion or removal of a drug from the List.

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

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

Reserved Rights

The Drug List is a literary property. Triple-S Salud, Inc. is the proprietor of the author's rights. Under no circumstances may this material be copied or distributed in whole or any part without the written consent of Triple-S Salud, Inc

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

TSSC Federal 2023

Page 28 of 207

Update Date: 4/2023

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]	34
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	39
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]	39
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	40
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	46
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	48
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	50
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	52
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	54
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	55
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	56
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	56

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

ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	58
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	58
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	59
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	64
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	65
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	67
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]	70
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	70
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	75
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	76
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	77
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]	82
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	88

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

CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	99
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	103
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL].	104
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	107
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	113
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	116
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	117
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	119
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	124
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	125

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 (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	126
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	129
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	129
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	130
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	131
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]	131
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]	139
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	140
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]	141
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	141

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]	146
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]	146
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	153
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]...	153

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	PHRENILIN	QL(18 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(18 / 30)
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	1	FIORINAL	QL(18 / 30)
TENCON 50-325 mg tab	3		QL(18 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	ST
<i>diclofenac epolamine 1.3 % patch</i>	1	FLECTOR	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % gel</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>IBU 400 mg tab, 600 mg tab, 800 mg tab</i>	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN CHILDRENS	
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 5)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 5)
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 5)
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg tab</i>	1		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>	1	BUTRANS	QL(4 / 28)
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	QL(10 / 30), ST
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	QL(60 / 30)
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	QL(60 / 30)
<i>tramadol hcl er 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	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 ¹ [Requisitos/Límites]
<i>tramadol hcl er 100 mg tab er 24 hr</i>	1	ULTRAM ER	QL(90 / 30)
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	QL(2700 / 30), AL
<i>acetaminophen-codeine #2 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #3 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #4 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(180 / 30), AL
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(180 / 30), AL
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(150 / 30)
<i>codeine sulfate 60 mg tab</i>	1		QL(180 / 30), AL
<i>codeine sulfate 30 mg tab</i>	1		QL(360 / 30), AL
<i>codeine sulfate 15 mg tab</i>	1		QL(720 / 30), AL
<i>DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln</i>	3		QL(2 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>	1		QL(2 / 30)
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	NORCO	QL(240 / 30)
<i>hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	QL(180 / 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 ¹ [Requisitos/Límites]
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	1	VICODIN	QL(240 / 30)
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	QL(150 / 30)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	QL(150 / 30)
<i>hydromorphone hcl 8 mg tab</i>	1	DILAUDID	QL(90 / 30)
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	QL(180 / 30)
<i>hydromorphone hcl 2 mg tab</i>	1	DILAUDID	QL(540 / 30)
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln</i>	1	DEMEROL	QL(2 / 30)
<i>morphine sulfate 30 mg tab</i>	1		QL(60 / 30)
<i>morphine sulfate 20 mg/5ml soln</i>	1		QL(90 / 30)
<i>morphine sulfate 15 mg tab</i>	1		QL(120 / 30)
<i>morphine sulfate 10 mg/5ml soln</i>	1		QL(1800 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1	ROXANOL	QL(180 / 30)
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	QL(540 / 30)
<i>oxycodone hcl 100 mg/5ml oral conc</i>	1	ROXICODONE	QL(150 / 30)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	1	ROXICODONE	QL(180 / 30)
<i>oxycodone hcl 5 mg tab</i>	1	ROXICODONE	QL(360 / 30)
<i>oxycodone hcl 5 mg/5ml soln</i>	1	ROXICODONE	QL(5400 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>oxymorphone hcl 10 mg tab</i>	1	OPANA	QL(90 / 30)
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(360 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 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 ¹ [Requisitos/Límites]
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>ethyl chloride ext aer</i>	1		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	PA
<i>lidocaine hcl 3 % crm</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % lot</i>	1	LIDAMANTLE	
<i>lidocaine hcl 1 % inj soln, 2 % inj soln, 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % inj soln, 2 % inj soln</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1	EMLA/TEGADERM	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl</i>	1	SUBUTEX	PA, QL(60 / 30)
<i>buprenorphine hcl 8 mg tab subl</i>	1	SUBUTEX	PA, QL(240 / 30)
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film</i>	1	SUBOXONE	PA, 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 ¹ [Requisitos/Límites]
<i>buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl</i>	1	SUBOXONE	PA, QL(90 / 30)
<i>buprenorphine hcl-naloxone hcl 4-1 mg subl film</i>	1	SUBOXONE	PA, QL(180 / 30)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 2-0.5 mg tab subl</i>	1	SUBOXONE	PA, QL(360 / 30)
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
ZUBSOLV 11.4-2.9 mg tab subl	2		PA, QL(30 / 30)
ZUBSOLV 8.6-2.1 mg tab subl	2		PA, QL(60 / 30)
ZUBSOLV 5.7-1.4 mg tab subl	2		PA, QL(90 / 30)
ZUBSOLV 2.9-0.71 mg tab subl	2		PA, QL(150 / 30)
ZUBSOLV 1.4-0.36 mg tab subl	2		PA, QL(360 / 30)
ZUBSOLV 0.7-0.18 mg tab subl	2		PA, QL(720 / 30)
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
<i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>	1	ROMAZICON	
<i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i>	1	NARCAN	
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>varenicline tartrate 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 40 mg/ml inj soln</i>	1	GENTAK	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CLEOCIN 100 mg vag supp	3		
<i>clindamycin hcl 150 mg cap, 300 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	1	CLEOCIN-T	
<i>colistimethate sodium (cba) 150 mg inj soln</i>	1	COLY-MYCIN	
FIRVANQ 25 mg/ml soln	3		
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>lincomycin hcl 300 mg/ml inj soln</i>	1	LINCOCIN	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	3		PA
SULFAMYLON 85 mg/gm crm	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 250 mg/5ml soln</i>	1	FIRVANQ	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
XIFAXAN 200 mg tab, 550 mg tab	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefditoren pivoxil 200 mg tab, 400 mg tab</i>	1	SPECTRACEF	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
FORTAZ 500 mg inj soln	3		
Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
<i>ertapenem sodium 1 gm inj soln</i>	4	INVANZ	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
<i>ampicillin sodium 125 mg inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1		
<i>ampicillin sodium 1 gm inj soln</i>	1	TOTACILLIN-N	
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
susp pfs, 600000 unit/ml im susp pfs			
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>nafcillin sodium 10 gm iv soln</i>	1		
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
ERY-TAB 250 mg tab dr, 333 mg tab dr	1		
ERY-TAB 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 2 % pad</i>	1		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
<i>ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp</i>	1	CIPRO	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
VIBRAMYCIN 50 mg/5ml syr	3		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	ST
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clonazepam 0.125 mg tab disint, 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</i>	1	KLONOPIN	
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE 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 ¹ [Requisitos/Límites]
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	1	NEURONTIN	
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
<i>vigabatrin 500 mg pckt, 500 mg tab</i>	4	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	LAMICTAL	
<i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
DILANTIN 30 mg cap	3		
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	AL
<i>lacosamide 10 mg/ml soln</i>	1	VIMPAT	AL
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	1		
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>rufinamide 200 mg tab, 400 mg tab</i>	1	BANZEL	PA
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	PA
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		AL
VIMPAT 10 mg/ml soln	3		AL
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	1	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	1	ARICEPT ODT	
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	1	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	1	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	1	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	1	EXELON	QL(30 / 30)
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab	1	NAMENDA	
memantine hcl 2 mg/ml soln	1	NAMENDA	
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	1	NAMENDA XR	ST
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap 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 ¹ [Requisitos/Límites]
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
<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, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
<i>EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr</i>	3		PA
<i>MARPLAN 10 mg tab</i>	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
Ssris/snrirs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrssi/Irsnrs (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	KHEDEZLA	ST
<i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	PRISTIQ	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 ¹ [Requisitos/Límites]
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 90 mg cap dr</i>	1	PROZAC	ST
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab</i>	1	LUDIOMIL	
<i>nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 10 mg/5ml susp</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR 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 ¹ [Requisitos/Límites]
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
AKYNZEO 300-0.5 mg cap	3		PA, QL(1 / 7)
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg rect supp, 50 mg tab	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr	1	PHENERGAN	
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 100 mg tab, 50 mg tab	3		
aprepitant 125 mg cap	1	EMEND	PA, QL(1 / 7)
aprepitant 80 mg cap	1	EMEND	PA, QL(2 / 7)
aprepitant 80 & 125 mg cap, 80 & 125 mg oral misc	1	EMEND	PA, QL(3 / 7)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	
granisetron hcl 1 mg tab	1	KYTRIL	
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	
ondansetron hcl 4 mg/2ml inj soln pfs	4		
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	4	ZOFRAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	QL(6.6 / 90)
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>clotrimazole 1 % crm</i>	1	LOTRIMIN	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	AL
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	AL
CRESEMBA 186 mg cap	3		
<i>econazole nitrate 1 % crm</i>	1	SPECTAZOLE	
EXODERM 25-1 % lot	3		
<i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
<i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i>	1	ALCORTIN A	
<i>itraconazole 100 mg cap</i>	1	SPORANOX	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % crm</i>	1	NIZORAL	
<i>ketoconazole 2 % shampoo</i>	1	NIZORAL	
MENTAX 1 % crm	3		
<i>naftifine hcl 2 % gel</i>	1		
<i>naftifine hcl 1 % crm, 1 % gel, 2 % crm</i>	1	NAFTIN	
NAFTIN 2 % gel	3		
NATACYN 5 % ophth susp	3		
NOXAFIL 40 mg/ml susp	3		
NYAMYC 100000 unit/gm ext pwdr	1		
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i>	1	MYCOLOG	
<i>oxiconazole nitrate 1 % crm</i>	1	OXISTAT	
OXISTAT 1 % lot	3		
<i>posaconazole 40 mg/ml susp</i>	1		
<i>posaconazole 100 mg tab dr</i>	1	NOXAFIL	
<i>sulconazole nitrate 1 % crm</i>	1	EXELDERM	
<i>sulconazole nitrate 1 % ext soln</i>	1	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	QL(84 / 365)
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
<i>voriconazole 200 mg tab, 50 mg tab</i>	1	VFEND	
<i>voriconazole 40 mg/ml susp</i>	1	VFEND	
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	PA, QL(30 / 30)
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
ANUSOL-HC 25 mg rect supp	1		
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone ace-pramoxine 2.5-1 % crm</i>	1	PRAMOSONE	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone acetate 30 mg rect supp</i>	1	PROCTOCORT	
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
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 4 mg/ml nasal soln</i>	1	MIGRANAL	
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30), ST
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab</i>	1	MAXALT	QL(12 / 30)
<i>rizatriptan benzoate 5 mg tab</i>	1	MAXALT	QL(24 / 30)
<i>rizatriptan benzoate 10 mg tab disint</i>	1	MAXALT MLT	QL(12 / 30)
<i>rizatriptan benzoate 5 mg tab disint</i>	1	MAXALT MLT	QL(24 / 30)
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln pfs</i>	1	IMITREX	QL(5 / 30)
<i>sumatriptan succinate 100 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(18 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	QL(5 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	QL(5 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(10 / 30)
<i>zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln, 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(6 / 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 ¹ [Requisitos/Límites]
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>guanidine hcl 125 mg tab</i>	1		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
PASER 4 gm pkt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
RIFAMATE 150-300 mg cap	3		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
SIRTURO 100 mg tab, 20 mg tab	5		PA
TRECTOR 250 mg tab	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		
LEUKERAN 2 mg tab	5		
MATULANE 50 mg cap	5		
<i>melfalan 2 mg tab</i>	4	ALKERAN	
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4	TEMODAR	PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
<i>abiraterone acetate 250 mg tab, 500 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA
XTANDI 40 mg cap, 40 mg tab, 80 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>	4	REVLIMID	PA
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
EMCYT 140 mg cap	5		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
<i>fluorouracil 0.5 % crm</i>	1	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln</i>	1	EFUDEX	
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptopurine 50 mg tab</i>	1	PURINETHOL	
TABLOID 40 mg tab	5		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
<i>leucovorin calcium 10 mg tab, 5 mg tab</i>	1		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ZOLINZA 100 mg cap	5		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
<i>etoposide 50 mg cap</i>	4		
ZYDELIG 150 mg tab	5		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
ALECENSA 150 mg cap	5		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
BRAFTOVI 50 mg cap, 75 mg cap	5		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap, 100 mg tab	4		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
ERIVEDGE 150 mg cap	5		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	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 ¹ [Requisitos/Límites]
<i>everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA
<i>everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol</i>	4	AFINITOR DISPERZ	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PA
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA
IMBRUVICA 70 mg/ml susp	5		PA
INLYTA 1 mg tab, 5 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
KOSELUGO 10 mg cap, 25 mg cap	4		PA
<i>lapatinib ditosylate 250 mg tab</i>	4	TYKERB	PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
MEKINIST 0.5 mg tab, 2 mg tab	5		PA
MEKTOVI 15 mg tab	5		PA
NEXAVAR 200 mg tab	5		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		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	4		PA
STIVARGA 40 mg tab	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 ¹ [Requisitos/Límites]
<i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i>	4	SUTENT	PA
TABRECTA 150 mg tab, 200 mg tab	4		PA
TAFINLAR 50 mg cap, 75 mg cap	5		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TIBSOVO 250 mg tab	5		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	5		PA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VOTRIENT 200 mg tab	5		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
ZEJULA 100 mg cap	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg cap	5		PA
Monoclonal Antibodies/antibody-drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]			
RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln	4		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	
<i>bexarotene 1 % gel</i>	5	TARGRETIN	
PANRETIN 0.1 % gel	5		
TARGRETIN 1 % gel	5		
<i>tretinoin 10 mg cap</i>	4	VESANOID	
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
MESNEX 400 mg tab	5		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
EMVERM 100 mg tab chew	3		QL(18 / 365)
<i>ivermectin 3 mg tab</i>	1	STROMEKTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	3		QL(60 / 30)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	MALARONE	QL(12 / 365)
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	MALARONE	QL(48 / 365)
<i>chloroquine phosphate 250 mg tab</i>	1		PA
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	PA
COARTEM 20-120 mg tab	3		QL(24 / 365)
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	PA
<i>mefloquine hcl 250 mg tab</i>	1		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	QL(6 / 30)
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM	
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	4	DARAPRIM	PA
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	QL(42 / 365)
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
<i>ivermectin 0.5 % lot</i>	1	SKLICE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lindane 1 % shampoo</i>	1		
<i>permethrin 5 % crm</i>	1	ELIMITE	
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
<i>apomorphine hcl 30 mg/3ml sc soln cart</i>	5	APOKYN	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	4		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	4		PA
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, 6	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 ¹ [Requisitos/Límites]
mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr			
<i>pramipexole dihydrochloride</i> 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	
<i>pramipexole dihydrochloride er</i> 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	1	MIRAPEX ER	
<i>ropinirole hcl</i> 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab	1	REQUIP	
<i>ropinirole hcl er</i> 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	1	REQUIP XL	ST
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa</i> 25 mg tab	1	LODOSYN	
<i>carbidopa-levodopa</i> 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	1	SINEMET	
<i>carbidopa-levodopa er</i> 25-100 mg tab er, 50-200 mg tab er	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone</i> 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	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	QL(60 / 30), ST
<i>selegiline hcl 5 mg tab</i>	1		QL(60 / 30)
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	QL(60 / 30)
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>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	4		QL(1 / 30)
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	QL(30 / 30)
<i>asenapine maleate 10 mg tab sub, 2.5 mg tab sub, 5 mg tab sub</i>	1	SAPHRIS	
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs	4		ST
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	4		
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	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 ¹ [Requisitos/Límites]
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		QL(30 / 30)
<i>lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1		QL(30 / 30)
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	QL(30 / 30)
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	1	ZYPREXA ZYDIS	QL(30 / 30)
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr</i>	1	INVEGA	QL(30 / 30)
<i>paliperidone er 9 mg tab er 24 hr</i>	1	INVEGA	QL(60 / 30)
<i>quetiapine fumarate 400 mg tab</i>	1	SEROQUEL	QL(60 / 30)
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab</i>	1	SEROQUEL	QL(90 / 30)
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	QL(60 / 30), ST
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	4		
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
<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,</i>	1	RISPERDAL	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 ¹ [Requisitos/Límites]
2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint			
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
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	1	CLOZARIL	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	1	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
foscarnet sodium 6000 mg/250ml iv soln	4	FOSCAVIR	
valganciclovir hcl 450 mg tab	4	VALCYTE	
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
BARACLUDE 0.05 mg/ml soln	4		PA
entecavir 0.5 mg tab, 1 mg tab	4	BARACLUDE	PA
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	5		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	5		PA
VEMLIDY 25 mg tab	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
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, 50-20 mg pckt	4		PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	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	5		PA
PEGASYS PROCLICK 180 mcg/0.5ml sc soln auto-inj	5		PA
PEGINTRON 50 mcg/0.5ml sc kit	5		PA
RIBASPHERE 200 mg cap, 200 mg tab	4		PA
RIBASPHERE 400 mg tab, 600 mg tab	5		PA
RIBASPHERE RIBAPAK (1000 PACK) 400 & 600 mg tab pack	5		PA
RIBASPHERE RIBAPAK (1200 PACK) 600 mg tab pack	5		PA
RIBASPHERE RIBAPAK (600 PACK) 200 & 400 mg tab pack	5		PA
RIBASPHERE RIBAPAK (800 PACK) 400 mg tab pack	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
acyclovir 5 % oint	1	ZOVIRAX	QL(30 / 15)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DENAVIR 1 % crm	3		
<i>famciclovir 125 mg tab, 500 mg tab</i>	1	FAMVIR	QL(21 / 7)
<i>famciclovir 250 mg tab</i>	1	FAMVIR	QL(60 / 30)
<i>penciclovir 1 % crm</i>	1	DENAVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	3		
GENVOYA 150-150-200-10 mg tab	3		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		
ISENTRESS HD 600 mg tab	2		
JULUCA 50-25 mg tab	2		
STRIBILD 150-150-200-300 mg tab	3		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	2		
TIVICAY PD 5 mg tab sol	2		
TRIUMEQ 600-50-300 mg tab	2		
TRIUMEQ PD 60-5-30 mg tab sol	2		
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
COMPLERA 200-25-300 mg tab	3		
DELSTRIGO 100-300-300 mg tab	3		
EDURANT 25 mg tab	2		
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	1	SUSTIVA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab, 600-300-300 mg tab</i>	1	SYMFI	
<i>etravirine 100 mg tab, 200 mg tab</i>	1	INTELENCE	PA
INTELENCE 25 mg tab	2		PA
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	
<i>nevirapine 50 mg/5ml susp</i>	1	VIRAMUNE	
<i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>	1	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	3		
RESCRIPTOR 200 mg tab	2		
SYMTUZA 800-150-200-10 mg tab	3		
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
<i>abacavir sulfate 300 mg tab</i>	1	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</i>	1	ZIAGEN	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	1	TRIZIVIR	
CIMDUO 300-300 mg tab	3		
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	1	VIDEX	
<i>emtricitabine 200 mg cap</i>	1	EMTRIVA	
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab</i>	1	TRUVADA	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	TRUVADA	PA
EMTRIVA 10 mg/ml soln	2		
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	COMBIVIR	
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	VIREAD	PA
VIDEX 2 gm soln, 4 gm soln	2		
VIDEX EC 125 mg cap dr	2		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwr	2		
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	5		PA
<i>maraviroc 150 mg tab, 300 mg tab</i>	1	SELZENTRY	PA
SELZENTRY 25 mg tab, 75 mg tab	2		PA
SELZENTRY 20 mg/ml soln	2		PA
TROGARZO 200 mg/1.33ml iv soln	5		PA
TYBOST 150 mg tab	2		
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	2		PA
APTIVUS 100 mg/ml soln	2		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	2		
EVOTAZ 300-150 mg tab	2		
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INVIRASE 500 mg tab	2		
LEXIVA 50 mg/ml susp	3		
<i>lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab</i>	1	KALETRA	
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	1	KALETRA	
NORVIR 100 mg pckt	3		
NORVIR 80 mg/ml soln	3		
PREZCOBIX 800-150 mg tab	2		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	3		
<i>ritonavir 100 mg tab</i>	1	NORVIR	
VIRACEPT 250 mg tab, 625 mg tab	2		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap</i>	1	TAMIFLU	
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	3		
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack, 2 x 20 mg tab pack	3		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack, 2 x 40 mg tab pack	3		
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	QL(30 / 30)
<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>midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 2 mg/ml syr, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>midazolam hcl (pf) 10 mg/2ml inj soln, 2 mg/2ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln</i>	1		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
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]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
BYDUREON 2 mg sc pen-inj	2		ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		ST
FARXIGA 10 mg tab, 5 mg tab	2		ST
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL 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 ¹ [Requisitos/Límites]
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	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	2		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	ST
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	ST
MOUNJARO 10 mg/0.5ml sc soln pen-inj, 12.5 mg/0.5ml sc	2		QL(2 / 28), 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 ¹ [Requisitos/Límites]
soln pen-inj, 15 mg/0.5ml sc soln pen-inj, 2.5 mg/0.5ml sc soln pen-inj, 5 mg/0.5ml sc soln pen-inj, 7.5 mg/0.5ml sc soln pen-inj			
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	2		QL(3 / 28), ST
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		QL(3 / 28), ST
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		QL(3 / 28), ST
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	ST
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	ST
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	ST
RIOMET ER 500 mg/5ml Oral Suspension Reconstituted ER	3		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24	2		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr			
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	2		ST
VICTOZA 18 mg/3ml sc soln pen-inj	2		ST
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
<i>glucagon emergency 1 mg inj kit</i>	1	GLUCAGON EMERGENCY	
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart	2		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	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 ¹ [Requisitos/Límites]
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		
HUMULIN 70/30 KWIKPEN (70- 30) 100 unit/ml sc susp pen-inj	2		
HUMULIN N 100 unit/ml sc susp	2		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		
HUMULIN R 100 unit/ml inj soln	2		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		
LANTUS 100 unit/ml sc soln	2		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		
NOVOLIN 70/30 FLEXPEN (70- 30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		
NOVOLIN 70/30 RELION (70- 30) 100 unit/ml sc susp	2		
NOVOLIN N 100 unit/ml sc susp	2		
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	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 ¹ [Requisitos/Límites]
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		
NOVOLIN N RELION 100 unit/ml sc susp	2		
NOVOLIN R 100 unit/ml inj soln	2		
NOVOLIN R RELION 100 unit/ml inj soln	2		
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</i> 150 mg cap, 75 mg cap	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	1	LOVENOX	
<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>	1	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unt/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	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	1		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	2		
XARELTO 1 mg/ml susp	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
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	5		PA
GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml sc soln	4		PA
NEULASTA 6 mg/0.6ml sc soln pfs	5		
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	5		
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	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	4		PA
ZARXIO 300 mcg/0.5ml inj soln pfs	4		
ZIEXTENZO 6 mg/0.6ml sc soln pfs	4		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
ALPHANATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
ALPHANATE/VWF COMPLEX/HUMAN 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit 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 ¹ [Requisitos/Límites]
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA
<i>aminocaproic acid 1000 mg tab, 500 mg tab</i>	1	AMICAR	
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
COAGADEX 250 unit iv soln, 500 unit iv soln	5		PA
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	4		PA
HELIXATE FS 1000 unit iv kit, 2000 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit 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 ¹ [Requisitos/Límites]
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOATE-DVI 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
MONOCLATE-P 1000 unit iv kit	5		PA
MONONINE 1000 unit iv soln	5		PA
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 1500 unit iv kit, 1500 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000	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 ¹ [Requisitos/Límites]
unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln			
<i>obizur 500 unit iv soln</i>	5		PA
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA
REBINYN 1000 unit iv soln, 2000 unit iv soln, 500 unit iv soln	5		PA
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA
<i>tranexamic acid 1000 mg/10ml iv soln</i>	4	CYKLOKAPRON	
VONVENDI 1300 unit iv soln, 650 unit iv soln	5		PA
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	4		PA
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	ST
<i>EDARBI 40 mg tab, 80 mg tab</i>	3		ST
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	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 ¹ [Requisitos/Límites]
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	ST
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>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 100 mg tab, 200 mg tab, 400 mg tab</i>	1	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
MULTAQ 400 mg tab	3		ST
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	1		
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	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 ¹ [Requisitos/Límites]
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	ST
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1	DILACOR XR	
<i>diltiazem hcl er beads 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240</i>	1	VERELAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg cap er 24 hr, 360 mg cap er 24 hr</i>			
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
ALDACTAZIDE 50-50 mg tab	3		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	ST
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	ST
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	ST
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	ST
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab</i>	3		ST
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	ST
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	PA
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	ST
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	1	BUMEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPIRA	ST
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorothiazide 250 mg tab, 500 mg tab</i>	1	DIURIL	
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
<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	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
ANTARA 30 mg cap, 90 mg cap	3		
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		ST
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ZOCOR	
<i>simvastatin 80 mg tab</i>	1	ZOCOR	ST
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwdr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin er 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er</i>	1		
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<i>amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	QL(30 / 30), ST
<i>amphetamine-dextroamphet er 30 mg cap er 24 hr</i>	1	ADDERALL XR	QL(90 / 30), ST
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	ADDERALL	QL(30 / 30)
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	QL(90 / 30)
<i>dextroamphetamine sulfate 5 mg tab</i>	1	DEXTROSTAT	QL(90 / 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 ¹ [Requisitos/Límites]
<i>dextroamphetamine sulfate 10 mg tab</i>	1	DEXTROSTAT	QL(120 / 30)
<i>dextroamphetamine sulfate er 5 mg cap er 24 hr</i>	1	DEXEDRINE	QL(90 / 30)
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr</i>	1	DEXEDRINE	QL(120 / 30)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	AL
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	QL(120 / 30)
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	QL(60 / 30)
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	QL(30 / 30)
<i>guanfacine hcl er 4 mg tab er 24 hr</i>	1	INTUNIV	QL(60 / 30)
<i>guanfacine hcl er 1 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	INTUNIV	QL(90 / 30)
<i>guanfacine hcl er 2 mg tab er 24 hr</i>	1	INTUNIV	QL(120 / 30)
<i>methylphenidate hcl 5 mg/5ml soln</i>	1	METHYLIN	QL(90 / 30)
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	QL(90 / 30)
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr,</i>	1		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 ¹ [Requisitos/Límites]
36 mg tab er 24 hr, 54 mg tab er 24 hr			
methylphenidate hcl er 10 mg tab er, 20 mg tab er	1	RITALIN SR	QL(30 / 30)
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	1	METADATE CD	QL(30 / 30)
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, 60 mg cap er 24 hr	1	RITALIN LA	QL(30 / 30)
methylphenidate hcl er (osm) 72 mg tab er	1		QL(30 / 30)
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 54 mg tab er	1	CONCERTA	QL(30 / 30)
methylphenidate hcl er (osm) 36 mg tab er	1	CONCERTA	QL(60 / 30)
QUILLICHEW ER 40 mg tab chew er	2		QL(30 / 30), AL
QUILLICHEW ER 30 mg tab chew er	2		QL(60 / 30), AL
QUILLICHEW ER 20 mg tab chew er	2		QL(90 / 30), AL
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	2		QL(360 / 30), AL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
CONTRAVE 8-90 mg tab er 12 hr	3		PA
phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab	1		PA
PLENITY cap	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PLENITY WELCOME KIT cap	3		PA
QSYMIA 11.25-69 mg cap er 24 hr, 15-92 mg cap er 24 hr, 3.75-23 mg cap er 24 hr, 7.5-46 mg cap er 24 hr	3		PA
<i>riluzole 50 mg tab</i>	4	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 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	ST
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	ST
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	ST
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	4	TECFIDERA	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 ¹ [Requisitos/Límites]
<i>dimethyl fumarate starter pack 120 & 240 mg oral misc</i>	4	TECFIDERA	PA
<i> fingolimod hcl 0.5 mg cap</i>	4	GILENYA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	4	COPAXONE	PA
MAYZENT 0.25 mg tab, 1 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 0.25 mg tab pack, 12 x 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
<i>teriflunomide 14 mg tab, 7 mg tab</i>	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack	4		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIDEX	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
ACCUTANE 10 mg cap, 20 mg cap	1		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel</i>	1	EPIDUO	
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
ANALPRAM-HC 2.5-1 % lot	3		
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	3		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>brimonidine tartrate 0.33 % gel</i>	1		
<i>calcipotriene 0.005 % crm</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	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 ¹ [Requisitos/Límites]
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	3		
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
DUPIXENT 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	4		PA
FINACEA 15 % foam	3		
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1	ANALPRAM HC	
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	1	ANALPRAM HC	
ILUMYA 100 mg/ml sc soln pfs	5		PA
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	1	ABSORICA	
<i>ivermectin 1 % crm</i>	1	SOOLANTRA	
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	
<i>methoxsalen rapid 10 mg cap</i>	1	OXSORALEN-ULTRA	
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MIRVASO 0.33 % gel	2		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	ST
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	3		
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	5		PA
ROSADAN 0.75 % crm, 0.75 % gel	1		
SANTYL 250 unit/gm oint	3		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SKYRIZI 150 mg/ml sc soln pfs, 360 mg/2.4ml sc soln cart	4		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		PA
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
<i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i>	1		
<i>sulfacetamide sodium-sulfur 10-2 % ext liq</i>	1	AVAR LS CLEANSER	
<i>sulfacetamide sodium-sulfur 10-5 % crm</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1	SUMAXIN TS	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	ST
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
<i>tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel</i>	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	AL
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	AL
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	AL
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	AL
<i>urea 39 % crm, 40 % crm</i>	1		
<i>urea 40 % lot</i>	1	CARMOL 40	
<i>urea nail 45 % gel</i>	1		
<i>urea-c40 40 % lot</i>	1	CARMOL 40	
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>ferocon cap</i>	1		
<i>ferotinsic cap</i>	1		
FERROCITE PLUS 106-1 mg tab	1		
FERRO-PLEX HEMATINIC 115-1 mg tab	3		
<i>foltrin cap</i>	1		
FUSION PLUS cap	3		
<i>hematinic plus vit/minerals 106-1 mg tab</i>	1		
<i>hematinic/folic acid 324-1 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hemetab 22-6-1-0.025 mg tab</i>	3		
IFEREX 150 FORTE 150-25-1 mg-mcg-mg cap	1		
INFED 50 mg/ml inj soln	3		
INTEGRA F 125-1 mg cap	3		
INTEGRA PLUS cap	3		
KLOR-CON 20 meq pckt, 8 meq tab er	1		
KLOR-CON 10 10 meq tab er	1		
KLOR-CON M10 10 meq tab er	1		
KLOR-CON M15 15 meq tab er	3		
KLOR-CON M20 20 meq tab er	1		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	1		
K-PHOS NO 2 305-700 mg tab	3		
K-TAN PLUS 162-115.2-1 mg cap	1		
<i>lactated ringers iv soln</i>	1		
MULTIGEN 70 mg tab	3		
MULTIGEN PLUS 50-101-1 mg tab	3		
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	
ORACIT 490-640 mg/5ml soln	3		
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	1		
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 15 meq tab er, 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
PROFERRIN-FORTE 12-1 mg tab	3		
PROTECTIRON 60-1 mg tab	3		
<i>purefe plus 106-1 mg cap</i>	3		
<i>ringers iv soln</i>	1		
<i>se-tan plus 162-115.2-1 mg cap</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium chloride 0.45 % iv soln, 0.9 % iv soln, 2.5 meq/ml inj soln</i>	1		
<i>sodium chloride (pf) 0.9 % inj soln</i>	1		
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	3		
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
<i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i>	4	JADENU	PA
<i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	4	JADENU SPRINKLE	PA
<i>deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt</i>	4	JADENU SPRINKLE	PA
<i>deferiprone 500 mg tab</i>	4	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
KIONEX 15 gm/60ml susp	1		
<i>penicillamine 250 mg tab</i>	1	DEPEN TITRATABS	
<i>sodium polystyrene sulfonate oral pwdr</i>	1	KAYEXALATE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	PA
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	1	REVELA	PA
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	PA
VELPHORO 500 mg tab chew	2		PA
Vitamins [Vitaminas]			
ABANEU-SL 600-600 mcg tab subl	1		
AQUASOL A 15 mg/ml im soln	3		
<i>ascorbic acid 500 mg/ml inj soln</i>	1		
ATABEX EC 29-1 mg tab dr	3		
ATABEX OB 29-1 mg tab	3		
<i>b-plex tab</i>	1		
<i>complete natal dha 29-1-200 & 200 mg oral misc</i>	3		
<i>completenate 29-1 mg tab chew</i>	3		
CO-NATAL FA tab	3		
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
CORVITA tab	3		
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
DIALYVITE/ZINC tab	3		
<i>ergocal 62.5 MCG (2500 ut) cap</i>	3		
<i>folbee 2.5-25-1 mg tab</i>	1		
<i>folbee plus tab</i>	1		
FOLBEE PLUS CZ 5 mg tab	3		
<i>folic acid 1 mg tab</i>	1		
<i>folic acid 5 mg/ml inj soln</i>	1		
FOLIVANE-OB 85-1 mg cap	3		
<i>hydroxocobalamin acetate 1000 mcg/ml im soln</i>	1		
INFUVITE PEDIATRIC iv soln	3		
M.V.I. ADULT iv inj	3		
M.V.I. PEDIATRIC iv soln	3		
<i>m-natal plus 27-1 mg tab</i>	3		
<i>multi-vitamin/fluoride 0.25 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>mynate 90 plus tab er</i>	3		
NATALVIT tab	3		
NEPHRONEX tab	1		
NIVA-PLUS 27-1 mg tab	3		
NUTRIVIT liq	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		
OBSTETRIX ONE 38-1-225 mg cap	3		
O-CAL PRENATAL tab	3		
<i>onevite tab</i>	1		
<i>phytonadione 1 mg/0.5ml inj soln</i>	1		
<i>phytonadione 5 mg tab</i>	1	MEPHYTON	
<i>pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc</i>	3		
<i>pnv tabs 29-1 29-1 mg tab</i>	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
POTABA 500 mg cap	3		
PRENATABS RX 29-1 mg tab	3		
<i>prenatal 27-1 mg tab</i>	3		
<i>prenatal 19 tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	3		
<i>prenatal plus 27-1 mg tab</i>	3		
<i>prenatal plus iron 29-1 mg tab</i>	3		
<i>prenatal vitamin plus low iron 27-1 mg tab</i>	3		
<i>preplus 27-1 mg tab</i>	3		
<i>pretab 29-1 mg tab</i>	3		
PROVIDA OB 20-20-1.25 mg cap	3		
<i>pyridoxine hcl 100 mg/ml inj soln</i>	1		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	3		
SUPERVITE liq	3		
<i>support liq</i>	3		
SUPPORT-500 cap	3		
TARON-C DHA 35-1 mg cap	3		
<i>thiamine hcl 100 mg/ml inj soln</i>	1		
<i>thrivite 19 tab</i>	1		
<i>thrivite rx 29-1 mg tab</i>	3		
TL G-FOL OS 500-1.1 mg tab	3		
<i>trinatal rx 1 60-1 mg tab</i>	3		
<i>urosex tab</i>	1		
VINATE II 29-1 mg tab	3		
VITAL-D RX 1 mg tab	3		
<i>vitamin b complex 100 inj</i>	1		
<i>vitamin b-complex 100 inj</i>	1		
<i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap</i>	1	DRISDOL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>vitamin k1 1 mg/0.5ml inj soln, 10 mg/ml inj soln</i>	1		
<i>vitamins acd-fluoride 0.25 mg/ml soln</i>	1		
<i>vita-rx diabetic vitamin cap</i>	3		
<i>vol-plus 27-1 mg tab</i>	3		
<i>vol-tab rx 29-1 mg tab</i>	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>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	1	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBIID	
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
SYMAX DUOTAB 0.375 mg tab er	3		
SYMAX-SL 0.125 mg tab subl	1		
SYMAX-SR 0.375 mg tab er 12 hr	1		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
MYTESI 125 mg tab dr	5		PA
PYLERA 140-125-125 mg cap	3		
SYMPROIC 0.2 mg tab	2		PA, QL(30 / 30)
TALICIA 250-12.5-10 mg cap dr	3		
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>famotidine (pf) 20 mg/2ml iv soln</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap, 300 mg tab</i>	1	ZANTAC	
<i>ranitidine hcl 15 mg/ml syr, 150 mg/10ml syr, 150 mg/6ml inj soln, 50 mg/2ml inj soln, 75 mg/5ml syr</i>	1	ZANTAC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		PA, QL(30 / 30)
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	PA, QL(60 / 30)
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
GAVILYTE-C 240 gm soln	3		QL(4000 / 15)
GAVILYTE-G 236 gm soln	1		QL(4000 / 15)
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	1		QL(4000 / 15)
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
GOLYTELY 227.1 gm soln	3		QL(1 / 15)
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln</i>	1	SUPREP BOWEL PREP KIT	
<i>peg 3350/electrolytes 240 gm soln</i>	1		QL(4000 / 15)
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	QL(4000 / 15)
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	QL(4000 / 15)
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
TRILYTE 420 gm soln	1		QL(4000 / 15)
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>dexlansoprazole 30 mg cap dr</i>	1		ST
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	ST
<i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i>	1	NEXIUM	ST
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID SOLUTAB	ST
NEXIUM 2.5 mg pckt, 5 mg pckt	3		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, 40-1100 mg cap</i>	1	ZEGERID	ST
<i>pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg tab dr</i>	1	PROTONIX	
<i>pantoprazole sodium 40 mg pckt</i>	1	PROTONIX	ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	ST
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]			
ADAGEN 250 unit/ml im soln	5		PA
ALDURAZYME 2.9 mg/5ml iv soln	5		PA
<i>betaine oral pwdr</i>	4	CYSTADANE	PA
CERDELGA 84 mg cap	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 ¹ [Requisitos/Límites]
CEREZYME 400 unit iv soln	5		PA
CHOLBAM 250 mg cap, 50 mg cap	5		PA
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	5		PA
ELELYSO 200 unit iv soln	5		PA
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		PA
MEPSEVII 10 mg/5ml iv soln	5		PA
<i>miglustat 100 mg cap</i>	4	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	5		PA
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	4	ORFADIN	PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 20 mg cap	5		PA
ORFADIN 4 mg/ml susp	5		PA
<i>sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt</i>	4	KUVAN	PA
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
<i>sodium phenylbutyrate 3 gm/tsp oral pwdr</i>	4	BUPHENYL	PA
VPRIV 400 unit iv soln	5		PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 3000-10000 unit cap dr prt	2		
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
<i>fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	TOVIAZ	
<i>flavoxate hcl 100 mg tab</i>	1		
GEMTESA 75 mg tab	3		PA
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		ST
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		ST
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml syr</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
VESICARE LS 5 mg/5ml susp	2		
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	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	1	CIALIS	PA, QL(30 / 30), AL
<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>	1	URECHOLINE	
ELMIRON 100 mg cap	3		
PHOSPHASAL 81.6 mg tab	1		
RIMSO-50 50 % i-vesic soln	3		
<i>sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	VIAGRA	QL(6 / 30), AL
<i>tadalafil 10 mg tab, 20 mg tab</i>	1	CIALIS	QL(6 / 30), AL
URETRON D/S 81.6 mg tab	1		
<i>urin ds 81.6 mg tab</i>	1		
<i>uro-mp 118 mg cap</i>	1		
UTIRA-C 81.6 mg tab	1		
<i>varденаfil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	LEVITRA	QL(6 / 30), AL
<i>varденаfil hcl 10 mg tab disint</i>	1	STAXYN	QL(4 / 30), AL
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALA SCALP 2 % lot	1		
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
APEXICON E 0.05 % crm	3		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 ¹ [Requisitos/Límites]
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	AL
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	AL
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	AL
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	AL
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % crm</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % oint</i>	1	BETA-VAL	AL
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	AL
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLOBEX	AL
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	AL
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	AL
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	AL
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clocortolone pivalate 0.1 % crm</i>	1	CLODERM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clocortolone pivalate pump 0.1 % crm</i>	1	CLODERM	
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	AL
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	AL
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fluocinolone acetonide 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	AL
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA- SMOOTHE/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1	DERMA- SMOOTHE/FS	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	AL
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	AL
<i>fluocinonide 0.1 % crm</i>	1	VANOS	AL
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	AL
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halcinonide 0.1 % crm</i>	1	HALOG	AL
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	AL
HALOG 0.1 % ext soln	3		
HALOG 0.1 % oint	3		AL
<i>hydrocortisone 1 % crm</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	1		
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln, 500 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	3		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
PANDEL 0.1 % crm	3		AL
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 5 mg tab</i>	1		
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln	3		
TEXACORT 2.5 % ext soln	3		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.5 % oint</i>	1	KENALOG	AL
<i>triamcinolone acetonide 0.05 % oint</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm</i>	1	TRIDERM	
<i>triamcinolone acetonide 0.5 % crm</i>	1	TRIDERM	AL
TRIANEX 0.05 % oint	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>chorionic gonadotropin 10000 unit im soln</i>	4	PREGNYL	
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate pf 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	
FOLLISTIM AQ 300 unt/0.36ml sc soln, 600 unt/0.72ml sc soln, 900 unt/1.08ml sc soln	5		
GENOTROPIN 12 mg sc cart, 5 mg sc cart	4		PA
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	4		PA
INCRELEX 40 mg/4ml sc soln	5		PA
MENOPUR 75 unit sc soln	5		
NOVAREL 10000 unit im soln, 5000 unit im soln	5		
OVIDREL 250 mcg/0.5ml sc inj	5		
PREGNYL 10000 unit im soln	5		
STIMATE 1.5 mg/ml nasal soln	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES,			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (prostaglandins) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
KORLYM 300 mg tab	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	1	OXANDRIN	
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
<i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i>	1	DANOCRINE	
<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, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	
<i>testosterone 10 MG/ACT (2%) td gel</i>	1	FORTESTA	
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	1		
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
COVARYX 1.25-2.5 mg tab	1		
COVARYX HS 0.625-1.25 mg tab	1		
DUAVEE 0.45-20 mg tab	2		
EEMT 1.25-2.5 mg tab	1		
EEMT HS 0.625-1.25 mg tab	1		
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<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>	1	VIVELLE-DOT	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
LOPREEZA 0.5-0.1 mg tab, 1-0.5 mg tab	1		
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
MIMVEY 1-0.5 mg tab	1		
MIMVEY LO 0.5-0.1 mg tab	1		
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	2		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	2		
YUVAFEM 10 mcg vag tab	1		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
CRINONE 4 % vag gel	3		QL(6.75 / 15)
CRINONE 8 % vag gel	3		QL(16.88 / 15)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	1	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>clomiphene citrate 50 mg tab</i>	1		
OSPHEA 60 mg tab	3		
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	PA
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]			
<i>levothyroxine sodium 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>	1	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
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	2		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	5		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
<i>ganirelix acetate 250 mcg/0.5ml sc soln pfs</i>	5		
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
<i>octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs</i>	4		PA
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	4	SANDOSTATIN	PA
ORILISSA 150 mg tab, 200 mg tab	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	5		PA
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA
SYNAREL 2 mg/ml nasal soln	5		PA
TRIPTODUR 22.5 mg Intramuscular Suspension Reconstituted ER	5		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
AVSOLA 100 mg iv soln	4		PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA
CIMZIA 2 X 200 mg sc kit, 2 X 200 mg/ml sc pfs kit	5		PA
CIMZIA STARTER KIT 6 X 200 mg/ml sc pfs kit	5		PA
<i>cyclosporine 100 mg cap, 25 mg cap</i>	1	SANDIMMUNE	
<i>cyclosporine 50 mg/ml iv soln</i>	4	SANDIMMUNE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cyclosporine modified 100 mg cap, 25 mg cap</i>	1	NEORAL	
<i>cyclosporine modified 100 mg/ml soln</i>	1	NEORAL	
ENBREL 25 mg sc soln	4		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	4		PA
ENBREL MINI 50 mg/ml sc soln cart	4		PA
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	4		PA
GENGRAF 100 mg cap, 25 mg cap	1		
GENGRAF 100 mg/ml soln	1		
HUMIRA 10 mg/0.1ml sc pfs kit, 10 mg/0.2ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml sc pfs kit, 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
INFLECTRA 100 mg iv soln	5		PA
<i>infliximab 100 mg iv soln</i>	4		PA
LUPKYNIS 7.9 mg cap	4		PA
<i>methotrexate 2.5 mg tab</i>	1		
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	1	CELLCEPT	
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	1	MYFORTIC	
OLUMIANT 1 mg tab, 2 mg tab	5		PA
ORENCIA 250 mg iv soln	4		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
RENFLEXIS 100 mg iv soln	4		PA
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	4		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
CARIMUNE NF 12 gm iv soln, 6 gm iv soln	5		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
CUVITRU 1 gm/5ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
CYTOGAM 50 mg/ml iv inj	5		
FLEBOGAMMA DIF 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
FLEBOGAMMA DIF 0.5 gm/10ml iv soln, 10 gm/200ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln	5		
GAMASTAN im inj	5		
GAMMAGARD 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln	5		
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	4		
GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln	5		
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		
GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	5		
HEPAGAM B 312 unit/ml inj soln	5		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
HIZENTRA 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
HYPERHEP B 110 unit/0.5ml im soln pfs, 220 unit/ml im soln, 220 unit/ml im soln pfs	5		
HYPERRAB S/D 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	3		
HYQVIA 10 gm/100ml sc kit, 2.5 gm/25ml sc kit, 20 gm/200ml sc kit, 30 gm/300ml sc kit, 5 gm/50ml sc kit	5		
IMOGAM RABIES-HT 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
OCTAGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
OCTAGAM 1 gm/20ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 25 gm/500ml iv soln, 5 gm/100ml iv soln	5		
PRIVIGEN 20 gm/200ml iv soln, 40 gm/400ml iv soln	5		
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	3		
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
ARCALYST 220 mg sc soln	5		PA
ENTYVIO 300 mg iv soln	5		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
RIDAURA 3 mg cap	3		
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
Vaccines [Vacunas]			
ACTHIB im soln	3		QL(0.5 / 30), AL
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		AL
AFLURIA im susp	3		
AFLURIA PRESERVATIVE FREE 0.5 ml im susp pfs	3		
AFLURIA QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
<i>bcg vaccine 50 mg inj soln</i>	1		
BEXSERO im susp pfs	3		AL
BIOTHRAX im susp	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp pfs	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		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 ¹ [Requisitos/Límites]
DAPTACEL 23-15-5 im susp	3		QL(0.5 / 30), AL
<i>diphtheria-tetanus toxoids dt 25-5 Ifu/0.5ml im susp</i>	1		QL(0.5 / 30), AL
ENGRIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
ENGRIX-B 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	3		QL(4 / 365)
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUCELVAX QUADRIVALENT 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUZONE HIGH-DOSE 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ml im susp pfs	3		
FLUZONE QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp, 0.5 ml im susp pfs	3		
GARDASIL 9 im susp, im susp pfs	3		QL(1.5 / 365), AL
HAVRIX 720 el u/0.5ml im susp	3		QL(1.5 / 365), AL
HAVRIX 1440 el u/ml im susp	3		QL(3 / 365), AL
HEPLISAV-B 20 mcg/0.5ml im soln, 20 mcg/0.5ml im soln pfs	3		QL(1 / 999), AL
HIBERIX 10 mcg inj soln	3		QL(0.5 / 30), AL
HYPERTET 250 unit/ml im soln pfs	5		
INFANRIX 25-58-10 im susp	3		QL(0.5 / 30), AL
IPOL inj	3		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 ¹ [Requisitos/Límites]
KINRIX im susp, 0.5 ml im susp pfs	3		QL(0.5 / 999), AL
MENACTRA im soln	3		
MENVEO im soln	3		AL
M-M-R II inj soln	3		AL
PEDIARIX im susp pfs	3		QL(0.5 / 30), AL
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		QL(0.5 / 30), AL
PENTACEL im susp	3		QL(0.5 / 30), AL
PNEUMOVAX 23 25 mcg/0.5ml inj	3		QL(1 / 365), AL
PREVNAR 13 im susp	3		
PRIORIX sc susp	3		AL
PROQUAD sc susp	3		
QUADRACEL im susp	3		QL(0.5 / 999), AL
RECOMBIVAX HB 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe	3		AL
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		AL
TDVAX 2-2 lf/0.5ml im susp	3		AL
TENIVAC 5-2 lfu im inj	3		QL(0.5 / 30), AL
<i>tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp</i>	1		AL
TRUMENBA im susp pfs	3		AL
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		QL(3 / 180), AL
VAQTA 25 unit/0.5ml im susp	3		QL(1.5 / 365), AL
VAQTA 50 unit/ml im susp	3		QL(3 / 365), AL
VARIVAX 1350 pfu/0.5ml sc inj	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
VARIZIG 125 unit/1.2ml im soln	5		
VAXNEUVANCE 0.5 ml im susp pfs	3		
ZOSTAVAX 19400 unt/0.65ml sc susp	3		AL
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>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1	APRISO	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>budesonide 2 mg rect foam</i>	1		
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
<i>budesonide er 9 mg tab er 24 hr</i>	1	UCERIS	PA
COLOCORT 100 mg/60ml rect enema	1		
CORTIFOAM 10 % foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
UCERIS 2 mg/act rect foam	3		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 40 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	ST
<i>calcitonin (salmon) 200 unit/ml inj soln</i>	1	MIACALCIN	
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	QL(3.7 / 30)
<i>calcitriol 1 mcg/ml iv soln</i>	1	CALCIJEX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	PA
<i>etidronate disodium 200 mg tab, 400 mg tab</i>	1	DIDRONEL	
FORTEO 600 mcg/2.4ml sc soln pen-inj	4		PA, QL(2.4 / 30)
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		ST
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	ST
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	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 ¹ [Requisitos/Límites]
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	5		PA, QL(1 / 180)
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(2.4 / 30)
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA, QL(100 / 365)
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
ANASCORP iv soln	5		
<i>antivenin latrodectus mactans inj kit</i>	4		
<i>antivenin micrurus fulvius iv soln</i>	4		
ARGYLE STERILE SALINE 0.9 % irrig soln	1		
CARNITOR 200 mg/ml iv soln	3		
CROFAB iv soln	5		
<i>deferoxamine mesylate 500 mg inj soln</i>	4	DESFERAL	PA
IMCIVREE 10 mg/ml sc soln	5		PA
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
SAXENDA 18 mg/3ml sc soln pen-inj	3		PA
<i>sodium chloride 0.9 % irrig soln</i>	1		
XENICAL 120 mg cap	3		PA
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>cyclosporine 0.05 % ophth emul</i>	1	RESTASIS	PA
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
XIIDRA 5 % ophth soln	3		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	ST
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
LASTACAFT 0.25 % ophth soln	3		ST
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	ST
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i>	1	COMBIGAN	
<i>brinzolamide 1 % ophth susp</i>	1	AZOPT	ST
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1	COSOPT	
IOPIDINE 1 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
<i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i>	1	TIMOPTIC XE	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>difluprednate 0.05 % ophth emul</i>	1	DUREZOL	
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	2		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>loteprednol etabonate 0.5 % ophth gel</i>	1	LOTEMAX	
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	1		
PRED MILD 0.12 % ophth susp	2		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	2		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
Ophthalmic Prostaglandin And Prostanoid Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanoidas - Medicamentos Para Glaucoma]			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1	CETRAXAL	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i>	1	CIPRODEX	
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
FLAC 0.01 % otic oil	1		
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	ST
CLARINEX 0.5 mg/ml syr	3		ST
<i>cycloheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cycloheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	ST
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	ST
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	ST
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	1	PULMICORT	
FLOVENT DISKUS 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer	2		
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	ST
QNASL 80 mcg/act nasal aer soln	3		ST
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		ST
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		
<i>ipratropium bromide 0.02 % inh soln, 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
SPIRIVA HANDIHALER 18 mcg inh cap	2		
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	
<i>albuterol sulfate 2 mg tab, 2.5 mg/0.5ml inh neb soln, 4 mg tab</i>	1	PROVENTIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	
<i>epinephrine 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	QL(2 / 365)
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	QL(2 / 365)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	
<i>SEREVENT DISKUS 50 mcg/act inh aer pwdr br act</i>	2		
<i>STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln</i>	3		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
<i>PULMOZYME 2.5 mg/2.5ml inh soln</i>	5		PA
<i>TOBI PODHALER 28 mg inh cap</i>	5		PA
<i>tobramycin 300 mg/4ml inh neb soln</i>	4	BETHKIS	PA
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DIFIL-G FORTE 100-100 mg/5ml liq	3		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
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	3		
<i>theophylline 80 mg/15ml oral elix</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA
<i>bosentan 125 mg tab, 62.5 mg tab</i>	4	TRACLEER	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	4	FLOLAN	PA
OPSUMIT 10 mg tab	4		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	4	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	5		PA
TYVASO REFILL 0.6 mg/ml inh 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 ¹ [Requisitos/Límites]
TYVASO STARTER 0.6 mg/ml inh soln	5		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA
Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]			
ESBRIET 267 mg tab, 801 mg tab	5		PA
OFEV 100 mg cap, 150 mg cap	5		PA
<i>pirfenidone 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>	1	MUCOMYST	
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	2		
ARALAST NP 1000 mg iv soln, 500 mg iv soln	5		PA
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		ST
ESBRIET 267 mg cap	5		PA
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	
GILPHEX TR 10-388 mg tab	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
GILTUSS TR 10-28-388 mg tab	3		
GLASSIA 1000 mg/50ml iv soln	5		PA
<i>hydrocod poli-chlorphe poli er</i> 10-8 mg/5ml susp er	1	TUSSIONEX PENNKINETIC ER	AL
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
<i>pirfenidone</i> 267 mg cap	5		PA
<i>promethazine vc/codeine</i> 6.25-5- 10 mg/5ml syr	1		AL
<i>promethazine-codeine</i> 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	1		AL
<i>promethazine-dm</i> 6.25-15 mg/5ml syr	1		
<i>promethazine-phenyleph-</i> <i>codeine</i> 6.25-5-10 mg/5ml syr	1		AL
<i>pseudoeph-bromphen-dm</i> 30-2- 10 mg/5ml syr	1		
<i>ribavirin</i> 6 gm inh soln	4	VIRAZOLE	
SEMPREX-D 8-60 mg cap	3		
<i>sodium chloride</i> 0.9 % inh neb soln	1		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200- 62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500- 50 mcg/act inh aer pwdr br act	1		QL(60 / 30)
XOLAIR 150 mg sc 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 ¹ [Requisitos/Límites]
SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>METAXALL 800 mg tab</i>	1		
<i>metaxalone 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1	PRECEDEX	
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	QL(30 / 30)
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	QL(30 / 30)
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	QL(30 / 30)
<i>triazolam 0.125 mg tab</i>	1	HALCION	QL(30 / 30)
<i>triazolam 0.25 mg tab</i>	1	HALCION	QL(60 / 30)
<i>zaleplon 5 mg cap</i>	1	SONATA	QL(30 / 30)
<i>zaleplon 10 mg cap</i>	1	SONATA	QL(60 / 30)
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	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 ¹ [Requisitos/Límites]
<i>zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl</i>	1	INTERMEZZO	QL(30 / 30)
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	QL(30 / 30), ST
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	QL(30 / 30)
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	PA
<i>ramelteon 8 mg tab</i>	1	ROZEREM	QL(30 / 30)
XYREM 500 mg/ml 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]

APÉNDICE I – TERAPIAS ESCALONADAS / APPENDIX I – STEP THERAPIES

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
ADHD - Non Stimulant	30 days in 365 days	STEP 1	Dexmethylphenidate
			Methylphenidate
		STEP 2	Atomoxetine / Strattera
ADHD - Stimulants	30 days in 365 days	STEP 1	Amphetamine-Dextroamphetamine IR/Adderall
			Dexmethylphenidate
			Dextroamphetamine
			Methylphenidate
		STEP 2	Amphetamine-Dextroamphetamine ER
			Amphetamine ER Dispersible Tablet / Adzenys XR-ODT
			Methylphenidate ER Dispersible Tablet / Cotempla XR-ODT
			Amphetamine ER Susp / Dyanavel XR
Amlodipine/Olmesartan; Amlodipine/Valsartan; Amlodipine/Valsartan HCT	30 days in 365 days	STEP 1	ACE Inhibitors
			Angiotensin II Recetor Antagonists
			Dihydropyridine CCB
			Diurectics
		STEP 2	Amlodipine-Olmesartan / Azor
			Amlodipine-Valsartan / Exforge
			Amlodipine-Valsartan-Hydrochlorothiazide / Exforge HCT
ARB	30 days in 365 days	STEP 1	Irbesartan +/- htcz
			Losartan +/- htcz

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Valsartan +/- htcz
		STEP 2	Azilsartan / Edarbi
			Azilsartan-Chlorthalidone / Edarbyclor
			Candesartan / Atacand
			Candesartan-Hydrochlorothiazide / Atacand HCT
			Olmesartan / Benicar
			Olmesartan-Hydrochlorothiazide / Benicar HCT
			Telmisartan / Micardis
			Telmisartan-Hydrochlorothiazide / Micardis HCT
Brinzolamide	15 days in 365 days	STEP 1	Dorzolamide
		STEP 2	Brinzolamide / Azopt
Carvedilol SR	30 days in 365 days	STEP 1	Carvedilol IR
		STEP 2	Carvedilol Phosphate Cap SR / Coreg CR
Celecoxib	15 days in 365 days	STEP 1	Nonsteroidal Anti-Inflammatory Agents (Nsaids)**
		STEP 2	Celecoxib / Celebrex
Desvenlafaxine	30 days in 365 days	STEP 1	Duloxetine
			Venlafaxine
		STEP 2	Desvenlafaxine Succinate Tab SR / Pristiq
			Desvenlafaxine Tab SR / Khedezla
DPP-4	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Linagliptin / Tradjenta
			Linagliptin-Metformin / Jentadueto / Jentadueto XR
			Sitagliptin / Januvia
			Sitagliptin-Metformin / Janumet / Janumet XR
DPP-4 & SGLT-2	60 days in 365 days	STEP 1	DPP-4 (eg. Linagliptin)
			SGLT-2 (eg. Empagliflozin)
		STEP 2	Empagliflozin-Linagliptin -Metformin/ Trijardy
			Empagliflozin-Linagliptin / Glyxambi
Dronedarone	30 days in 365 days	STEP 1	Amiodarone
		STEP 2	Dronedarone / Multaq
Eplerenone	30 days in 365 days	STEP 1	Spironolactone
			Spironolactone & Hydrochlorothiazide
		STEP 2	Eplerenone / Inspra
Ezetimibe	60 days in 365 days	STEP 1	Statins (eg. atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin)
		STEP 2	Ezetimibe / Zetia
Fluoxetine DR	30 days in 365 days	STEP 1	Fluoxetine
		STEP 2	Fluoxetine HCl Cap Delayed Release / Prozac Weekly
Glitazones	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
		STEP 2	Pioglitazone / Actos
			Pioglitazone HCl-Glimepiride / Duetact
			Pioglitazone HCl-Metformin / Actoplus met / Actoplus met XT

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
GLP-1	60 days in 365 days	STEP 1	Biguanides
			Glitazones
			Sulfonylureas
		STEP 2	Dulaglutide / Trulicity
			ExenatideExtended Release / Bydureon
			Exenatide / Byetta
			Semaglutide / Ozempic
			Liraglutide / Victoza
Levetiracetam (SR)	30 days in 365 days	STEP 1	Levetiracetam
		STEP 2	Levetiracetam Tab ER / Keppra XR/ Roweepra
Long Acting Opioids	7 days in 15 days	STEP 1	Short Acting opioids
		STEP 2	Fentanyl TD Patch / Duragesic
Memantine SR	30 days in 365 days	STEP 1	Memantine
		STEP 2	Memantine HCl Cap SR / Namenda XR
Metformin Osmotic /Modified Release	30 days in 365 days	STEP 1	Metformin
		STEP 2	Metformin HCl Tab SR 24HR Osmotic / Fortamet
Miglitol	60 days in 365 days	STEP 1	Acarbose
		STEP 2	Miglitol / Glyset
Mirabegron	30 days in 365 days	STEP 1	Urinary Antispasmodic - Antimuscarinics (Oxybutinin, Tolterodine)
		STEP 2	Mirabegron Tab SR / Myrbetriq
Nasal Corticosteroid	1 prescription in 365 days	STEP 1	Budesonide
			Flunisolide
			Fluticasone Propionate
			Triamcinolone Acetonide

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			OTCs (Budesonide / Rhinocort, Fluticasone / Flonase Allergy or Flonase Sensymist, Triamcinolone / Nasacort)
		STEP 2	Beclomethasone Dipropionate Nasal Aerosol / Qnasl
			Mometasone Furoate Nasal Susp / Nasonex
Nebivolol	30 days in 365 days	STEP 1	Alpha-Beta Blockers
			Beta Blockers Cardio-Selective
		STEP 2	Nebivolol / Bystolic
Non-Sedating Antihistamines	15 days in 365 days	STEP 1	OTCs (Loratadine / Claritin, Loratadine-PSE, Claritin-D, Fexofenadine / Allegra, Fexofenadine-PSE / Allegra-D, Cetirizine / Zyrtec, Cetirizine-PSE / Zyrtec-D, Levocetirizine / Xyzal)
		STEP 2	Desloratadine & Pseudoephedrine Tab SR / Clarinex D
			Desloratadine / Clarinex
			Cetirizine HCl Oral Soln
			Levocetirizine / Xyzal
Ocular Allergies	15 days in 365 days	STEP 1	OTCs (Ketotifen / Zaditor)
			Olopatadine Ophth Soln 0.1 %
		STEP 2	Alcaftadine / Lastacaft
			Azelastine / Optivar
			Emedastine / Emadine
			Olopatadine / Pataday/ Patanol
			Olopatadine / Pazeo
Oral biphosphonates	28 days in 365 days	STEP 1	Alendronate Tab
		STEP 2	Alendronate Oral Soln / Fosamax

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Alendronate -Cholecalciferol / Fosamax Plus D
			Ibandronate / Boniva
			Risedronate / Actonel
			Risedronate / Atelvia
Paliperidone palmitate (Trinza)	120 days in 365 days	STEP 1	Paliperidone Palmitate IM / Invega Sustenna
		STEP 2	Paliperidone Palmitate IM / Invega Trinza
Pimecrolimus / Tacrolimus	15 days in 365 days	STEP 1	Corticosteroids - Topical**
			Lactic Acid (Ammonium Lactate)
		STEP 2	Pimecrolimus / Elidel
			Tacrolimus / Protopic
PPIs	30 days in 365 days	STEP 1	Lansoprazole Rx
			Omeprazole Rx
			Pantoprazole RX
			OTCs (Lansoprazole / Prevacid OTC, Omeprazole /Prilosec OTC, Esomeprazole / Nexium OTC, Omeprazole-Sodium Bicarbonate / Zegerid OTC)
		STEP 2	Dexlansoprazole C/ Dexilant
			Esomeprazole / Nexium
			Lansoprazole / Prevacid SoluTab
			Omeprazole-Sodium Bicarbonate / Zegerid
			Pantoprazole / Protonix Oral Pack
			Rabeprazole / Aciphex
Pregabalin	30 days in 365 days	STEP 1	Anticonvulsants

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Duloxetine
			Tricyclic antidepressants
		STEP 2	Pregabalin / Lyrica
Quetiapine SR	30 days in 365 days	STEP 1	Quetiapine
		STEP 2	Quetiapine Fumarate Tab SR / Seroquel XR
Rasagiline	30 days in 365 days	STEP 1	Selegiline
		STEP 2	Rasagiline Mesylate / Azilect
Repaglinide	60 days in 365 days	STEP 1	Nateglinide
		STEP 2	Repaglinide Tab
Ropinirole SR	30 days in 365 days	STEP 1	Ropinirole
		STEP 2	Ropinirole Hydrochloride Tab SR / Requip XL
Rotigotine	30 days in 365 days	STEP 1	Pramipexole
			Ropinirole
		STEP 2	Rotigotine TD Patch / Neupro
SGLT-2 Inhibitors	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Canagliflozin / Invokana
			Canagliflozin-Metformin / Invokamet / Invokamet XR
			Empagliflozin / Jardiance
			Empagliflozin-Metformin / Synjardy / Synjardy XR
Simvastatin 80 mg	360 days in 365 days	STEP 1	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
		STEP 2	Ezetimibe-Simvastatin Tab 10-80 MG

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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Simvastatin Tab 80 MG
Statins	60 days in 365 days	STEP 1	Atorvastatin
			Lovastatin Tab IR
			Pravastatin
			Rosuvastatin
			Simvastatin
		STEP 2	Ezetimibe-Simvastatin / Vytorin
			Lescol
			Lescol XL
			Lovastatin Tab SR / Altoprev
			Pitavastatin Calcium / Livalo
Tryptans	30 days in 365 days	STEP 1	Sumatriptan
		STEP 2	Eletriptan / Relpax
Zolpidem	60 days in 365 days	STEP 1	Zaleplon
			Zolpidem
		STEP 2	Zolpidem Tartrate Tab CR / Ambien CR

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

APÉNDICE II – LÍMITES DE ESPECIALIDAD / APPENDIX II – SPECIALTY LIMITATIONS

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them. (Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)	
ANTIHEMOPHILIC & COAGULATION FACTORS	Hematólogo /Hematologist

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

APÉNDICE III – LISTA DE PREVENTIVOS / APPENDIX III -PREVENTIVE LIST

Los siguientes medicamentos están cubiertos a través del beneficio de la Ley de Protección al Paciente y Cuidado de Salud Asequible (PPACA por sus siglas en inglés), *Health Care and Education Reconciliation Act (HCERA)*, y están sujeto a cambios basados en las recomendaciones del *United States Preventive Services Task Force (USPSTF)*.

[The following medications are covered through the *Patient Protection and Affordable Care Act (PPACA)* and *Health Care and Education Reconciliation Act (HCERA)* benefit; and are subject to change based on *United States Preventive Services Task Force (USPSTF)* recommendations].

Drugs (Medicamentos)		Requirements/Limits (Requisitos/Límites)
Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer (Uso de Aspirina para Prevenir Enfermedades Cardiovasculares y Cáncer Colorectal)		
Low-Dose Aspirin (Aspirina en Dosis Baja)		
aspirin chewable tablet 81 mg		QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
aspirin delayed release oral tablet 81 mg		QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)		
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)		
tamoxifen citrate oral tablet 10 mg, 20 mg		PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)		
raloxifene hcl oral tablet 60 mg		PA
Contraceptive Methods (Métodos Anticonceptivos)		
Cervical Cap (Cápsula Cervical)		

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

FEMCAP CERVICAL CAP 22MM, 26MM, 30MM	QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)	
PARAGARD INTRAUTERINE COPPER	QL (1EA per 3650 days)
Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE ORAL TABLET 1.5MG	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	

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

NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
PREVENTEZA ORAL TABLET 1.5 MG	
REACT ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2190 days)
Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada))	
AFIRMELLE ORAL TABLET 0.10-20 MG-MCG	QL (28 tablets per 28 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)

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

AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AYUNA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel -ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)

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

drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
GIANVI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JASMIEL ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

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

LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LOMEDIA 24 FE ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)

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

MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONONESSA 0.25-35 MG-MCG TAB	QL (28 tablets per 28 days)
MYZILRA ORAL TABLET	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)
NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NIKKI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)

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

NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
PREVENTEZA ORAL TABLET 1.5 MG	QL (28 tablets per 28 days)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
RAJANI ORAL TABLET 3-0.02-0.451 MG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)

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

TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	QL (28 tablets per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)

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

ZARAH ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) (Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo))	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg	QL (91 tablets per 91 days)
QUASENSE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) (Anticonceptivos Orales (Minipíldora Sólo Progestina))	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
LYZA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYROC ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
TULANA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	

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

XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%	QL (24 applicators per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30MG	
Vaginal Ring (Anillo Vaginal)	
Etonogestrel-Ethinyl Estradiol Vaginal Ring	QL (1EA per 28 days)
EluRyng Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	AL (patients less than or equal to 5 years)
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
FLUORITAB ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	AL (patients less than or equal to 5 years)

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

LUDENT ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 0.275 (0.125 F) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 F) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 F)mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (51ml/30 days)
ferrous sulfate oral liquid 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (51ml/30 days)
ferrous sulfate oral solution 75 (15 Fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (18ml/30 days)

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

iron oral tablet 325 (65 Fe) mg	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
Statin Preventive Medication (Medicación Preventiva con Estatinas)	
Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 MG (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
Colorectal Cancer Screening (Detección de Cáncer Colorrectal)	
Laxatives (Laxantes)	

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

gavilyte-c oral solution reconstituted 240 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-g oral solution reconstituted 236 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavalyte-n oral solution reconstituted 420 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
peg 3350-kcl-na bicarb-nacl oral solution 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
SUPREP BOWEL PREP ORAL SOLUTION	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)
trilyte oral solution reconstituted 420 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)

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

APÉNDICE IV – LISTA DE MEDICAMENTOS OTC CUBIERTOS / APPENDIX IV - OVER THE COUNTER (OTC) COVERED DRUGS LIST

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
<i>esomeprazole magnesium 20 mg cap dr</i>	NEXIUM
<i>lansoprazole 15 mg cap dr</i>	PREVACID
NEXIUM 24HR 20 mg cap dr, 20 mg tab dr	
NEXIUM 24HR CLEAR MINIS 20 mg cap dr	
<i>omeprazole 20 mg tab dr</i>	
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	
PREVACID 24HR 15 mg cab dr	
PRILOSEC OTC 20 mg tab dr	
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
<i>ketotifen fumarate 0.025 % ophth soln</i>	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
ALLEGRA ALLERGY CHILDRENS 30 mg tab, 30 mg tab disint	
<i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i>	
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	ZYRTEC
<i>cetirizine hcl childrens 1 mg/ml soln</i>	ZYRTEC
CLARITIN 10 mg tab, 5 mg tab chew	
CLARITIN ALLERGY CHILDRENS 5 mg/5ml syr	
CLARITIN CHILDRENS 5 mg tab chew	
CLARITIN REDITABS 5 mg tab disint	
<i>fexofenadine hcl 180 mg tab, 60 mg tab</i>	
<i>fexofenadine hcl childrens 30 mg/5ml susp</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	XYZAL
<i>loratadine 10 mg cap, 10 mg tab</i>	
<i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i>	
XYZAL ALLERGY 24HR 5 mg tab	
XYZAL ALLERGY 24HR CHILDRENS 2.5 mg/5ml soln	
ZYRTEC ALLERGY 10 mg tab disint	
ZYRTEC ALLERGY CHILDRENS 10 mg tab disint	
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
<i>budesonide 32 mcg/act nasal susp</i>	RHINOCORT
FLONASE ALLERGY RELIEF 50 mcg/act nasal susp	
FLONASE SENSIMIST 27.5 mcg/spray nasal susp	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	FLONASE
RHINOCORT ALLERGY 32 mcg/act nasal susp	
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	NASACORT

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
<i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>	
<i>fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr</i>	
<i>loratadine-d 12hr 5-120 mg tab er 12 hr</i>	
<i>loratadine-d 24hr 10-240 mg tab er 24 hr</i>	

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

A

<i>abacavir sulfate</i>	73	ADVATE.....	84
<i>abacavir sulfate-lamivudine</i>	73	<i>adynovate</i>	84
<i>abacavir-lamivudine-zidovudine</i>	73	AFIRMELLE.....	166
ABANEU-SL.....	110	AFLURIA.....	136
ABILIFY MAINTENA.....	68	AFLURIA PRESERVATIVE FREE.....	136
<i>abiraterone acetate</i>	59	AFLURIA QUADRIVALENT.....	136
<i>acamprosate calcium</i>	39	AFSTYLA.....	84
<i>acarbose</i>	77	AFTERA 1.5 mg.....	165
Acarbose.....	158	<i>ak-poly-bac</i>	142
ACCUTANE.....	104	AKYNZEO.....	53
ACE Inhibitors.....	155	ALA SCALP.....	119
<i>acebutolol hcl</i>	90	Alaway.....	178
<i>acetaminophen-codeine</i>	37	<i>albendazole</i>	64
<i>acetaminophen-codeine #2</i>	37	<i>albuterol sulfate</i>	148, 149
<i>acetaminophen-codeine #3</i>	37	<i>albuterol sulfate hfa</i>	149
<i>acetaminophen-codeine #4</i>	37	Alcaftadine.....	159
<i>acetazolamide</i>	143	<i>alclometasone dipropionate</i>	119
<i>acetic acid</i>	146	ALDACTAZIDE.....	93
<i>acetylcysteine</i>	151	ALDURAZYME.....	116
Acifex.....	160	ALECENSA.....	61
<i>acitretin</i>	104	Alendronate.....	159, 160
ACTEMRA.....	136	<i>alendronate sodium</i>	140
ACTEMRA ACTPEN.....	136	<i>alfuzosin hcl er</i>	118
ACTHIB.....	136	ALINIA.....	64
Actonel.....	160	<i>aliskiren fumarate</i>	93
Actoplus met.....	157	Allegra.....	159
Actos.....	157	Allegra Allergy Childrens.....	179
ACUVAIL.....	144	Allegra-D.....	159
<i>acyclovir</i>	71	allopurinol.....	5, 18, 56
ADACEL.....	136	<i>almotriptan malate</i>	57
ADAGEN.....	116	<i>alosetron hcl</i>	115
<i>adapalene</i>	104	ALPHAGAN P.....	143
<i>adapalene-benzoyl peroxide</i>	104	ALPHANATE.....	84
Adderall XR.....	155	ALPHANATE/VWF COMPLEX/HUMAN.....	84
ADEMPAS.....	150	ALPHANINE SD.....	85
ADHD - Non Stimulant.....	155	<i>alprazolam</i>	76
ADHD - Stimulants.....	155	<i>alprazolam er</i>	76
ADVAIR HFA.....	151	<i>alprazolam xr</i>	76
		ALPROLIX.....	85

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

ALREX.....	144	ANALPRAM-HC.....	104
ALTAVERA.....	166	ANASCORP.....	141
Altoprev.....	162	<i>anastrozole</i>	61
ALTOPREV.....	97	ANDRODERM.....	126
ALUNBRIG.....	61	ANGELIQ.....	127
ALYACEN 1/35.....	166	ANORO ELLIPTA.....	151
AMABELZ.....	127	ANTARA.....	96
<i>amantadine hcl</i>	65	<i>antivenin latrodectus mactans</i>	141
Ambien.....	162	<i>antivenin micrurus fulvius</i>	141
Ambien CR.....	162	ANUSOL-HC.....	56
<i>ambrisentan</i>	150	ANZEMET.....	53
<i>amiloride hcl</i>	96	APEXICON E.....	119
<i>amiloride-hydrochlorothiazide</i>	93	<i>apomorphine hcl</i>	65
<i>aminocaproic acid</i>	85	<i>aprepitant</i>	53
Amiodarone.....	157	APRI.....	166
<i>amiodarone hcl</i>	89	APTIVUS.....	74
<i>amitriptyline hcl</i>	52	AQUASOL A.....	110
Amlodipine.....	155	ARALAST NP.....	151
<i>amlodipine besy-benazepril hcl</i>	93	ARCALYST.....	136
<i>amlodipine besylate</i>	91	ARGYLE STERILE SALINE.....	141
<i>amlodipine besylate-valsartan</i>	93	<i>aripiprazole</i>	68
<i>amlodipine-atorvastatin</i>	93	ARNUITY ELLIPTA.....	147
<i>amlodipine-olmesartan</i>	93	<i>ascorbic acid</i>	110
Amlodipine-Olmesartan.....	155	<i>asenapine maleate</i>	68
Amlodipine-Valsartan.....	155	aspirin chewable.....	164
<i>amlodipine-valsartan-hctz</i>	93	aspirin delayed release.....	164
Amlodipine-Valsartan-Hydrochlorothiazide.....	155	<i>aspirin-dipyridamole er</i>	87
<i>ammonium lactate</i>	104	ATABEX EC.....	110
Ammonium Lactate.....	160	ATABEX OB.....	110
<i>amoxapine</i>	52	Atacand.....	156
<i>amoxicillin</i>	43	Atacand HCT.....	156
<i>amoxicillin-pot clavulanate</i>	43	<i>atazanavir sulfate</i>	74
<i>amoxicillin-pot clavulanate er</i>	43	Atelvia.....	160
Amphetamine.....	155	<i>atenolol</i>	90
<i>amphetamine-dextroamphet er</i>	99	<i>atenolol-chlorthalidone</i>	93
<i>amphetamine-dextroamphetamine</i>	99	Atomoxetine.....	155
Amphetamine-Dextroamphetamine.....	155	<i>atomoxetine hcl</i>	100
Amphetamine-Dextroamphetamine IR.....	155	atorvastatin.....	176
<i>ampicillin</i>	43	Atorvastatin.....	162
<i>ampicillin sodium</i>	43	<i>atorvastatin calcium</i>	97
<i>anagrelide hcl</i>	83	<i>atovaquone</i>	64

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

<i>atovaquone-proguanil hcl</i>	64	Benicar.....	156
ATROVENT HFA.....	148	Benicar HCT.....	156
AUBAGIO.....	102	BENLYSTA.....	131
AUBRA.....	166	<i>benzonatate</i>	151
AUBRA EQ.....	166	<i>benzoyl peroxide-erythromycin</i>	104
AUGMENTIN.....	43	<i>benztropine mesylate</i>	65
AUROVELA 24 FE.....	166	BESIVANCE.....	142
AUROVELA FE 1.5/30.....	166	<i>betaine</i>	116
AUROVELA FE 1/20.....	167	<i>betamethasone dipropionate</i>	120
AVIANE.....	167	<i>betamethasone dipropionate aug</i>	120
AVONEX PEN.....	102	<i>betamethasone sod phos & acet</i>	120
AVONEX PREFILLED.....	102	<i>betamethasone valerate</i>	120
AVSOLA.....	131	BETASERON.....	102
AYUNA.....	167	<i>betaxolol hcl</i>	90, 143
<i>azathioprine</i>	131	<i>bethanechol chloride</i>	119
<i>azelaic acid</i>	104	BETIMOL.....	143
Azelastine.....	159	BETOPTIC-S.....	143
<i>azelastine hcl</i>	142, 146	<i>bexarotene</i>	63
<i>azelastine-fluticasone</i>	146	BEXSERO.....	136
AZELEX.....	104	<i>bicalutamide</i>	59
Azilect.....	161	BICILLIN C-R.....	43
Azilsartan.....	156	BICILLIN C-R 900/300.....	43
Azilsartan-Chlorthalidone.....	156	BICILLIN L-A.....	43
<i>azithromycin</i>	44	Biguanides.....	156, 157, 158, 161
Azopt.....	156	BIKTARVY.....	72
Azor.....	155	BIOTHRAX.....	136
AZURETTE.....	167	<i>bismuth/metronidaz/tetracyclin</i>	113
B		<i>bisoprolol fumarate</i>	90
<i>bacitracin</i>	142	<i>bisoprolol-hydrochlorothiazide</i>	94
<i>bacitracin-polymyxin b</i>	142	BLEPHAMIDE.....	144
<i>bacitra-neomycin-polymyxin-hc</i>	144	BLEPHAMIDE S.O.P.....	144
<i>baclofen</i>	70	BLISOVI 24 FE.....	167
<i>balsalazide disodium</i>	139	BLISOVI FE 1.5/30.....	167
BARACLUDE.....	70	BLISOVI FE 1/20.....	167
<i>bcg vaccine</i>	136	Boniva.....	160
Beclomethasone.....	159	BOOSTRIX.....	136
BEKYREE.....	167	<i>bosentan</i>	150
<i>benazepril hcl</i>	89	BOSULIF.....	61
<i>benazepril-hydrochlorothiazide</i>	93	<i>bp 10-1</i>	104
BENEFIX.....	85	<i>b-plex</i>	110
		BRAFTOVI.....	61

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

BREO ELLIPTA	151
BRILINTA.....	87
<i>brimonidine tartrate</i>	104, 143
<i>brimonidine tartrate-timolol</i>	143
<i>brinzolamide</i>	143
Brinzolamide	156
<i>bromocriptine mesylate</i>	65
<i>budesonide</i>	139, 147
Budesonide	158, 159, 179
<i>budesonide er</i>	139
<i>bumetanide</i>	95
<i>buprenorphine</i>	36
<i>buprenorphine hcl</i>	39
<i>buprenorphine hcl-naloxone hcl</i>	39, 40
bupropion hcl	176
<i>bupropion hcl</i>	50
<i>bupropion hcl er (sr)</i>	50
<i>bupropion hcl er (xl)</i>	50
<i>buspirone hcl</i>	75
<i>butalbital-acetaminophen</i>	34
<i>butalbital-apap-caff-cod</i>	37
<i>butalbital-apap-caffeine</i>	34
<i>butalbital-asa-caff-codeine</i>	37
<i>butalbital-aspirin-caffeine</i>	34
<i>butorphanol tartrate</i>	37
Bydureon.....	158
BYDUREON.....	77
BYDUREON BCISE.....	77
Byetta.....	158
BYETTA 10 MCG PEN	77
BYETTA 5 MCG PEN	77
Bystolic	159

C

<i>cabergoline</i>	130
CABOMETYX	61
<i>calcipotriene</i>	104
<i>calcitonin (salmon)</i>	140
<i>calcitriol</i>	104, 140
<i>calcium acetate (phos binder)</i>	110
CALQUENCE.....	61

CAMILA.....	173
CAMRESE LO.....	167
Canagliflozin.....	161
Candesartan.....	156
<i>candesartan cilexetil</i>	88
<i>candesartan cilexetil-hctz</i>	94
Candesartan-Hydrochlorothiazide	156
<i>capecitabine</i>	60
CAPEX.....	120
CAPRELSA	61
<i>captopril</i>	89
<i>captopril-hydrochlorothiazide</i>	94
<i>carbamazepine</i>	47, 48
<i>carbamazepine er</i>	48
<i>carbidopa</i>	66
<i>carbidopa-levodopa</i>	66
<i>carbidopa-levodopa er</i>	66
<i>carbidopa-levodopa-entacapone</i>	66
CARIMUNE NF	133
<i>carisoprodol</i>	153
CARNITOR	141
<i>carteolol hcl</i>	143
<i>carvedilol</i>	90
Carvedilol	156
Carvedilol IR.....	156
<i>carvedilol phosphate er</i>	90
CAYA CONTOURED DIAPHRAGM.....	165
<i>cefaclor</i>	42
<i>cefadroxil</i>	42
<i>cefdinir</i>	42
<i>cefditoren pivoxil</i>	42
<i>cefpodoxime proxetil</i>	42
<i>cefprozil</i>	42
<i>ceftriaxone sodium</i>	42
<i>cefuroxime axetil</i>	42
Celebrex.....	156
<i>celecoxib</i>	34
Celecoxib	156
CEM-UREA	104
<i>cephalexin</i>	42, 43
CERDELGA	116

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

CEREZYME	116	CLARINEX	146
Cetirizine	159	CLARINEX-D 12 HOUR	151
<i>cetirizine hcl</i>	146	<i>clarithromycin</i>	44
Cetirizine HCl	179	<i>clarithromycin er</i>	44
Cetirizine HCl Allergy Child	179	Claritin	159, 179
Cetirizine HCl Childrens	179	Claritin Allergy Childrens	179
Cetirizine-Pseudoephedrine ER	180	Claritin Childrens	179
<i>cevimeline hcl</i>	103	Claritin Reditabs	179
CHATEAL	167	CLEOCIN	41
CHATEAL EQ	167	CLIMARA PRO	127
CHEMET	109	<i>clindamycin hcl</i>	41
<i>chlordiazepoxide hcl</i>	76	<i>clindamycin palmitate hcl</i>	41
<i>chlordiazepoxide-amitriptyline</i>	52	<i>clindamycin phos-benzoyl perox</i>	105
<i>chlordiazepoxide-clidinium</i>	113	<i>clindamycin phosphate</i>	41
<i>chlorhexidine gluconate</i>	104	<i>clindamycin-tretinoin</i>	105
<i>chloroquine phosphate</i>	64	<i>clobetasol prop emollient base</i>	120
<i>chlorothiazide</i>	96	<i>clobetasol propionate</i>	120
<i>chlorpromazine hcl</i>	67	<i>clobetasol propionate e</i>	120
<i>chlorthalidone</i>	96	<i>clocortolone pivalate</i>	120
<i>chlorzoxazone</i>	153	<i>clocortolone pivalate pump</i>	121
CHOLBAM	117	<i>clomiphene citrate</i>	129
<i>cholestyramine</i>	97	<i>clomipramine hcl</i>	52
<i>cholestyramine light</i>	97	<i>clonazepam</i>	46
<i>chorionic gonadotropin</i>	124	<i>clonidine</i>	88
<i>ciclopirox</i>	54	<i>clonidine hcl</i>	88
<i>ciclopirox olamine</i>	54	<i>clonidine hcl er</i>	100
<i>cilostazol</i>	87	<i>clopidogrel bisulfate</i>	87
CILOXAN	142	<i>clorazepate dipotassium</i>	76
CIMDUO	73	<i>clotrimazole</i>	54
<i>cimetidine</i>	114	<i>clotrimazole-betamethasone</i>	54
<i>cimetidine hcl</i>	114	<i>clozapine</i>	70
CIMZIA	131	COAGADEX	85
CIMZIA STARTER KIT	131	COARTEM	64
<i>cinacalcet hcl</i>	140	<i>codeine sulfate</i>	37
CIPRO HC	146	<i>colchicine</i>	5, 18, 56
<i>ciprofloxacin</i>	45	<i>colchicine-probenecid</i>	5, 18, 56
<i>ciprofloxacin hcl</i>	45, 142, 146	Colcrys	5, 18
<i>ciprofloxacin-dexamethasone</i>	146	<i>colesevelam hcl</i>	97
<i>citalopram hydrobromide</i>	50	<i>colestipol hcl</i>	98
CLARAVIS	104	<i>colistimethate sodium (cba)</i>	41
Clarinx	159	COLOCORT	139

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

COLY-MYCIN S	146
COMBIGAN	143
COMBIPATCH	127
COMBIVENT RESPIMAT	148
COMETRIQ (100 MG DAILY DOSE)	61
COMETRIQ (140 MG DAILY DOSE)	61
COMETRIQ (60 MG DAILY DOSE)	61
COMPLERA	72
<i>complete natal dha</i>	110
<i>completenate</i>	110
CO-NATAL FA	110
CONCEPT DHA	110
CONCEPT OB	110
CONDYLOX	105
CONTRACE	101
Coreg	156
Coreg CR	156
CORTIFOAM	139
<i>cortisone acetate</i>	121
CORVITA	110
COVARYX	127
COVARYX HS	127
CREON	117
CRESEMBA	54
CRINONE	128
CRIXIVAN	74
CROFAB	141
<i>cromolyn sodium</i>	114, 142, 149
CRYSELLE-28	167
CUVITRU	134
<i>cyanocobalamin</i>	110
<i>cyclobenzaprine hcl</i>	153
<i>cycloserine</i>	58
<i>cyclosporine</i>	131, 142
<i>cyclosporine modified</i>	132
<i>cyproheptadine hcl</i>	146
CYRED	167
CYRED EQ	167
CYSTAGON	117
CYTOGAM	134

D

<i>dabigatran etexilate mesylate</i>	82
<i>dalfampridine er</i>	102
<i>danazol</i>	126
<i>dantrolene sodium</i>	70
<i>dapsone</i>	58, 105
DAPTACEL	137
<i>darifenacin hydrobromide er</i>	118
DEBLITANE	173
<i>deferasirox</i>	109
<i>deferasirox granules</i>	109
<i>deferiprone</i>	109
<i>deferoxamine mesylate</i>	141
DELSTRIGO	72
DELYLA	167
DEMEROL	37
DENAVIR	72
DEPO-MEDROL	121
<i>desipramine hcl</i>	52
<i>desloratadine</i>	147
Desloratadine	159
<i>desmopressin ace spray refrig</i>	124
<i>desmopressin acetate</i>	124, 125
<i>desmopressin acetate pf</i>	125
<i>desmopressin acetate spray</i>	125
Desogestrel-Ethinyl Estradiol	167
<i>desonide</i>	121
<i>desoximetasone</i>	121
Desvenlafaxine	156
<i>desvenlafaxine er</i>	50
<i>desvenlafaxine succinate er</i>	50
Desvenlafaxine Tab SR	156
<i>dexamethasone</i>	121
DEXAMETHASONE INTENSOL	121
<i>dexamethasone sod phosphate pf</i>	121
<i>dexamethasone sodium phosphate</i>	121, 144
Dexilant	160
DEXILANT	116
<i>dexlansoprazole</i>	116
Dexlansoprazole	160
<i>dexmedetomidine hcl</i>	153

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

Dexmethylphenidate	155	dofetilide	89
dexmethylphenidate hcl	100	donepezil hcl	49
dexmethylphenidate hcl er	100	Dorzolamide	156
dextroamphetamine sulfate	99, 100	dorzolamide hcl	143
dextroamphetamine sulfate er	100	dorzolamide hcl-timolol mal	143
DIALYVITE 3000	110	dorzolamide hcl-timolol mal pf	143
DIALYVITE 5000	110	doxazosin mesylate	118
DIALYVITE/ZINC	111	doxepin hcl	52, 154
diazepam	46, 76	doxercalciferol	140
diclofenac epolamine	34	doxycycline	105
diclofenac potassium	34	doxycycline hyclate	45
diclofenac sodium	34, 144	doxycycline monohydrate	45, 46
diclofenac sodium er	34	dronabinol	53
diclofenac-misoprostol	34	Dronedarone	157
dicloxacillin sodium	44	Drospiren-Eth Estrad-Levomefol	167
dicyclomine hcl	113	Drospirenone-Ethinyl Estradiol	167, 168
didanosine	73	DROXIA	60
DIFIL-G FORTE	150	DUAVEE	127
diflorasone diacetate	121	Duetact	157
diflunisal	34	Dulaglutide	158
difluprednate	144	Duloxetine	156, 161
digox	94	duloxetine hcl	51
digoxin	94	DUPIXENT	105
dihydroergotamine mesylate	56	Duragesic	158
Dihydropyridine CCB	155	dutasteride	118
DILANTIN	48	dutasteride-tamsulosin hcl	118
diltiazem hcl	91	E	
diltiazem hcl er	91, 92	econazole nitrate	54
diltiazem hcl er beads	92	ECONTRA EZ 1.5 mg	165
diltiazem hcl er coated beads	92	ECONTRA ONE STEP	165
dimethyl fumarate	102	Edarbi	156
dimethyl fumarate starter pack	103	EDARBI	88
diphenhydramine hcl	147	Edarbyclor	156
diphenoxylate-atropine	114	EDARBYCLOR	94
diphtheria-tetanus toxoids dt	137	EDURANT	72
dipyridamole	87	EEMT	127
disopyramide phosphate	89	EEMT HS	127
disulfiram	39	efavirenz	72
DIURIL	96	efavirenz-lamivudine-tenofovir	73
divalproex sodium	46	ELELYSO	117
divalproex sodium er	46		

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

Eletriptan.....	162	Eplerenone.....	157
<i>eletriptan hydrobromide</i>	57	EPOGEN.....	83
Elidel	160	<i>epoprostenol sodium</i>	150
ELINEST	168	<i>ergocal</i>	111
ELIQUIS.....	82	<i>ergoloid mesylates</i>	48
ELIQUIS DVT/PE STARTER PACK	82	ERGOMAR.....	56
ELIXOPHYLLIN	150	<i>ergotamine-caffeine</i>	56
ELLA TABLET 30MG	174	ERIVEDGE.....	61
ELMIRON.....	119	ERLEADA	59
ELOCTATE	85	<i>erlotinib hcl</i>	61
ELURYNG.....	174	ERRIN	173
Emadine.....	159	<i>ertapenem sodium</i>	43
EMCYT	60	ERY-TAB.....	44
Emedastine	159	ERYTHROCIN STEARATE.....	44
EMOQUETTE	168	<i>erythromycin</i>	44, 142
Empagliflozin.....	157, 161	<i>erythromycin base</i>	44, 45
Empagliflozin-Linagliptin	157	<i>erythromycin ethylsuccinate</i>	45
Empagliflozin-Metformin	161	ESBRIET	151
EMSAM.....	50	<i>escitalopram oxalate</i>	51
<i>emtricitabine</i>	73	Esomeprazole	160
emtricitabine-tenofovir df.....	175	<i>esomeprazole magnesium</i>	116
<i>emtricitabine-tenofovir df</i>	73	Esomeprazole Magnesium.....	178
EMTRIVA.....	73	<i>est estrogens-methyltest</i>	127
EMVERM	64	<i>est estrogens-methyltest ds</i>	127
<i>enalapril maleate</i>	89	<i>est estrogens-methyltest hs</i>	127
<i>enalapril-hydrochlorothiazide</i>	94	ESTARYLLA	168
ENBREL.....	132	<i>estazolam</i>	76
ENBREL MINI	132	<i>estradiol</i>	127, 128
ENBREL SURECLICK.....	132	<i>estradiol-norethindrone acet</i>	128
ENCARE VAGINAL SUPPOSITORY 100MG	174	ESTRING	128
ENGERIX-B	137	ESTROGEL.....	128
<i>enoxaparin sodium</i>	82	<i>eszopiclone</i>	153
Enpresse-28.....	168	<i>ethambutol hcl</i>	58
ENSKYCE	168	<i>ethyl chloride</i>	39
<i>entacapone</i>	65	<i>etidronate disodium</i>	140
<i>entecavir</i>	70	<i>etodolac</i>	34
ENTRESTO	94	<i>etodolac er</i>	35
ENTYVIO	136	etonogestrel-ethinyl estradiol 0.12-0.015	
<i>epinephrine</i>	149	MG/24 HR.....	174
<i>eplerenone</i>	96	<i>etoposide</i>	61
		<i>etravirine</i>	73

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

<i>everolimus</i>	62
EVOTAZ.....	74
Exenatide.....	158
Exforge.....	155
Exforge HCT.....	155
EXODERM.....	54
<i>ezetimibe</i>	98
Ezetimibe.....	157, 161, 162
<i>ezetimibe-simvastatin</i>	98
Ezetimibe-Simvastatin.....	161, 162

F

FABRAZYME.....	117
FALMINA.....	168
<i>famciclovir</i>	72
<i>famotidine</i>	114
<i>famotidine (pf)</i>	114
FARXIGA.....	77
FC FEMALE CONDOM.....	166
<i>febuxostat</i>	56
FEIBA.....	85
<i>felodipine er</i>	92
FEMCAP CERVICAL CAP 26MM.....	165
FEMYNOR.....	168
<i>fenofibrate</i>	96
<i>fenofibrate micronized</i>	96, 97
<i>fenofibric acid</i>	97
<i>fentanyl</i>	36
<i>fentanyl citrate (pf)</i>	37
Fentanyl TD Patch.....	158
<i>ferocon</i>	107
<i>ferotinsic</i>	107
FERRIPROX.....	109
FERROCITE PLUS.....	107
FERRO-PLEX HEMATINIC.....	107
ferrous sulfate elixir.....	175
ferrous sulfate liquid.....	175
ferrous sulfate soln.....	175
<i>fesoterodine fumarate er</i>	118
Fexofenadine.....	159
Fexofenadine HCl.....	179

Fexofenadine HCl Childrens.....	179
Fexofenadine-Pseudoephed ER.....	180
FINACEA.....	105
<i>finasteride</i>	119
<i>fin golimod hcl</i>	103
FIRVANQ.....	41
FLAC.....	146
FLAREX.....	144
<i>flavoxate hcl</i>	118
FLEBOGAMMA DIF.....	134
<i>flecainide acetate</i>	89
Flonase.....	159
Flonase Allergy.....	159
Flonase Allergy Relief.....	179
Flonase Sensimist.....	179
Flonase Sensymist.....	159
FLOVENT DISKUS.....	147
FLOVENT HFA.....	147
FLUARIX QUADRIVALENT.....	137
FLUCELVAX QUADRIVALENT.....	137
<i>fluconazole</i>	54
<i>flucytosine</i>	54
<i>fludrocortisone acetate</i>	121
FLULAVAL QUADRIVALENT.....	137
<i>flumazenil</i>	40
FLUMIST QUADRIVALENT.....	137
<i>flunisolide</i>	147
Flunisolide.....	158
<i>fluocinolone acetonide</i>	121, 122, 146
<i>fluocinolone acetonide body</i>	122
<i>fluocinolone acetonide scalp</i>	122
<i>fluocinonide</i>	122
<i>fluocinonide emulsified base</i>	122
FLUORABON.....	174
FLUORITAB CHEW.....	174
FLUORITAB SOLUTION.....	174
<i>fluorometholone</i>	144
<i>fluorouracil</i>	60
Fluoxetine.....	157
<i>fluoxetine hcl</i>	51
Fluoxetine HCl Cap Delayed Release.....	157

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

<i>fluphenazine decanoate</i>	67
<i>fluphenazine hcl</i>	67
FLURA-DROPS	174
<i>flurandrenolide</i>	122
<i>flurazepam hcl</i>	153
<i>flurbiprofen</i>	35
<i>flurbiprofen sodium</i>	144
<i>flutamide</i>	59
Fluticasone.....	158, 159
<i>fluticasone propionate</i>	122, 147
Fluticasone Propionate	179
<i>fluticasone-salmeterol</i>	151
fluvastatin.....	176
Fluvastatin.....	162
<i>fluvastatin sodium</i>	97
<i>fluvastatin sodium er</i>	97
<i>fluvoxamine maleate</i>	51
FLUZONE HIGH-DOSE	137
FLUZONE HIGH-DOSE QUADRIVALENT	137
FLUZONE QUADRIVALENT	137
FML.....	144
<i>folbee</i>	111
<i>folbee plus</i>	111
FOLBEE PLUS CZ.....	111
<i>folic acid</i>	111
FOLIC ACID CAP	175
FOLIC ACID TAB	175
FOLIVANE-OB	111
FOLLISTIM AQ	125
<i>foltrin</i>	107
<i>fondaparinux sodium</i>	82
FORTAZ.....	43
FORTEO.....	140
Fosamax	159, 160
Fosamax Plus D.....	160
FOSAMAX PLUS D	140
<i>fosamprenavir calcium</i>	74
<i>foscarnet sodium</i>	70
<i>fosfomycin tromethamine</i>	41
<i>fosinopril sodium</i>	89
<i>fosinopril sodium-hctz</i>	94

FOSRENOL	110
FRAGMIN.....	82
<i>frovatriptan succinate</i>	57
<i>furosemide</i>	96
FUSION PLUS	107
FUZEON	74

G

<i>gabapentin</i>	47
<i>galantamine hydrobromide</i>	49
<i>galantamine hydrobromide er</i>	49
GAMASTAN	134
GAMMAGARD	134
GAMMAGARD S/D LESS IGA	134
GAMMAKED	134
GAMMAPLEX	134
GAMUNEX-C	134
<i>ganirelix acetate</i>	130
GARDASIL 9	137
<i>gatifloxacin</i>	142
<i>gavilyte-c</i>	177
GAVILYTE-C.....	115
<i>gavilyte-g</i>	177
GAVILYTE-G.....	115
GAVILYTE-N WITH FLAVOR PACK.....	115
<i>gemfibrozil</i>	97
GEMTESA.....	118
<i>generlac</i>	115
GENGRAF	132
GENOTROPIN	125
GENOTROPIN MINIQUICK	125
GENTAK	142
<i>gentamicin sulfate</i>	40, 143
GENVOYA	72
GIANVI	168
GILENYA.....	103
GILPHEX TR.....	151
GILTUSS TR.....	152
GLASSIA.....	152
<i>glatiramer acetate</i>	103
GLEOSTINE.....	59

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

<i>glimepiride</i>	77	HEPLISAV-B	137
<i>glipizide</i>	77	HIBERIX.....	137
<i>glipizide er</i>	77	HIZENTRA	135
<i>glipizide xl</i>	77	HUMALOG	80
<i>glipizide-metformin hcl</i>	78	HUMALOG JUNIOR KWIKPEN	80
<i>glucagon emergency</i>	80	HUMALOG KWIKPEN.....	80
Glumetza.....	158	HUMALOG MIX 50/50	80
<i>glyburide</i>	78	HUMALOG MIX 50/50 KWIKPEN	81
<i>glyburide micronized</i>	78	HUMALOG MIX 75/25	81
<i>glyburide-metformin</i>	78	HUMALOG MIX 75/25 KWIKPEN	81
<i>glycopyrrolate</i>	113	HUMATE-P	85
Glyset.....	158	HUMIRA	132
Glyxambi.....	157	HUMIRA PEDIATRIC CROHNS START	132
GLYXAMBI.....	78	HUMIRA PEN.....	132
GOLYTELY	115, 177	HUMIRA PEN-CD/UC/HS STARTER.....	132
<i>granisetron hcl</i>	53	HUMIRA PEN-PS/UV/ADOL HS START ...	132
GRANIX	83	HUMIRA PEN-PSOR/UEIT STARTER	132
<i>griseofulvin microsize</i>	54	HUMULIN 70/30	81
<i>griseofulvin ultramicrosize</i>	54	HUMULIN 70/30 KWIKPEN	81
<i>guanfacine hcl</i>	88	HUMULIN N	81
<i>guanfacine hcl er</i>	100	HUMULIN N KWIKPEN	81
<i>guanidine hcl</i>	58	HUMULIN R	81
H		HUMULIN R U-500 (CONCENTRATED)	81
HAILEY 24 FE.....	168	HUMULIN R U-500 KWIKPEN	81
<i>halcinonide</i>	122	<i>hydralazine hcl</i>	98
<i>halobetasol propionate</i>	122	<i>hydrochlorothiazide</i>	96
HALOG	122	<i>hydrocod poli-chlorphe poli er</i>	152
<i>haloperidol</i>	67	<i>hydrocodone-acetaminophen</i>	37, 38
<i>haloperidol decanoate</i>	67	<i>hydrocodone-ibuprofen</i>	38
<i>haloperidol lactate</i>	67	<i>hydrocortisone</i>	122, 139
HAVRIX.....	137	<i>hydrocortisone (perianal)</i>	56
HEATHER.....	173	<i>hydrocortisone ace-pramoxine</i>	56, 105
HELIXATE FS	85	<i>hydrocortisone acetate</i>	56
<i>hematinic plus vit/minerals</i>	107	<i>hydrocortisone butyr lipo base</i>	122
<i>hematinic/folic acid</i>	107	<i>hydrocortisone butyrate</i>	122
<i>hemetab</i>	108	<i>hydrocortisone valerate</i>	122
HEMLIBRA.....	85	<i>hydrocortisone-acetic acid</i>	146
HEMOFIL M	85	<i>hydrocort-pramoxine (perianal)</i>	105
HEPAGAM B.....	134	<i>hydromorphone hcl</i>	38
<i>heparin sodium (porcine)</i>	83	<i>hydroxocobalamin acetate</i>	111
		<i>hydroxychloroquine sulfate</i>	64

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

<i>hydroxyurea</i>	60
<i>hydroxyzine hcl</i>	147
<i>hydroxyzine pamoate</i>	147
<i>hyoscyamine sulfate</i>	113
<i>hyoscyamine sulfate er</i>	113
<i>hyoscyamine sulfate sl</i>	113
HYPERHEP B	135
HYPERRAB S/D	135
HYPERRHO S/D	135
HYPERTET	137
HYQVIA	135

I

Ibandronate	160
<i>ibandronate sodium</i>	140
IBRANCE	62
IBU	35
<i>ibuprofen</i>	35
ICLUSIG	62
<i>icosapent ethyl</i>	98
IDELVION	86
IFEREX 150 FORTE	108
ILUMYA	105
<i>imatinib mesylate</i>	62
IMBRUVICA	62
IMCIVREE	141
<i>imipramine hcl</i>	52
<i>imipramine pamoate</i>	52
<i>imiquimod</i>	105
IMOGAM RABIES-HT	135
INCASSIA	173
INCRELEX	125
<i>indapamide</i>	96
<i>indomethacin</i>	35
<i>indomethacin er</i>	35
INFANRIX	137
INFED	108
INFLECTRA	133
<i>infliximab</i>	133
INFUVITE PEDIATRIC	111
INLYTA	62

Inspira	157
INTEGRA F	108
INTEGRA PLUS	108
INTELENCE	73
INTRON A	70
INTROVALE	173
Invega	160
INVEGA HAFYERA	68
Invega Sustenna	160
INVEGA SUSTENNA	68
Invega Trinza	160
INVEGA TRINZA	68
INVIRASE	75
Invokamet	161
Invokamet XR	161
Invokana	161
<i>iodoquinol-hc-aloe polysacch</i>	54
IOPIDINE	143
IPOLE	137
<i>ipratropium bromide</i>	148
<i>ipratropium-albuterol</i>	148
<i>irbesartan</i>	88
Irbesartan	155
<i>irbesartan-hydrochlorothiazide</i>	94
iron tab	176
ISENTRESS	72
ISENTRESS HD	72
ISIBLOOM	168
<i>isoniazid</i>	58
<i>isosorbide dinitrate</i>	98
<i>isosorbide dinitrate er</i>	98
<i>isosorbide mononitrate</i>	98
<i>isosorbide mononitrate er</i>	99
<i>isotretinoin</i>	105
<i>isradipine</i>	92
<i>itraconazole</i>	54
<i>ivermectin</i>	64, 105
IXINITY	86

J

JAKAFI	62
--------------	----

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

Janumet	157
JANUMET	78
Janumet XR	157
JANUMET XR	78
Januvia	157
JANUVIA	78
Jardiance	161
JARDIANCE	78
JASMIEL	168
JENCYCLA	173
Jentaduetto	157
JENTADUETO	78
Jentaduetto XR	157
JENTADUETO XR	78
JIVI	86
JOLESSA	173
JOLIVETTE	173
JULEBER	168
JULUCA	72
JUNEL 1.5/20	168
JUNEL 1.5/30	168
JUNEL FE 1.5/30	168
JUNEL FE 1/20	168

K

KAITLIB FE	168
KARIVA	168
KENALOG	123
Keppra	158
Keppra XR	158
<i>ketoconazole</i>	55
<i>ketoprofen</i>	35
<i>ketoprofen er</i>	35
<i>ketorolac tromethamine</i>	35, 144
Ketotifen	159
Ketotifen Fumarate	178
KEVZARA	136
KIMIDESS	168
KINRIX	138
KIONEX	109
KISQALI (200 MG DOSE)	60

KISQALI (400 MG DOSE)	60
KISQALI (600 MG DOSE)	60
KISQALI FEMARA (400 MG DOSE)	60
KISQALI FEMARA (600 MG DOSE)	60
KISQALI FEMARA(200 MG DOSE)	60
KLOR-CON	108
KLOR-CON 10	108
KLOR-CON M10	108
KLOR-CON M15	108
KLOR-CON M20	108
KLOR-CON SPRINKLE	108
KOATE	86
KOATE-DVI	86
KOGENATE FS	86
KORLYM	126
KOSELUGO	62
KOVALTRY	86
K-PHOS NO 2	108
K-TAN PLUS	108
KURVELO	168
KYNMOBI	65
KYNMOBI TITRATION KIT	65

L

<i>labetalol hcl</i>	91
<i>lacosamide</i>	48
<i>lactated ringers</i>	108
Lactic Acid	160
<i>lactulose</i>	115
<i>lactulose encephalopathy</i>	115
<i>lamivudine</i>	73
<i>lamivudine-zidovudine</i>	74
<i>lamotrigine</i>	47
<i>lamotrigine er</i>	47
<i>lansoprazole</i>	116
Lansoprazole	160, 178
Lansoprazole Rx	160
<i>lanthanum carbonate</i>	110
LANTUS	81
LANTUS SOLOSTAR	81
<i>lapatinib ditosylate</i>	62

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

LARIN 24 FE.....	169	<i>lidocaine-hydrocortisone ace</i>	105
LARIN FE 1.5/30.....	169	<i>lidocaine-prilocaine</i>	39
LARIN FE 1/20.....	169	LILLOW.....	169
LARISSIA.....	169	Linagliptin.....	157
Lastacaft.....	159	Linagliptin-Metformin.....	157
LASTACRAFT.....	142	<i>lincomycin hcl</i>	41
<i>latanoprost</i>	145	<i>lindane</i>	65
LATUDA.....	69	<i>linezolid</i>	41
LAYOLIS FE.....	169	LINZESS.....	115
<i>leflunomide</i>	136	<i>liothyronine sodium</i>	129
<i>lenalidomide</i>	59	Liraglutide.....	158
LESSINA.....	169	Lisdexamfetamine Dimesylate.....	155
<i>letrozole</i>	61	<i>lisinopril</i>	89
<i>leucovorin calcium</i>	60	<i>lisinopril-hydrochlorothiazide</i>	94
LEUKERAN.....	59	<i>lithium</i>	77
<i>levalbuterol hcl</i>	149	<i>lithium carbonate</i>	77
<i>levalbuterol tartrate</i>	149	<i>lithium carbonate er</i>	77
<i>levetiracetam</i>	46	Livalo.....	162
Levetiracetam.....	158	LOMEDIA 24 FE.....	169
<i>levetiracetam er</i>	46	LONSURF.....	60
<i>levobunolol hcl</i>	143	<i>loperamide hcl</i>	114
<i>levocarnitine</i>	141	<i>lopinavir-ritonavir</i>	75
Levocetirizine.....	159	LOPREEZA.....	128
<i>levocetirizine dihydrochloride</i>	147	Loratadine.....	159, 179
Levocetirizine Dihydrochloride.....	179	Loratadine Childrens.....	179
<i>levofloxacin</i>	45, 143	Loratadine-D 12HR.....	180
LEVONEEST.....	169	Loratadine-D 24HR.....	180
levonorgestrel - ethinyl estradiol (91-day) tablet 0.15-0.03 mg.....	173	<i>lorazepam</i>	76
levonorgestrel tablet 1.5 mg.....	165	LORYNA.....	169
Levonorgestrel-Ethinyl Estradiol.....	169	Losartan.....	155
Levonorg-Eth Estrad Triphasic.....	169	<i>losartan potassium</i>	88
LEVORA.....	169	<i>losartan potassium-hctz</i>	94
<i>levothyroxine sodium</i>	129	LOTEMAX.....	144
LEXIVA.....	75	LOTEMAX SM.....	144
<i>lidocaine</i>	39	<i>loteprednol etabonate</i>	145
<i>lidocaine hcl</i>	39	lovastatin.....	176
<i>lidocaine hcl (pf)</i>	39	<i>lovastatin</i>	97
<i>lidocaine hcl urethral/mucosal</i>	39	Lovastatin.....	162
<i>lidocaine viscous hcl</i>	104	Lovastatin Tab IR.....	162
<i>lidocaine-hydrocort (perianal)</i>	105	LOW-OGESTREL.....	169
		LOW-ZUMANDIMINE.....	169

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

<i>loxapine succinate</i>	67
<i>lubiprostone</i>	115
LUDENT.....	175
LUMIGAN.....	145
LUPKYNIS	133
LUPRON DEPOT (1-MONTH)	130
LUPRON DEPOT (3-MONTH)	130
LUPRON DEPOT (4-MONTH)	130
LUPRON DEPOT (6-MONTH)	130
LUPRON DEPOT-PED (1-MONTH)	130
LUPRON DEPOT-PED (3-MONTH)	130
<i>lurasidone hcl</i>	69
LUTERA.....	169
LYNPARZA	62
Lyrica	161
LYSODREN	130
LYZA.....	173

M

M.V.I. ADULT.....	111
M.V.I. PEDIATRIC	111
<i>mafenide acetate</i>	41
<i>maprotiline hcl</i>	51
<i>maraviroc</i>	74
MARLISSA.....	169
MARPLAN.....	50
MATULANE	59
MAVYRET.....	71
MAXIDEX.....	145
MAYZENT.....	103
MAYZENT STARTER PACK	103
<i>meclizine hcl</i>	53
<i>meclofenamate sodium</i>	35
MEDROL.....	123
<i>medroxyprogesterone acetate</i>	128
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	166
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml ..	166
<i>mefenamic acid</i>	35
<i>mefloquine hcl</i>	64

<i>megestrol acetate</i>	128, 129
MEKINIST	62
MEKTOVI	62
MELODETTA 24 FE.....	169
<i>meloxicam</i>	35
<i>melphalan</i>	59
Memantine	158
<i>memantine hcl</i>	49
<i>memantine hcl er</i>	49
MENACTRA	138
MENEST	128
MENOPUR.....	125
MENTAX	55
MENVEO.....	138
<i>meperidine hcl</i>	38
MEPSEVII	117
<i>mercaptopurine</i>	60
<i>mesalamine</i>	139
<i>mesalamine er</i>	139
<i>mesalamine-cleanser</i>	139
MESNEX	63
METAXALL	153
<i>metaxalone</i>	153
Metformin	158, 161
<i>metformin hcl</i>	78
<i>metformin hcl er</i>	78
<i>metformin hcl er (osm)</i>	78
Methamphetamine.....	155
<i>methazolamide</i>	143
<i>methenamine hippurate</i>	41
<i>methimazole</i>	131
<i>methocarbamol</i>	153
<i>methotrexate</i>	133
<i>methotrexate sodium</i>	133
<i>methotrexate sodium (pf)</i>	133
<i>methoxsalen rapid</i>	105
<i>methscopolamine bromide</i>	113
<i>methyl dopa</i>	88
<i>methylergonovine maleate</i>	141
Methylphenidate	155
<i>methylphenidate hcl</i>	100

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

<i>methylphenidate hcl er</i>	100, 101
<i>methylphenidate hcl er (cd)</i>	101
<i>methylphenidate hcl er (la)</i>	101
<i>methylphenidate hcl er (osm)</i>	101
<i>methylprednisolone</i>	123
<i>methylprednisolone acetate</i>	123
<i>methylprednisolone sodium succ</i>	123
<i>metoclopramide hcl</i>	114
<i>metolazone</i>	96
<i>metoprolol succinate er</i>	91
<i>metoprolol tartrate</i>	91
<i>metoprolol-hydrochlorothiazide</i>	94
<i>metronidazole</i>	41, 105, 106
<i>metyrosine</i>	94
<i>mexiletine hcl</i>	89
MIBELAS 24 FE.....	169
Micardis.....	156
Micardis HCT.....	156
MICROGESTIN 1.5/30.....	169
MICROGESTIN 24 FE.....	170
MICROGESTIN FE 1.5/30.....	170
MICROGESTIN FE 1/20.....	170
<i>midazolam hcl</i>	76
<i>midazolam hcl (pf)</i>	76
<i>midodrine hcl</i>	88
MIGERGOT.....	56
<i>miglitol</i>	78
Miglitol.....	158
<i>miglustat</i>	117
MILI.....	170
MILLIPRED.....	123
MIMVEY.....	128
MIMVEY LO.....	128
<i>minocycline hcl</i>	46
<i>minoxidil</i>	98
Mirabegron.....	158
MIRENA INTRAUTERINE DEVICE	
20MCG/24HR.....	166
<i>mirtazapine</i>	50
MIRVASO.....	106
<i>misoprostol</i>	115

M-M-R II.....	138
<i>m-natal plus</i>	111
<i>modafinil</i>	154
Mometasone.....	159
<i>mometasone furoate</i>	123, 148
MONOCLATE-P.....	86
MONO-LINYAH.....	170
MONONESSA.....	170
MONONINE.....	86
<i>montelukast sodium</i>	148
<i>morphine sulfate</i>	38
<i>morphine sulfate (concentrate)</i>	38
<i>morphine sulfate er</i>	36
MOUNJARO.....	78
<i>moxifloxacin hcl</i>	45, 143
<i>moxifloxacin hcl (2x day)</i>	143
Multaq.....	157
MULTAQ.....	90
MULTIGEN.....	108
MULTIGEN PLUS.....	108
<i>multi-vitamin/fluoride</i>	111
<i>multi-vitamin/fluoride/iron</i>	111
<i>mupirocin</i>	41
<i>mupirocin calcium</i>	41
MY CHOICE.....	165
MY WAY.....	165
<i>mycophenolate mofetil</i>	133
<i>mycophenolate sodium</i>	133
<i>mynate 90 plus</i>	111
Myrbetriq.....	158
MYRBETRIQ.....	118
MYTESI.....	114
MYZILRA.....	170

N

<i>na ferric gluc cplx in sucrose</i>	108
<i>na sulfate-k sulfate-mg sulf</i>	115
<i>nabumetone</i>	35
<i>nadolol</i>	91
<i>nafcillin sodium</i>	44
NAFRINSE DROPS.....	175

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

<i>naftifine hcl</i>	55	Nexium.....	160
NAFTIN.....	55	NEXIUM.....	116
NAGLAZYME.....	117	NexIUM 24HR.....	178
<i>naloxone hcl</i>	40	NexIUM 24HR Clear Minis.....	178
<i>naltrexone hcl</i>	40	Nexium OTC.....	160
Namenda.....	158	NEXPLANON SUBDERMAL IMPLANT 68MG	
Namenda XR.....	158		174
NAMENDA XR TITRATION PACK.....	49	<i>niacin (antihyperlipidemic)</i>	98
NAMZARIC.....	49	<i>niacin er (antihyperlipidemic)</i>	98
<i>naproxen</i>	35	<i>nicardipine hcl</i>	92
<i>naproxen sodium</i>	36	nicotrol inh.....	176
<i>naratriptan hcl</i>	57	nicotrol ns nasal soln.....	176
Nasacort.....	159	<i>nifedipine</i>	92
Nasonex.....	159	<i>nifedipine er</i>	92
NATACYN.....	55	<i>nifedipine er osmotic release</i>	92
NATALVIT.....	111	NIKKI.....	170
NATAZIA.....	170	<i>nilutamide</i>	59
<i>nateglinide</i>	79	<i>nimodipine</i>	92
Nateglinide.....	161	NINLARO.....	62
Nebivolol.....	159	<i>nisoldipine er</i>	92
<i>nebivolol hcl</i>	91	<i>nitazoxanide</i>	64
NECON 0.5/35 (28).....	170	<i>nitisinone</i>	117
<i>nefazodone hcl</i>	51	NITRO-BID.....	99
<i>neomycin sulfate</i>	40	NITRO-DUR.....	99
<i>neomycin-bacitracin zn-polymyx</i>	142	<i>nitrofurantoin</i>	41
<i>neomycin-polymyxin-dexameth</i>	145	<i>nitrofurantoin macrocrystal</i>	41
<i>neomycin-polymyxin-gramicidin</i>	142	<i>nitrofurantoin monohyd macro</i>	41
<i>neomycin-polymyxin-hc</i>	145, 146	<i>nitroglycerin</i>	99
NEO-POLYCIN.....	142	<i>nitroglycerin er</i>	99
NEO-POLYCIN HC.....	145	NITYR.....	117
NEOTUSS PLUS.....	152	NIVA-PLUS.....	111
NEPHRONEX.....	111	<i>nizatidine</i>	114
NEULASTA.....	83	NORA-BE.....	173
NEULASTA ONPRO.....	83	norethin ace-eth estrad-fe.....	170
NEUPOGEN.....	83	norethin ace-eth estrad-fe chew tab.....	170
Neupro.....	161	norethin ace-eth estrad-fe tab.....	170
NEUPRO.....	65	norethin acet-ethinyl est chew tab.....	170
<i>nevirapine</i>	73	<i>norethindrone acetate</i>	129
<i>nevirapine er</i>	73	norethindrone tablet 0.35 mg.....	173
NEW DAY.....	165	norethin-eth estrad-fe chew tab.....	170
NEXAVAR.....	62	Norgestimate-Ethinyl Estradiol.....	170

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

norgestim-eth estrad triphasic.....	170
NORLYDA.....	173
NORLYROC.....	173
NORPACE CR.....	90
NORTREL 0.5/35 (28)	170, 171
<i>nortriptyline hcl</i>	52
NORVIR.....	75
NOVAREL.....	125
NOVOEIGHT	86
NOVOLIN 70/30.....	81
NOVOLIN 70/30 FLEXPEN.....	81
NOVOLIN 70/30 FLEXPEN RELION	81
NOVOLIN 70/30 RELION.....	81
NOVOLIN N	81
NOVOLIN N FLEXPEN	81
NOVOLIN N FLEXPEN RELION.....	82
NOVOLIN N RELION	82
NOVOLIN R	82
NOVOLIN R RELION.....	82
NOVOSEVEN RT	86
NOXAFIL.....	55
NUTRIVIT	111
NUWIQ.....	86
NYAMYC.....	55
<i>nystatin</i>	55
<i>nystatin-triamcinolone</i>	55

O

<i>obizur</i>	87
OBSTETRIX DHA.....	111
OBSTETRIX EC.....	111
OBSTETRIX ONE.....	111
O-CAL PRENATAL	111
OCELLA.....	171
OCREVUS	103
OCTAGAM.....	135
<i>octreotide acetate</i>	130
ODEFSEY.....	73
OFEV	151
<i>ofloxacin</i>	143, 146
<i>olanzapine</i>	69

<i>olanzapine-fluoxetine hcl</i>	51
Olmesartan.....	155, 156
<i>olmesartan medoxomil</i>	88
<i>olmesartan medoxomil-hctz</i>	95
Olmesartan-Hydrochlorothiazide	156
Olopatadine.....	159
<i>olopatadine hcl</i>	142, 147
OLUMIANT.....	133
<i>omega-3-acid ethyl esters</i>	98
<i>omeprazole</i>	116
Omeprazole.....	160, 178
Omeprazole Magnesium	178
Omeprazole Rx	160
<i>omeprazole-sodium bicarbonate</i>	116
Omeprazole-Sodium Bicarbonate	160, 178
OMNIFLEX DIAPHRAGM	165
<i>ondansetron</i>	53
<i>ondansetron hcl</i>	53
<i>onevite</i>	111
OPCICON ONE STEP	166
OPSUMIT	150
OPTION 2	166
Optivar.....	159
ORACIT.....	108
ORENCIA.....	133
ORENCIA CLICKJECT	133
ORFADIN	117
ORILISSA.....	130
<i>orphenadrine citrate</i>	153
<i>orphenadrine citrate er</i>	153
ORSYTHIA.....	171
<i>oseltamivir phosphate</i>	75
OSPHERA.....	129
OTEZLA	136
OVIDREL	125
<i>oxandrolone</i>	126
<i>oxaprozin</i>	36
<i>oxazepam</i>	76
<i>oxcarbazepine</i>	48
<i>oxiconazole nitrate</i>	55
OXISTAT	55

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

Oxybutinin.....	158
<i>oxybutynin chloride</i>	118
<i>oxybutynin chloride er</i>	118
<i>oxycodone hcl</i>	38
<i>oxycodone hcl er</i>	36
<i>oxycodone-acetaminophen</i>	38
<i>oxymorphone hcl</i>	38
OZEMPIC (0.25 OR 0.5 MG/DOSE)	79
OZEMPIC (1 MG/DOSE)	79
OZEMPIC (2 MG/DOSE)	79

P

PACERONE.....	90
<i>paliperidone er</i>	69
Paliperidone Palmitate	160
PANDEL.....	123
PANRETIN.....	63
Pantoprazole.....	160
Pantoprazole RX.....	160
<i>pantoprazole sodium</i>	116
PARAGARD INTRAUTERINE COPPER ...	165
<i>paricalcitol</i>	141
<i>paromomycin sulfate</i>	40
<i>paroxetine hcl</i>	51
<i>paroxetine hcl er</i>	51
PASER.....	58
PEDIARIX	138
PEDVAX HIB	138
PEG 3350 KCL NA BICARB NACL SOLN..	177
PEG 3350/ ELECTROLYTE SOLN.....	177
<i>peg 3350/electrolytes</i>	115
<i>peg 3350-kcl-na bicarb-nacl</i>	115
<i>peg-3350/electrolytes</i>	115
PEGASYS.....	71
PEGASYS PROCLICK	71
PEGINTRON.....	71
PEMAZYRE	62
<i>penciclovir</i>	72
<i>penicillamine</i>	109
<i>penicillin g procaine</i>	44
<i>penicillin v potassium</i>	44

PENTACEL	138
<i>pentamidine isethionate</i>	64
PENTASA	139
<i>pentoxifylline er</i>	95
<i>permethrin</i>	65
<i>perphenazine</i>	67
<i>perphenazine-amitriptyline</i>	52
<i>phenelzine sulfate</i>	50
<i>phenobarbital</i>	46, 47
<i>phenoxybenzamine hcl</i>	88
<i>phentermine hcl</i>	101
<i>phenytoin</i>	48
PHENYTOIN INFATABS.....	48
<i>phenytoin sodium</i>	48
<i>phenytoin sodium extended</i>	48
PHOSPHA 250 NEUTRAL	108
PHOSPHASAL	119
PHOSPHOLINE IODIDE	144
<i>phytonadione</i>	111
<i>pilocarpine hcl</i>	104, 144
<i>pimecrolimus</i>	106
Pimecrolimus.....	160
<i>pimozide</i>	67
PIMTREA	171
<i>pindolol</i>	91
Pioglitazone.....	157
<i>pioglitazone hcl</i>	79
<i>pioglitazone hcl-glimepiride</i>	79
Pioglitazone HCl-Glimepiride	157
Pioglitazone HCl-Metformin.....	157
<i>pioglitazone hcl-metformin hcl</i>	79
<i>pirfenidone</i>	151, 152
PIRMELLA 1/35	171
<i>piroxicam</i>	36
Pitavastatin Calcium.....	162
PLEGRIDY	103
PLEGRIDY STARTER PACK.....	103
PLENITY	101
PLENITY WELCOME KIT	102
PNEUMOVAX 23	138
<i>pnv prenatal plus multivit+dha</i>	111

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

<i>pnv tabs 29-1</i>	111	<i>prenatal</i>	112
<i>podofilox</i>	106	<i>prenatal 19</i>	112
POLYCIN	142	<i>prenatal plus</i>	112
<i>polymyxin b-trimethoprim</i>	142	<i>prenatal plus iron</i>	112
POMALYST	59	<i>prenatal vitamin plus low iron</i>	112
PORTIA-28	171	<i>preplus</i>	112
<i>posaconazole</i>	55	<i>pretab</i>	112
POTABA	111	Prevacid	160
<i>potassium chloride</i>	108	PREVACID 24HR	178
<i>potassium chloride crys er</i>	108	Prevacid OTC	160
<i>potassium chloride er</i>	108, 109	Prevacid SoluTab	160
<i>potassium citrate er</i>	109	PREVENTEZA	166
<i>potassium citrate-citric acid</i>	109	PREVENTZA	171
PRADAXA	83	PREVIFEM	171
Pramipexole	161	PREVNAR 13	138
<i>pramipexole dihydrochloride</i>	66	PREZCOBIX	75
<i>pramipexole dihydrochloride er</i>	66	PREZISTA	75
PRAMOSONE	56	PRIFTIN	58
<i>prasugrel hcl</i>	88	Prilosec OTC	160
pravastatin	176	PriLOSEC OTC	178
Pravastatin	162	<i>primaquine phosphate</i>	64
<i>pravastatin sodium</i>	97	<i>primidone</i>	47
<i>praziquantel</i>	64	PRIORIX	138
<i>prazosin hcl</i>	88	Pristiq	156
PRED MILD	145	PRIVIGEN	135
PRED-G	145	probenecid	5, 18, 56
PRED-G S.O.P.	145	<i>prochlorperazine</i>	67
<i>prednicarbate</i>	123	<i>prochlorperazine edisylate</i>	67
<i>prednisolone</i>	123	<i>prochlorperazine maleate</i>	68
<i>prednisolone acetate</i>	145	PROCORT	106
<i>prednisolone sodium phosphate</i>	123, 145	PROCTOFOAM HC	106
<i>prednisone</i>	123, 124	PROFERRIN-FORTE	109
PREDNISONA INTENSOL	124	PROFILNINE	87
<i>pregabalin</i>	102	<i>progesterone</i>	129
Pregabalin	160, 161	PROLENSA	145
<i>pregabalin er</i>	102	PROLIA	141
PREGNYL	125	PROMACTA	84
PREMARIN	128	<i>promethazine hcl</i>	53
PREMPHASE	128	<i>promethazine vc/codeine</i>	152
PREMPRO	128	<i>promethazine-codeine</i>	152
PRENATABS RX	112	<i>promethazine-dm</i>	152

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

<i>promethazine-phenyleph-codeine</i>	152
<i>propafenone hcl</i>	90
<i>propafenone hcl er</i>	90
<i>propranolol hcl</i>	91
<i>propranolol hcl er</i>	91
<i>propranolol-hctz</i>	95
<i>propylthiouracil</i>	131
PROQUAD	138
PROTECTIRON	109
Protopic	160
<i>protriptyline hcl</i>	52
PROVIDA OB	112
Prozac Weekly	157
<i>pseudoeph-bromphen-dm</i>	152
PULMOZYME	149
<i>purefe plus</i>	109
PYLERA	114
<i>pyrazinamide</i>	58
<i>pyridostigmine bromide</i>	58
<i>pyridostigmine bromide er</i>	58
<i>pyridoxine hcl</i>	112
<i>pyrimethamine</i>	64

Q

Qnasl	159
QNASL	148
QNASL CHILDRENS	148
QSYMIA	102
QUADRACEL	138
QUASENSE	173
Quetiapine	161
<i>quetiapine fumarate</i>	69
<i>quetiapine fumarate er</i>	69
QUILLICHEW ER	101
QUILLIVANT XR	101
<i>quinapril hcl</i>	89
<i>quinapril-hydrochlorothiazide</i>	95
<i>quinidine gluconate er</i>	90
<i>quinidine sulfate</i>	90
<i>quinine sulfate</i>	64

R

Rabeprazole	160
<i>rabeprazole sodium</i>	116
RAJANI	171
<i>raloxifene hcl</i>	129, 164
<i>ramelteon</i>	154
<i>ramipril</i>	89
<i>ranitidine hcl</i>	114
<i>ranolazine er</i>	95
Rasagiline	161
<i>rasagiline mesylate</i>	67
REACT	166
REBINYN	87
RECLIPSEN	171
RECOMBINATE	87
RECOMBIVAX HB	138
RECTIV	106
REGRANEX	106
RELENZA DISKHALER	75
Relpax	162
RENATABS	112
RENATABS WITH IRON	112
RENFLEXIS	133
<i>repaglinide</i>	79
Repaglinide	161
REPATHA	98
REPATHA PUSHTRONEX SYSTEM	98
REPATHA SURECLICK	98
Requip	161
Requip XL	161
RESCRIPTOR	73
RETACRIT	84
REVLIMID	59
REYATAZ	75
Rhinocort	159
Rhinocort Allergy	179
RHOGAM ULTRA-FILTERED PLUS	135
RHOPHYLAC	135
RIBASPHERE	71
RIBASPHERE RIBAPAK (1000 PACK)	71
RIBASPHERE RIBAPAK (1200 PACK)	71

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

RIBASPHERE RIBAPAK (600 PACK)	71	SAVELLA	102
RIBASPHERE RIBAPAK (800 PACK)	71	SAVELLA TITRATION PACK.....	102
<i>ribavirin</i>	71, 152	SAXENDA	141
RIDAURA.....	136	<i>scopolamine</i>	53
<i>rifabutin</i>	58	Selegiline.....	161
RIFAMATE.....	58	<i>selegiline hcl</i>	67
<i>rifampin</i>	58	<i>selenium sulfide</i>	106
RIFATER.....	58	SELZENTRY	74
<i>riluzole</i>	102	SEMPREX-D.....	152
<i>rimantadine hcl</i>	75	<i>se-natal 19</i>	112
RIMSO-50	119	SEREVENT DISKUS.....	149
<i>ringers</i>	109	Seroquel XR.....	161
RINVOQ.....	133	<i>sertraline hcl</i>	51
RIOMET ER.....	79	<i>se-tan plus</i>	109
Risedronate.....	160	SETLAKIN	173
<i>risedronate sodium</i>	141	<i>sevelamer carbonate</i>	110
RISPERDAL CONSTA.....	69	<i>sevelamer hcl</i>	110
<i>risperidone</i>	69	SFROWASA.....	139
<i>ritonavir</i>	75	SHAROBEL.....	173
<i>rivastigmine</i>	49	SHINGRIX.....	138
<i>rivastigmine tartrate</i>	49	SHUR-SEAL CONTRACEPTIVE GEL 2% ..	174
<i>rixubis</i>	87	<i>sildenafil citrate</i>	119, 150
<i>rizatriptan benzoate</i>	57	SILIQ	106
Ropinirole.....	161	<i>silodosin</i>	119
<i>ropinirole hcl</i>	66	<i>silver sulfadiazine</i>	42
<i>ropinirole hcl er</i>	66	SIMLIYA	171
ROSADAN	106	simvastatin	176
Rosuvastatin	162	<i>simvastatin</i>	97
rosuvastatin calcium	176	Simvastatin.....	161, 162
<i>rosuvastatin calcium</i>	97	SIRTURO	58
ROTARIX.....	138	Sitagliptin.....	157
ROTATEQ.....	138	Sitagliptin-Metformin.....	157
Rotigotine TD Patch.....	161	SIVEXTRO	42
<i>rufinamide</i>	48	SKYRIZI	106
RUXIENCE	63	SKYRIZI (150 MG DOSE).....	106
RYBELSUS.....	79	SKYRIZI PEN.....	106
S		<i>sod citrate-citric acid</i>	109
<i>salsalate</i>	36	<i>sodium chloride</i>	109, 141, 152
SANTYL.....	106	<i>sodium chloride (pf)</i>	109
<i>sapropterin dihydrochloride</i>	117	SODIUM FLUORIDE.....	175
		SODIUM FLUORIDE TAB.....	175

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

SODIUM FLUORIDE TAB CHEW	175
<i>sodium phenylbutyrate</i>	117
<i>sodium polystyrene sulfonate</i>	109, 110
<i>sofosbuvir-velpatasvir</i>	71
<i>solifenacin succinate</i>	118
SOLU-CORTEF	124
SOLU-MEDROL	124
SOMATULINE DEPOT	131
SOMAVERT	131
<i>sorafenib tosylate</i>	62
SORINE	90
<i>sotalol hcl</i>	90
<i>sotalol hcl (af)</i>	90
SPIRIVA HANDIHALER	148
SPIRIVA RESPIMAT	148
<i>spironolactone</i>	96
Spironolactone	157
Spironolactone & Hydrochlorothiazide	157
<i>spironolactone-hctz</i>	95
SPRINTEC	171
SPRYCEL	62
SRONYX	171
<i>stavudine</i>	74
STELARA	106
STIMATE	125
STIOLTO RESPIMAT	152
STIVARGA	62
Strattera	155
STRIBILD	72
STRIVERDI RESPIMAT	149
<i>sucrafate</i>	115
<i>sulconazole nitrate</i>	55
<i>sulfacetamide sodium (acne)</i>	45
<i>sulfacetamide sodium-sulfur</i>	106
<i>sulfacetamide-prednisolone</i>	145
<i>sulfadiazine</i>	45
<i>sulfamethoxazole-trimethoprim</i>	45
SULFAMYLON	42
<i>sulfasalazine</i>	140
Sulfonylureas	156, 157, 158, 161
<i>sulindac</i>	36

<i>sumatriptan</i>	57
Sumatriptan	162
<i>sumatriptan succinate</i>	57
<i>sumatriptan succinate refill</i>	57
<i>sumatriptan-naproxen sodium</i>	57
<i>sunitinib malate</i>	63
SUPERVITE	112
<i>support</i>	112
SUPPORT-500	112
SUPREP BOWEL PREP	177
SUPREP BOWEL PREP KIT	115
SYEDA	171
SYMAX DUOTAB	113
SYMAX-SL	113
SYMAX-SR	113
SYMBICORT	152
SYMPROIC	114
SYMTUZA	73
SYNAGIS	136
SYNAREL	131
Synjardy	161
SYNJARDY	79
Synjardy XR	161
SYNJARDY XR	79
SYNTHROID	129

T

TABLOID	60
TABRECTA	63
<i>tacrolimus</i>	107
Tacrolimus	160
<i>tadalafil</i>	119
<i>tadalafil (pah)</i>	150
TAFINLAR	63
TAKE ACTION	166
TALICIA	114
TALTZ	107
<i>tamoxifen citrate</i>	60, 164
<i>tamsulosin hcl</i>	119
Tanzeum	158
TARGRETIN	63

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

TARINA 24 FE	171	TIVICAY PD	72
TARINA FE 1/20	171	<i>tizanidine hcl</i>	70
TARINA FE 1/20 EQ	171	TL G-FOL OS	112
TARON-C DHA	112	TOBI PODHALER	149
TASIGNA	63	TOBRADEX	145
<i>tazarotene</i>	107	TOBRADEX ST	145
TAZORAC	107	<i>tobramycin</i>	143, 149
TDVAX	138	<i>tobramycin-dexamethasone</i>	145
TEKTURN HCT	95	TOBREX	143
<i>telmisartan</i>	89	TODAY SPONGE VAGINAL SPONGE	
Telmisartan	156	1000MG	174
<i>telmisartan-hctz</i>	95	<i>tolmetin sodium</i>	36
Telmisartan-Hydrochlorothiazide	156	Tolterodine	158
<i>temazepam</i>	153	<i>tolterodine tartrate</i>	118
<i>temozolomide</i>	59	<i>tolterodine tartrate er</i>	118
TENCON	34	<i>topiramate</i>	47
TENIVAC	138	<i>toremifene citrate</i>	60
<i>tenofovir disoproxil fumarate</i>	74	<i>torse mide</i>	96
<i>terazosin hcl</i>	119	TOVIAZ	118
<i>terbinafine hcl</i>	55	Tradjenta	157
<i>terbutaline sulfate</i>	149	TRADJENTA	80
<i>terconazole</i>	55	<i>tramadol hcl</i>	38
<i>teriflunomide</i>	103	<i>tramadol hcl er</i>	36, 37
<i>testosterone</i>	126	<i>tramadol-acetaminophen</i>	38
<i>testosterone cypionate</i>	126	<i>trandolapril</i>	89
<i>testosterone enanthate</i>	127	<i>trandolapril-verapamil hcl er</i>	95
<i>tetanus-diphtheria toxoids td</i>	138	<i>tranexamic acid</i>	87
<i>tetracycline hcl</i>	46	<i>tranylcypromine sulfate</i>	50
TEXACORT	124	<i>travoprost (bak free)</i>	145
THALOMID	59	<i>trazodone hcl</i>	51
THEO-24	150	TRECATOR	58
<i>theophylline</i>	150	TRELEGY ELLIPTA	152
<i>theophylline er</i>	150	<i>treprostinil</i>	150
<i>thiamine hcl</i>	112	<i>tretinoin</i>	63, 107
<i>thioridazine hcl</i>	68	<i>tretinoin microsphere</i>	107
<i>thiothixene</i>	68	<i>tretinoin microsphere pump</i>	107
<i>thrivite 19</i>	112	TRI FEMYNOR	171
<i>thrivite rx</i>	112	Triamcinolone	158, 159
TIBSOVO	63	<i>triamcinolone acetanide</i>	104, 124
<i>timolol maleate</i>	91, 144	Triamcinolone Acetonide	158, 179
TIVICAY	72	<i>triamterene-hctz</i>	95

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

TRIANEX	124
<i>triazolam</i>	153
TRI-ESTARYLLA	171
<i>trifluoperazine hcl</i>	68
<i>trifluridine</i>	72
<i>trihexyphenidyl hcl</i>	65
TRIJARDY XR	80
TRI-LINYAH	171
TRI-LO-ESTARYLLA	172
TRI-LO-MARZIA	172
TRI-LO-MILI	172
TRI-LO-SPRINTEC	172
TRILYTE	177
TRILYTE	115
<i>trimethobenzamide hcl</i>	53
<i>trimethoprim</i>	42
TRI-MILLI	172
<i>trinatal rx 1</i>	112
TRINESSA (28).....	172
TRINESSA LO	172
TRI-PREVIFEM.....	172
TRIPTODUR	131
TRI-SPRINTEC.....	172
TRIUMEQ	72
TRIUMEQ PD	72
TRIVORA (28).....	172
TRI-VYLIBRA.....	172
TROGARZO.....	74
TRULICITY	80
TRUMENBA.....	138
TRUXIMA.....	63
TULANA.....	173
TWINRIX.....	138
TYBOST.....	74
TYDEMY	172
TYMLOS	141
TYSABRI.....	103
TYVASO	150
TYVASO REFILL	150
TYVASO STARTER.....	151

U	
UCERIS.....	140
ULORIC.....	5, 18
<i>urea</i>	107
<i>urea nail</i>	107
<i>urea-c40</i>	107
URETRON D/S	119
<i>urin ds</i>	119
<i>uro-mp</i>	119
<i>urosex</i>	112
<i>ursodiol</i>	114
UTIRA-C.....	119
V	
<i>valacyclovir hcl</i>	72
<i>valganciclovir hcl</i>	70
<i>valproic acid</i>	47
<i>valsartan</i>	89
Valsartan	155, 156
Valsartan HCT	155
<i>valsartan-hydrochlorothiazide</i>	95
<i>vancomycin hcl</i>	42
VAQTA	138
<i>varденаfil hcl</i>	119
<i>varenicline tartrate</i>	40
VARIVAX.....	138
VARIZIG	139
VAXNEUVANCE	139
VCF VAGINAL CONTRACEPTIVE	174
VCF VAGINAL CONTRACEPTIVE FILM 28%	174
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	174
VELPHORO	110
VEMLIDY	70
VENCLEXTA.....	63
VENCLEXTA STARTING PACK	63
Venlafaxine	156
<i>venlafaxine hcl</i>	51
<i>venlafaxine hcl er</i>	52
VENTAVIS	151

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

<i>verapamil hcl</i>	92
<i>verapamil hcl er</i>	92
VERQUVO	95
VERZENIO.....	60
VESICARE LS	118
VESTURA.....	172
VIBRAMYCIN.....	46
Victoza	158
VICTOZA	80
VIDEX	74
VIDEX EC	74
VIENVA.....	172
<i>vigabatrin</i>	47
VIMPAT.....	48
VINATE II.....	112
VIORELE	172
VIRACEPT	75
VIREAD.....	74
VITAL-D RX	112
<i>vitamin b complex 100</i>	112
<i>vitamin b-complex 100</i>	112
<i>vitamin d (ergocalciferol)</i>	112
<i>vitamin k1</i>	112
<i>vitamins acd-fluoride</i>	113
<i>vita-rx diabetic vitamin</i>	113
VOLNEA	172
<i>vol-plus</i>	113
<i>vol-tab rx</i>	113
VONVENDI	87
<i>voriconazole</i>	55
VOTRIENT.....	63
VPRIV	117
VYLIBRA.....	172
Vytorin.....	162

W

<i>warfarin sodium</i>	83
WERA	172
WIDE-SEAL DIAPHRAGM 60 MM.....	165
WIDE-SEAL DIAPHRAGM 65 MM.....	165
WIDE-SEAL DIAPHRAGM 70 MM.....	165

WIDE-SEAL DIAPHRAGM 75 MM.....	165
WIDE-SEAL DIAPHRAGM 80 MM.....	165
WIDE-SEAL DIAPHRAGM 85 MM.....	165
WIDE-SEAL DIAPHRAGM 90 MM.....	165
WIDE-SEAL DIAPHRAGM 95 MM.....	165
WILATE.....	87
WINRHO SDF	135
WIXELA INHUB	152

X

XALKORI.....	63
XARELTO	83
XARELTO STARTER PACK	83
XELJANZ	133
XELJANZ XR	133
XENICAL.....	141
XIFAXAN.....	42
XIGDUO XR	80
XIIDRA	142
XOFLUZA (40 MG DOSE)	75
XOFLUZA (80 MG DOSE)	75
XOLAIR.....	152
XTANDI.....	59
XULANE TRANSDERMAL PATCH 0.53MG- 4.86 MG.....	174
XYNTHA.....	87
XYNTHA SOLOFUSE	87
XYREM	154
Xyzal	159
Xyzal Allergy 24HR	179
Xyzal Allergy 24HR Childrens	179

Y

YUVAFEM.....	128
--------------	-----

Z

Zaditor	159
<i>zafirlukast</i>	148
<i>zaleplon</i>	153
Zaleplon	162
ZARAH.....	173
ZARXIO.....	84

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

Zegerid.....	160	<i>zolmitriptan</i>	57
Zegerid OTC.....	160	Zolpidem.....	162
ZEJULA.....	63	<i>zolpidem tartrate</i>	153, 154
ZELBORAF.....	63	<i>zolpidem tartrate er</i>	154
ZENPEP.....	117	ZOSTAVAX.....	139
ZEPOSIA.....	103	ZUBSOLV.....	40
ZEPOSIA 7-DAY STARTER PACK.....	103	ZUMANDIMINE.....	173
ZEPOSIA STARTER KIT.....	103	ZYDELIG.....	61, 63
Zetia.....	157	ZYKADIA.....	63
<i>zidovudine</i>	74	Zyloprim.....	5, 18
ZIEXTENZO.....	84	Zyrtec.....	159
<i>ziprasidone hcl</i>	70	ZyrTEC Allergy.....	179
<i>zoledronic acid</i>	141	ZyrTEC Allergy Childrens.....	179
ZOLINZA.....	61		

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