



Lista de Medicamentos de 2026

(Actualizado en Agosto 2026)

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

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

Como utilizar esta guía:

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

Le siguen los tipos de medicamentos en cada clase.

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

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

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

Comprensión de los copagos por niveles:

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

Primer Nivel: Medicamentos Genéricos – Bioequivalente

Segundo Nivel: Medicamentos de Marca.

Tercer Nivel: Medicamentos de Marca No Preferidos.

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

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

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]	6
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]	13
ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA]	13
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]	13
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]	17
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]	17
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]	22
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]	25
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]	26
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]	28
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]	29
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]	31
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]	31
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]	32
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]	32
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]	33
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]	33

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

ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]	34
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	35
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]	37
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]	38
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]	39
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]	40
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]	40
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]	43
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]	45
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]	54
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]	56
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]	56
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]	60
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]	61
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]	62
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]	65

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	67
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	71
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]	71
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]	78
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS].....	79
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]	79
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]	79
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....	79
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]	80
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]	80
MISCELLANEOUS [MISCELÁNEOS]	81
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]....	100
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]	103
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]	106

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

RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN] 107

SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] 112

SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] 112

THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS] 113

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	ORBIVAN CF	QL(90 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	PHRENILIN	QL(90 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(90 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(90 / 30)
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	1	FIORINAL	QL(90 / 30)
TENCON 50-325 mg tab	3		QL(90 / 30)
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
<i>arthritis pain reliever 1 % Topical Gel</i>	1	VOLTAREN	
<i>aspercreme arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
<i>aspirin 300 mg rect supp, 325 mg tab, 325 mg tab dr, 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin 81 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>aspirin ec adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin ec low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>aspirin regimen 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>bayer advanced aspirin reg st 325 mg tab</i>	1		QL(30 / 30), AL
<i>bayer aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>bayer aspirin ec low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>bayer low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
CAMBIA 50 mg pckt	3		
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	ST
<i>childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs aspirin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>cvs diclofenac sodium 1 % Topical Gel</i>	1	VOLTAREN	
<i>cvs genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>diclofenac epolamine 1.3 % Topical Patch</i>	1	FLECTOR	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac potassium 25 mg cap</i>	1	ZIPSOR	
<i>diclofenac potassium(migraine) 50 mg pckt</i>	1		
<i>diclofenac sodium 2 % Topical Solution</i>	1	PENNSAID	
<i>diclofenac sodium 1.5 % Topical Solution</i>	1	PENNSAID	
<i>diclofenac sodium 3 % Topical Gel</i>	1	SOLARAZE	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % Topical 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>ecotrin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ecotrin arthrtis pain 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ecotrin low strength 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eq arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
<i>eq arthritis pain reliever 1 % Topical Gel</i>	1	VOLTAREN	
<i>eq aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>eq aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>eq aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>eql aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>eql aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>fenoprofen calcium 400 mg cap</i>	1	NALFON	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ft arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
<i>ft aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ft aspirin adult low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ft enteric coated aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>genuine aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>gnp adult aspirin low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>gnp arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
<i>gnp aspirin 325 mg tab, 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>gnp diclofenac sodium 1 % Topical Gel</i>	1	VOLTAREN	
<i>goodsense arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
<i>goodsense aspirin 325 mg tab, 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>goodsense aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>h-e-b aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ibu 600 mg tab</i>	1	MOTRIN	
<i>ibu 800 mg tab</i>	3	MOTRIN	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen-famotidine 800-26.6 mg tab</i>	1	DUEXIS	
<i>indocin 50 mg rect supp</i>	3		
<i>INDOCIN 25 mg/5ml susp</i>	3		
<i>indomethacin 25 mg/5ml susp</i>	1		
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 25)
<i>ketorolac tromethamine 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 30)
<i>ketorolac tromethamine 15 mg/ml inj soln</i>	1	TORADOL	QL(40 / 25)
<i>ketorolac tromethamine +rfd 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 25)
<i>kls arthritis pain relief 1 % Topical Gel</i>	1	VOLTAREN	
<i>kls aspirin low dose 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>kls diclofenac sodium 1 % Topical Gel</i>	1	VOLTAREN	
<i>kp aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>medi-first aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>medique aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meijer aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>mm arthritis pain reliever 1 % Topical Gel</i>	1	VOLTAREN	
<i>mm aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>motrin arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>NAPRELAN 750 mg tab er 24 hr</i>	3		
<i>napro 15 % Topical Cream</i>	1		
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>naproxen sodium er 500 mg tab er 24 hr</i>	1	NAPRELAN	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>pharmacist choice diclofenac 1 % Topical Gel</i>	1	VOLTAREN	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>qc aspirin 325 mg tab, 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>qc aspirin low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>qc diclofenac sodium 1 % Topical Gel</i>	1	VOLTAREN	
<i>qc enteric aspirin 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low dose 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin adult low strength 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin childrens 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>ra aspirin ec 325 mg tab dr, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>ra pain relief aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
<i>sb aspirin 325 mg tab</i>	1		QL(30 / 30), AL
<i>sb aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
<i>sb childrens aspirin 81 mg tab chew</i>	1		QL(30 / 30), AL
<i>sb low dose asa ec 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sm aspirin ec 325 mg tab dr</i>	1		QL(30 / 30), AL
SPRIX 15.75 mg/spray nasal soln	3		
<i>st joseph aspirin 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>st joseph low dose 81 mg tab chew, 81 mg tab dr</i>	1		QL(30 / 30), AL
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg tab</i>	1		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	
<i>voltaren arthritis pain 1 % Topical Gel</i>	1	VOLTAREN	
ZIPSOR 25 mg cap	3		
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
<i>buprenorphine 10 mcg/hr tdkw patch, 20 mcg/hr tdkw patch, 5 mcg/hr tdkw patch</i>	1	BUTRANS	PA
CONZIP 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr	3		PA
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	PA
<i>levorphanol tartrate 2 mg tab</i>	1		PA
<i>morphine sulfate er 10 mg cap er 24 hr, 100 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 50 mg cap er</i>	1	KADIAN	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>			
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	PA
<i>morphine sulfate er beads 120 mg cap er 24 hr, 30 mg cap er 24 hr, 45 mg cap er 24 hr, 60 mg cap er 24 hr, 75 mg cap er 24 hr, 90 mg cap er 24 hr</i>	1	AVINZA	PA
<i>NUCYNTA ER 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr, 250 mg tab er 12 hr, 50 mg tab er 12 hr</i>	2		PA
<i>OXYCONTIN 15 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr</i>	2		PA
<i>oxymorphone hcl er 15 mg tab er 12 hr, 7.5 mg tab er 12 hr</i>	1	OPANA ER	
<i>tramadol hcl (er biphasic) 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	RYZOLT	PA
<i>tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	PA
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln</i>	1	TYLENOL WITH CODEINE	
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	3	FIORINAL WITH CODEINE	
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	
<i>butorphanol tartrate 10 mg/ml nasal</i>	1	STADOL	QL(2.5 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>soln</i>			
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
<i>endocet 10-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>endocet 2.5-325 mg tab</i>	3	PERCOCET	
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml soln, 5-217 mg/10ml soln, 7.5-325 mg/15ml soln</i>	1	HYCET	
<i>hydrocodone-acetaminophen 10-325 mg tab, 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	
<i>hydrocodone-acetaminophen 10-300 mg tab, 5-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	
<i>hydromorphone hcl 2 mg tab, 8 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	
<i>hydromorphone hcl 1 mg/ml liq</i>	1	DILAUDID	
<i>hydromorphone hcl er 12 mg tab er 24 hr, 16 mg tab er 24 hr, 32 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1		PA
<i>meperidine hcl 50 mg tab</i>	1	DEMEROL	
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/5ml soln, 50 mg/ml inj soln</i>	1	DEMEROL	
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	1		
<i>NUCYNTA 100 mg tab, 50 mg tab, 75 mg tab</i>	2		
<i>oxycodone hcl 15 mg tab abuse-deterr</i>	1		
<i>oxycodone hcl 5 mg cap</i>	1	OXYIR	
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ROXICODONE	
<i>oxycodone hcl 100 mg/5ml oral conc, 5 mg/5ml soln</i>	1	ROXICODONE	
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	PERCOCET	
<i>oxycodone-acetaminophen 5-325 mg/5ml soln</i>	1	ROXICET	
<i>oxymorphone hcl 10 mg tab, 5 mg tab</i>	1	OPANA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pentazocine-naloxone hcl 50-0.5 mg tab</i>	1	TALWIN NX	
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>ethyl chloride Topical Aerosol</i>	1		
GEBAUERS PAIN EASE Topical Aerosol	3		
GEBAUERS SPRAY AND STRETCH Topical Aerosol	3		
<i>glydo 2 % Topical Prefilled Syringe</i>	3	GLYDO	
<i>lidocaine 5 % Topical Ointment</i>	1		
<i>lidocaine 5 % Topical Patch</i>	1	LIDODERM	
<i>lidocaine hcl 3 % Topical Lotion</i>	1	LIDAMANTLE	
<i>lidocaine hcl 3 % Topical Cream</i>	1	LIDAMANTLE	
<i>lidocaine hcl 4 % Topical Solution</i>	1	XYLOCAINE	
<i>lidocaine hcl urethral/mucosal 2 % Topical Prefilled Syringe</i>	1	GLYDO	
<i>lidocaine hcl urethral/mucosal 2 % Topical Gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % Topical Cream</i>	1	EMLA	
<i>lidocaine-prilocaine 2.5-2.5 % Topical Kit</i>	1	EMLA/TEGADERM	
<i>lidopin 3 % Topical Cream</i>	1	LIDAMANTLE	
<i>premium lidocaine 5 % Topical Ointment</i>	1		
ANGIOTENSIN II RECEPTOR ANTAGONISTS - BLOOD PRESSURE DRUGS [ANTAGONISTAS DEL RECEPTOR DE ANGIOTENSINA II - MEDICAMENTOS PARA LA PRESIÓN SANGUÍNEA]			
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>candesartan cilexetil 32 mg tab</i>	1	ATACAND	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film, 4-1 mg subl film, 8-2 mg subl film</i>	1	SUBOXONE	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	PA
Smoking Cessation Agents - Deterrents [Agentes Para La Cesación De Fumar - Disuasivos]			
<i>bupropion hcl er (smoking det) 150 mg tab er 12 hr</i>	1	ZYBAN	PA, QL(360 / 365)
CHANTIX 0.5 mg tab	3		PA, QL(120 / 365)
CHANTIX 1 mg tab	3		PA, QL(240 / 365)
CHANTIX CONTINUING MONTH PAK 1 mg tab	3		PA, QL(224 / 365)
CHANTIX STARTING MONTH PAK 0.5 MG X 11 & 1 mg x 42 tab pack	3		PA, QL(106 / 365)
<i>cvs nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>cvs nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine 2 mg m/t gum, 4 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>cvs nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>eq nicotine 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>eq nicotine step 3 7 mg/24hr td patch</i>	1	NICODERM CQ	PA, QL(28 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>24hr</i>			
<i>ft nicotine 7 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(28 / 365)
<i>ft nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>ft nicotine 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>ft nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>gnp nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>gnp nicotine 2 mg m/t gum, 4 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>gnp nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine 2 mg m/t gum, 4 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>goodsense nicotine polacrilex 4 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>habitrol 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>kls quit2 2 mg m/t gum, 2 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>kls quit4 4 mg m/t gum, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>nicoderm cq 7 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(28 / 365)
<i>nicoderm cq 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>nicorette 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>NICORETTE MINI 2 mg m/t lozg, 4 mg m/t lozg</i>	3		PA, QL(2772 / 365)
<i>nicorette mini 2 mg m/t lozg, 4 mg m/t</i>	3	NICORETTE	PA, QL(2772 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>lozg</i>			
<i>nicorette starter kit 2 mg m/t gum, 4 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>nicotine 21-14-7 mg/24hr td kit</i>	1		QL(112 / 365)
<i>nicotine 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine mini 2 mg m/t lozg, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex 2 mg m/t gum, 2 mg m/t lozg, 4 mg m/t gum, 4 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>nicotine polacrilex mini 2 mg m/t lozg</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 1 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 2 14 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(28 / 365)
<i>nicotine step 3 7 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(28 / 365)
<i>NICOTROL NS 10 mg/ml nasal soln</i>	3		PA, QL(160 / 365)
<i>qc nicotine transdermal system 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	3	NICODERM CQ	PA, QL(84 / 365)
<i>ra mini nicotine 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine 14 mg/24hr td patch 24hr, 21 mg/24hr td patch 24hr</i>	1	NICODERM CQ	PA, QL(84 / 365)
<i>ra nicotine 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine gum 2 mg m/t gum, 4 mg m/t gum</i>	1	NICORETTE	PA, QL(2772 / 365)
<i>ra nicotine polacrilex 2 mg m/t lozg, 4 mg m/t lozg</i>	1	NICORETTE	PA, QL(2772 / 365)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>thrive 2 mg m/t gum</i>	3	NICORETTE	PA, QL(2772 / 365)
<i>varenicline tartrate 0.5 mg tab</i>	1	CHANTIX	PA, QL(120 / 365)
<i>varenicline tartrate 1 mg tab</i>	1	CHANTIX	PA, QL(224 / 365)
<i>varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack</i>	1	CHANTIX	PA, QL(106 / 365)
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
<i>anucort-hc 25 mg rect supp</i>	1		
EPIFOAM 1-1 % Topical Foam	3		
<i>hydrocortisone (perianal) 2.5 % Topical Cream</i>	1	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % Topical Cream</i>	1	PROCTOCORT	
<i>hydrocortisone ace-pramoxine 2.5-1 % Topical Cream</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 % Topical Cream, 1-1 % Topical Ointment, 1-2.5 % Topical Ointment	3		
PRAMOSONE 1-1 % Topical Lotion, 1-2.5 % Topical Lotion	3		
<i>procto-med hc 2.5 % Topical Cream</i>	3	ANUSOL HC	
<i>proctosol hc 2.5 % Topical Cream</i>	3	ANUSOL HC	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
<i>gentamicin sulfate 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
BETADINE OPHTHALMIC PREP 5 % ophth soln	3		
CLEOCIN 100 mg vag supp	3		
<i>clindacin etz 1 % Topical Swab</i>	3	CLEOCIN-T	
<i>clindacin-p 1 % Topical Swab</i>	3	CLEOCIN-T	
CLINDAGEL 1 % Topical Gel	3		ST
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>clindamycin phos (once-daily) 1 % Topical Gel</i>	3	CLEOCIN-T	ST
<i>clindamycin phos (twice-daily) 1 % Topical Gel</i>	3	CLEOCIN-T	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 1 % Topical Swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % Topical Lotion, 1 % Topical Solution</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % Topical Foam</i>	1	EVOCLIN	
FEM PH 0.9-0.025 % vag gel	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		PA
<i>fosfomycin tromethamine 3 gm pckt</i>	1	MONUROL	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 375 mg cap</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % Topical Ointment</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % Topical Cream</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
<i>silver sulfadiazine 1 % Topical Cream</i>	1	SILVADENE	
<i>ssd 1 % Topical Cream</i>	3	SILVADENE	
SULFAMYLON 85 mg/gm Topical Cream	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 25 mg/ml soln</i>	1		
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	VANCOCIN	
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
<i>cefaclor 250 mg cap</i>	1	CECLOR	
<i>cefaclor 500 mg cap</i>	1	CECLOR	
<i>cefaclor er 500 mg tab er 12 hr</i>	1	CECLOR CD	
<i>cefadroxil 500 mg cap</i>	1	DURICEF	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cefadroxil 1 gm tab</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp</i>	1	OMNICEF	
<i>cefdinir 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefixime 100 mg/5ml susp, 200 mg/5ml susp</i>	1	SUPRAX	
<i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1	ROCEPHIN	
<i>cefuroxime axetil 250 mg tab</i>	1	CEFTIN	
<i>cefuroxime axetil 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg tab, 500 mg tab</i>	1		
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 750 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin 250 mg tab chew</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ampicillin 500 mg cap</i>	1		
AUGMENTIN 125-31.25 mg/5ml susp	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 susp pfs, 600000 unit/ml im susp pfs	3		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>penicillin g potassium 20000000 unit inj soln, 5000000 unit inj soln</i>	1	PFIZERPEN	
<i>penicillin g sodium 5000000 unit inj soln</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
<i>azithromycin 250 mg tab, 500 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab</i>	1	BIAXIN	
<i>clarithromycin 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
DIFICID 200 mg tab	3		
DIFICID 40 mg/ml susp	3		
E.E.S. 400 400 mg tab	3		
<i>ery 2 % Topical Pad</i>	1		
<i>erythromycin 2 % Topical Solution</i>	1	ERYDERM	
<i>erythromycin 2 % Topical Gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab</i>	1		
<i>erythromycin base 500 mg tab</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i>	1	ERYPED	
<i>fidaxomicin 200 mg tab</i>	1		
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
CIPRO 250 MG/5ML (5%) susp	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>levofloxacin 25 mg/ml soln</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfacetamide sodium 10 % ophth oint</i>	1	SODIUM SULAMYD	
<i>sulfacetamide sodium (acne) 10 % Topical Lotion</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
<i>sulfatrim pediatric 200-40 mg/5ml susp</i>	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
<i>avidoxy 100 mg tab</i>	1	ADOXA	
AVIDOXY DK 100 mg Multiple Routes Kit	3		
<i>demeclocycline hcl 150 mg tab, 300 mg tab</i>	1	DECLOMYCIN	
<i>doxycycline hyclate 200 mg tab dr, 50 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>minocycline hcl er 105 mg tab er 24 hr, 80 mg tab er 24 hr</i>	1	SOLODYN	
<i>minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	SOLODYN	
<i>mondoxylene nl 100 mg cap</i>	3	MONODOX	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
<i>roweepra 500 mg tab</i>	3	KEPPRA	
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
CELONTIN 300 mg cap	3		
<i>ethosuximide 250 mg cap</i>	1	ZARONTIN	
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 50 mg cap</i>	1	ZONEGRAN	
<i>zonisamide 25 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
<i>clobazam 2.5 mg/ml susp</i>	1	ONFI	
<i>clobazam 10 mg tab, 20 mg tab</i>	1	ONFI	
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	1	KLONOPIN	
DEPAKOTE 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	3		
DEPAKOTE ER 250 mg tab er 24 hr, 500 mg tab er 24 hr	3		
DEPAKOTE SPRINKLES 125 mg cap dr sprinkle	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>diazepam 5 mg/ml inj soln</i>	1		
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium 125 mg cap dr sprinkle</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 800 mg tab</i>	1	NEURONTIN	QL(120 / 30)
<i>gabapentin 600 mg tab</i>	1	NEURONTIN	QL(180 / 30)
<i>gabapentin 400 mg cap</i>	1	NEURONTIN	QL(270 / 30)
<i>gabapentin 300 mg cap</i>	1	NEURONTIN	QL(360 / 30)
<i>gabapentin 300 mg/6ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>gabapentin 100 mg cap</i>	1	NEURONTIN	QL(1080 / 30)
<i>gabapentin 250 mg/5ml soln</i>	1	NEURONTIN	QL(420 / 30)
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix</i>	1		
<i>primidone 50 mg tab</i>	1	MYSOLINE	
<i>primidone 250 mg tab</i>	1	MYSOLINE	
<i>tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab</i>	1	GABITRIL	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
<i>felbamate 400 mg tab, 600 mg tab</i>	1	FELBATOL	
<i>felbamate 600 mg/5ml susp</i>	1	FELBATOL	
LAMICTAL XR 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 50 & 100 & 200 mg oral kit	3		
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine 100 mg tab disint, 200 mg tab disint, 25 mg tab chew, 25 mg tab disint, 50 mg tab disint</i>	1	LAMICTAL	
<i>lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit</i>	1	LAMICTAL ODT	
<i>lamotrigine er 100 mg tab er 24 hr, 200</i>	1	LAMICTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>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>			
<i>topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
<i>topiramate 15 mg cap sprinkle, 25 mg cap sprinkle</i>	1	TOPAMAX	
<i>topiramate er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 25 mg cap er 24 hr, 50 mg cap er 24 hr</i>	1	TROKENDI XR	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
BANZEL 200 mg tab, 400 mg tab	3		
BANZEL 40 mg/ml susp	3		
<i>carbamazepine 200 mg tab chew</i>	1		
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine 100 mg/5ml susp</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i>	1	TEGRETOL XR	
CARBATROL 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
DILANTIN 100 mg cap, 30 mg cap	3		
DILANTIN INFATABS 50 mg tab chew	3		
EQUETRO 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	3		
<i>fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln</i>	1	CEREBYX	
<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i>	1	VIMPAT	
<i>lacosamide 10 mg/ml soln, 200 mg/20ml iv soln</i>	1	VIMPAT	
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml susp</i>	1	TRILEPTAL	
<i>phenytek 200 mg cap, 300 mg cap</i>	3	DILANTIN	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>phenytoin sodium extended 200 mg cap, 300 mg cap</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap</i>	1	DILANTIN	
<i>rufinamide 40 mg/ml susp</i>	1	BANZEL	
TEGRETOL 200 mg tab	3		
TEGRETOL 100 mg/5ml susp	3		
TEGRETOL-XR 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	3		
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2		
VIMPAT 10 mg/ml soln, 200 mg/20ml iv soln	2		
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
<i>memantine hcl 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 28 x 5 MG & 21 x 10 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	
<i>memantine hcl er 14 mg cap er 24 hr,</i>	1	NAMENDA XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr			
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
APLENZIN 174 mg tab er 24 hr, 348 mg tab er 24 hr, 522 mg tab er 24 hr	3		
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (sr) 200 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (xl) 450 mg tab er 24 hr	1	FORFIVO XL	
bupropion hcl er (xl) 150 mg tab er 24 hr	1	WELLBUTRIN XL	
bupropion hcl er (xl) 300 mg tab er 24 hr	1	WELLBUTRIN XL	
FORFIVO XL 450 mg tab er 24 hr	3		
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	1	REMERON	
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		
MARPLAN 10 mg tab	3		
phenelzine sulfate 15 mg tab	1	NARDIL	
tranylcypromine sulfate 10 mg tab	1	PARNATE	
Ssris/snrIs (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	
citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln	1	CELEXA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	PRISTIQ	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	PA
escitalopram oxalate 10 mg tab, 20 mg	1	LEXAPRO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tab, 5 mg tab</i>			
<i>escitalopram oxalate 5 mg/5ml soln</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	PROZAC	
<i>fluoxetine hcl 20 mg/5ml soln</i>	1	PROZAC	
<i>fluoxetine hcl 10 mg tab, 20 mg tab, 60 mg tab, 90 mg cap dr</i>	1	PROZAC	
<i>fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab</i>	1	SARAFEM	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr</i>	1	LUVOX CR	
<i>nefazodone hcl 200 mg tab, 250 mg tab, 50 mg tab</i>	1	SERZONE	
<i>nefazodone hcl 100 mg tab, 150 mg tab</i>	1	SERZONE	
<i>olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 3-25 mg cap, 6-25 mg cap, 6-50 mg cap</i>	1	SYMBYAX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl 30 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab</i>	1	DESYREL	
<i>trazodone hcl 300 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 225 mg tab er 24 hr</i>	1		
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
<i>VIIBRYD 10 mg tab, 20 mg tab, 40 mg tab</i>	3		
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	1	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ELAVIL	
<i>amitriptyline hcl 100 mg tab, 150 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab</i>	1	LIMBITROL	
<i>chlordiazepoxide-amitriptyline 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<i>trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
<i>dimenhydrinate 50 mg/ml inj soln</i>	1		
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	1	DICLEGIS	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	PHENERGAN	
<i>promethazine hcl 25 mg/ml inj soln, 6.25 mg/5ml soln</i>	1	PHENERGAN	
<i>promethazine hcl 12.5 mg rect supp, 25</i>	1	PHENERGAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg rect supp</i>			
<i>promethazine hcl 50 mg/ml inj soln</i>	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
<i>aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap pack, 80 mg cap</i>	1	EMEND	
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	QL(60 / 30)
EMEND 125 mg/5ml susp	2		
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	QL(6 / 30)
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	QL(9 / 30)
<i>ondansetron hcl 4 mg/2ml inj soln pfs</i>	1		
<i>ondansetron hcl 4 mg/2ml inj soln, 4 mg/5ml soln, 40 mg/20ml inj soln</i>	1	ZOFRAN	
<i>ondansetron hcl 24 mg tab</i>	1	ZOFRAN	QL(1 / 30)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	QL(9 / 30)
<i>ondansetron hcl +rfd 4 mg/2ml inj soln pfs</i>	1		
SANCUSO 3.1 mg/24hr td patch	3		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
<i>ciclodan 8 % Topical Solution</i>	3	PENLAC	PA
<i>ciclopirox 0.77 % Topical Gel</i>	1	LOPROX	
<i>ciclopirox 1 % Topical Shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % Topical Solution</i>	1	PENLAC	PA
<i>ciclopirox olamine 0.77 % Topical Cream</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % Topical Suspension</i>	1	LOPROX	
<i>ciclopirox treatment 8 % Topical Kit</i>	1	PENLAC	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % Topical Solution</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % Topical Cream</i>	1	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % Topical Lotion</i>	1	LOTRISONE	
CRESEMBA 186 mg cap	3		PA
<i>econazole nitrate 1 % Topical Cream</i>	1	SPECTAZOLE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ERTACZO 2 % Topical Cream	3		
EXELDERM 1 % Topical Cream	3		
EXELDERM 1 % Topical Solution	3		
EXODERM 25-1 % Topical Lotion	3		
<i>fluconazole 100 mg tab, 200 mg tab, 50 mg tab</i>	1	DIFLUCAN	
<i>fluconazole 150 mg tab</i>	1	DIFLUCAN	QL(2 / 28)
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i>	1	DIFLUCAN	
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	ANCOBON	
<i>griseofulvin microsize 500 mg tab</i>	1	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml susp</i>	1	GRIFULVIN V	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	GRIS-PEG	
<i>hydrocortisone-iodoquinol 1-1 % Topical Cream</i>	1		
<i>iodoquinol-hc-aloe polysacch 1-2-1 % Topical Gel</i>	1	ALCORTIN A	
<i>itraconazole 10 mg/ml soln</i>	1	SPORANOX	PA
<i>itraconazole 100 mg cap</i>	1	SPORANOX	PA
<i>ketoconazole 2 % Topical Foam</i>	1	EXTINA	
<i>ketoconazole 200 mg tab</i>	1	NIZORAL	
<i>ketoconazole 2 % Topical Cream</i>	1	NIZORAL	
<i>ketoconazole 2 % Topical Shampoo</i>	1	NIZORAL	
<i>miconazole 3 200 mg vag supp</i>	1	MONISTAT	
<i>miconazole-zinc oxide-petrolat 0.25-15-81.35 % Topical Ointment</i>	1	VUSION	
<i>naftifine hcl 2 % Topical Cream</i>	1	NAFTIN	
NATACYN 5 % ophth susp	3		
NOXAFIL 40 mg/ml susp	3		
<i>nyamyc 100000 unit/gm Topical Powder</i>	3	MYCOSTATIN	
<i>nystatin 100000 unit/gm Topical Cream, 100000 unit/gm Topical Ointment, 100000 unit/gm Topical Powder</i>	1	MYCOSTATIN	
<i>nystatin 100000 unit/ml m/t susp</i>	1	MYCOSTATIN	
<i>nystatin 500000 unit tab</i>	1	MYCOSTATIN	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% Topical Cream, 100000-0.1 unit/gm-% Topical Ointment</i>	1	MYCOLOG	
ORAVIG 50 mg bucc tab	3		
<i>oxiconazole nitrate 1 % Topical Cream</i>	1	OXISTAT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
OXISTAT 1 % Topical Lotion	3		
<i>sulconazole nitrate 1 % Topical Cream</i>	1	EXELDERM	
<i>terbinafine hcl 250 mg tab</i>	1	LAMISIL	PA
<i>terconazole 0.4 % vag crm, 0.8 % vag crm</i>	1	TERAZOL	
<i>terconazole 80 mg vag supp</i>	1	TERAZOL 3	
VUSION 0.25-15-81.35 % Topical Ointment	3		
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	ZYLOPRIM	
<i>colchicine 0.6 mg tab</i>	1	COLCRYS	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	COLBENEMID	
<i>febuxostat 40 mg tab, 80 mg tab</i>	1	ULORIC	
<i>probenecid 500 mg tab</i>	1	BENEMID	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
<i>dihydroergotamine mesylate 1 mg/ml inj soln</i>	1	D.H.E. 45	QL(24 / 30)
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rect supp	3		
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	2		PA
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA
NURTEC 75 mg tab disint	2		PA
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	2		PA
UBRELVY 100 mg tab, 50 mg tab	2		PA
Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña]			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAK	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 [Requisitos/Límites] ¹
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan 20 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan 5 mg/act nasal soln</i>	1	IMITREX	QL(12 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln</i>	1	IMITREX	QL(2 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 6 mg/0.5ml sc soln auto-inj</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan succinate refill 6 mg/0.5ml sc soln cart</i>	1	IMITREX STATDOSE	QL(2 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(9 / 30)
<i>TOSYMRA 10 mg/act nasal soln</i>	2		
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln</i>	1	ZOMIG	QL(6 / 30)
<i>ZOMIG 2.5 mg nasal soln</i>	2		QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 100 mg/ml inj soln, 50 mg/5ml syr</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
<i>cyclophosphamide 1 gm inj soln</i>	1		PA
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
Antineoplastics- Chemotherapy Agents [Antineoplásticos- Agentes De Quimioterapia]			
<i>bendamustine hcl 100 mg/4ml iv soln</i>	1		PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	1	ADRIAMYCIN	PA
TICE BCG 50 mg i-vesic susp	3		PA
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 250 mg tab</i>	1		
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	
COARTEM 20-120 mg tab	3		
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
<i>nitazoxanide 500 mg tab</i>	1	ALINIA	
<i>primaquine phosphate 26.3 (15 Base) mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	1	DARAPRIM	
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	TINDAMAX	
Pediculicides/scabicides - Scabies And Lice Drugs [Pediculicidas/Escabidas - Medicamentos Para Sarna Y Piojos]			
CROTAN 10 % Topical Lotion	3		PA
<i>cvs ivermectin lice treatment 0.5 % Topical Lotion</i>	1	SKLICE	PA
<i>eq ivermectin 0.5 % Topical Lotion</i>	1	SKLICE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EURAX 10 % Topical Cream	3		PA
ivermectin 0.5 % Topical Lotion	1	SKLICE	PA
malathion 0.5 % Topical Lotion	1	OVIDE	PA
NATROBA 0.9 % Topical Suspension	3		PA
permethrin 5 % Topical Cream	1	ELIMITE	PA
rid one & done 0.5 % Topical Lotion	1	SKLICE	PA
sklice 0.5 % Topical Lotion	1	SKLICE	PA
spinosad 0.9 % Topical Suspension	1		PA
sulfurated lime Topical Solution	1		PA
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
benztropine mesylate 1 mg/ml inj soln	1	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab	1	ARTANE	
trihexyphenidyl hcl 5 mg tab	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
entacapone 200 mg tab	1	COMTAN	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	2		
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	
pramipexole dihydrochloride 0.75 mg tab	1	MIRAPEX	
pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24	1	MIRAPEX ER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>hr, 4.5 mg tab er 24 hr</i>			
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	
Dopamine Precursors/L-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	1	PARCOPA	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminoxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	
<i>selegiline hcl 5 mg tab</i>	1		
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	
<i>ZELAPAR 1.25 mg tab disint</i>	3		
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>compro 25 mg rect supp</i>	1	COMPRO	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 20 mg tab</i>	1	HALDOL	
<i>haloperidol 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 5 mg/ml inj soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap</i>	1	NAVANE	
<i>thiothixene 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>aripiprazole 1 mg/ml soln</i>	1	ABILIFY	
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	1	ABILIFY DISCMELT	
<i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i>	1	SAPHRIS	
<i>FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab</i>	3		
<i>FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab</i>	3		
<i>LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	3		
<i>lurasidone hcl 120 mg tab, 20 mg tab,</i>	1	LATUDA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
40 mg tab, 60 mg tab, 80 mg tab			
olanzapine 10 mg im soln, 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab	1	SEROQUEL	
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	1	SEROQUEL XR	
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint	1	RISPERDAL	
risperidone 1 mg/ml soln	1	RISPERDAL	
SAPHRIS 10 mg tab subl, 5 mg tab subl	2		
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	
ziprasidone mesylate 20 mg im soln	1	GEODON	
ZYPREXA RELPREVV 210 mg im susp, 300 mg im susp, 405 mg im susp	3		
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	
clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint	1	FAZACLO	
ANTISPASTICITY AGENTS- DRUGS TO TREAT MUSCLE TENSION AND SPASM [AGENTES CONTRA LA ESPASTICIDAD- MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]			
Antispasticity Agents- Drugs For Muscle Pain And Spasm [Agentes Contra La Espasticidad- Medicamentos Para Dolor Muscular Y Espasmo]			
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg	1	DANTRIUM	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cap</i>			
<i>dantrolene sodium 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
<i>valganciclovir hcl 450 mg tab</i>	1	VALCYTE	
<i>valganciclovir hcl 50 mg/ml soln</i>	1	VALCYTE	
ZIRGAN 0.15 % ophth gel	3		
Anti-hepatitis B (hvb) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
<i>entecavir 0.5 mg tab, 1 mg tab</i>	1	BARACLUDE	PA
<i>lamivudine 100 mg tab</i>	1	EPIVIR HBV	PA
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	PA
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	TAMIFLU	QL(10 / 180)
<i>oseltamivir phosphate 30 mg cap</i>	1	TAMIFLU	QL(20 / 180)
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwrdr br act	3		QL(20 / 180)
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	2		
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	ZOVIRAX	
<i>acyclovir 5 % Topical Cream, 5 % Topical Ointment</i>	1	ZOVIRAX	
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
DENAVIR 1 % Topical Cream	3		
<i>penciclovir 1 % Topical Cream</i>	1	DENAVIR	
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
XERESE 5-1 % Topical Cream	3		
Antivirales - Medicamentos Para Tratar Infecciones Virales [Agentes Antivirales, Otros - Medicamentos Para Vih]			
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	3		QL(20 / 5), AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	3		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>droperidol 2.5 mg/ml inj soln</i>	1		
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>meprobamate 200 mg tab, 400 mg tab</i>	1		
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint</i>	1	NIRAVAM	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 5 mg/ml oral conc</i>	1		
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>diazepam 5 mg/5ml soln</i>	1	VALIUM	
<i>diazepam intensol 5 mg/ml oral conc</i>	3		
<i>lorazepam 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml inj soln</i>	1	ATIVAN	
<i>lorazepam 2 mg/ml oral conc</i>	1	LORAZEPAM INTENSOL	
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	
<i>quazepam 15 mg tab</i>	1	DORAL	
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	1	HALCION	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate 300 mg tab</i>	1	LITHOBID	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
<i>alogliptin benzoate 12.5 mg tab, 25 mg tab, 6.25 mg tab</i>	3	NESINA	ST
<i>alogliptin-metformin hcl 12.5-1000 mg tab, 12.5-500 mg tab</i>	3	KAZANO	ST
<i>alogliptin-pioglitazone 12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	3	OSENI	ST
CYCLOSET 0.8 mg tab	3		
<i>dapaglifloz base-metformin er 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1		
<i>dapagliflozin 10 mg tab, 5 mg tab</i>	1		
<i>dapagliflozin-saxagliptin 10-5 mg tab</i>	1		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-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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>glyburide-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>liraglutide 18 mg/3ml sc soln pen-inj</i>	1	Victoza	PA
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl 500 mg/5ml soln</i>	1	RIOMET	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	2		PA
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
ONGLYZA 5 mg tab	3		ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	2		PA
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		PA
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		PA
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		PA
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1	Onglyza	ST
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr</i>	1	Kombiglyze XR	ST
SEGLUROMET 2.5-1000 mg tab, 2.5-	3		ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
500 mg tab, 7.5-1000 mg tab, 7.5-500 mg tab			
<i>sitagliptin phos-metformin hcl 50-1000 mg tab, 50-500 mg tab</i>	1		
STEGLATRO 15 mg tab, 5 mg tab	3		ST
STEGLUJAN 15-100 mg tab, 5-100 mg tab	3		ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	2		PA
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
<i>glucagon emergency 1 mg inj soln</i>	3	GLUCAGON EMERGENCY	
KORLYM 300 mg tab	3		PA
<i>mifepristone 300 mg tab</i>	1		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
HUMULIN N 100 unit/ml sc susp	2		QL(20 / 30)
HUMULIN N KWIKPEN 100 unit/ml sc	2		QL(15 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
susp pen-inj			
HUMULIN R 100 unit/ml inj soln	2		QL(20 / 30)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		QL(40 / 30)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(6 / 30)
insulin lispro 100 unit/ml inj soln	1	HUMALOG	QL(20 / 30)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	1		QL(15 / 30)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	1		QL(15 / 30)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	1	HUMALOG MIX 75/25 KWIKPEN	QL(15 / 30)
LANTUS 100 unit/ml sc soln	2		QL(20 / 30)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	2		QL(15 / 30)
NOVOLIN N RELION 100 unit/ml sc susp	2		QL(20 / 30)
NOVOLIN R 100 unit/ml inj soln	2		QL(20 / 30)
NOVOLIN R RELION 100 unit/ml inj soln	2		QL(20 / 30)
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(15 / 30)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(15 / 30)
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]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
<i>dabigatran etexilate mesylate 150 mg cap, 75 mg cap</i>	1	PRADAXA	
ELIQUIS 0.15 mg cap sprinkle, 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
<i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i>	1	LOVENOX	PA
<i>jantoven 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab</i>	2	COUMADIN	
PRADAXA 110 mg cap	3		
<i>rivaroxaban 2.5 mg tab</i>	1	Xarelto	
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	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	
NPLATE 250 mcg sc soln, 500 mcg sc soln	3		PA
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
<i>aminocaproic acid 500 mg tab</i>	1	AMICAR	QL(10 / 30)
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 300 mg tab, 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
<i>ticagrelor 60 mg tab, 90 mg tab</i>	1	Brilinta	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab</i>	1	ALDOMET	
<i>methyldopa 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>phentolamine mesylate 5 mg inj soln</i>	1		
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
<i>azilsartan medoxomil 40 mg tab</i>	1		
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	
<i>EDARBI 40 mg tab, 80 mg tab</i>	3		
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	
<i>valsartan 80 mg tab</i>	1	DIOVAN	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40</i>	1	LOTENSIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg tab, 5 mg tab</i>			
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	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>moexipril hcl 15 mg tab</i>	1	UNIVASC	
<i>moexipril hcl 7.5 mg tab</i>	1	UNIVASC	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	ACEON	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	CORDARONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	2		
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
<i>pacerone 100 mg tab, 200 mg tab</i>	3	CORDARONE	
<i>propafenone hcl 150 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL SR	
<i>quinidine gluconate er 324 mg tab er</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	3		
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	
INDERAL XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
INNOPRAN XL 120 mg cap er 24 hr, 80 mg cap er 24 hr	3		
<i>labetalol hcl 400 mg tab</i>	1		
<i>labetalol hcl 100 mg tab</i>	1	NORMODYNE	
<i>labetalol hcl 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	BYSTOLIC	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr,</i>	1	INDERAL LA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr			
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	1	BLOCADREN	
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
CARDIZEM LA 120 mg tab er 24 hr	3		
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl 30 mg tab, 60 mg tab	1	CARDIZEM	
diltiazem hcl 120 mg tab, 90 mg tab	1	CARDIZEM	
diltiazem hcl er 180 mg tab er 24 hr, 240 mg tab er 24 hr, 300 mg tab er 24 hr, 360 mg tab er 24 hr, 420 mg tab er 24 hr	1		
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	1	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	1	TIAZAC	
diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr	1	CARDIZEM CD	
diltiazem hcl er coated beads 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	CARDIZEM CD	
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	
isradipine 2.5 mg cap	1	DYNACIRC	
isradipine 5 mg cap	1	DYNACIRC	
matzim la 360 mg tab er 24 hr, 420 mg tab er 24 hr	3		
nicardipine hcl 20 mg cap, 30 mg cap	1	CARDENE	
nifedipine 10 mg cap, 20 mg cap	1	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	ADALAT CC	
nifedipine er 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab	1	PROCARDIA XL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>er 24 hr, 60 mg tab er 24 hr</i>			
<i>nifedipine er osmotic release 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 34 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5</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 [Requisitos/Límites] ¹
<i>mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>			
BIDIL 20-37.5 mg tab	3		
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	1	CAPOZIDE	
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
<i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	BIDIL	
<i>ivabradine hcl 7.5 mg tab</i>	1	Corlanor	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>metyrosine 250 mg cap</i>	1	DEMSEER	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab</i>	1	TRIBENZOR	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sacubitril-valsartan 24-26 mg tab, 49-51 mg tab, 97-103 mg tab</i>	1	Entresto	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<i>telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab</i>	1	TWYNSTA	
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	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>ethacrynic acid 25 mg tab</i>	1	EDECRIN	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>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	INSpra	
<i>spironolactone 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<i>spironolactone 100 mg tab</i>	1	ALDACTONE	
<i>triamterene 100 mg cap, 50 mg cap</i>	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
<i>fenofibrate 120 mg tab, 40 mg tab</i>	1	FENOGLIDE	
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 105 mg tab, 35 mg tab</i>	1	FIBRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
LIPOFEN 150 mg cap, 50 mg cap	2		
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1		
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwdr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral</i>	1	QUESTRAN LIGHT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pwdr</i>			
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 1 gm tab, 5 gm pckt</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	
LIPFENDRA 20 mg cap	2		PA
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1	NIACOR	
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
<i>prevalite 4 gm/dose oral pwdr</i>	3	QUESTRAN LIGHT	
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL TITRADOSE	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>isosorbide mononitrate er 120 mg tab er 24 hr</i>	1	IMDUR	
<i>nitro-bid 2 % td oint</i>	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
NITRO-TIME 9 mg cap er	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 0.6 mg tab subl</i>	1	NITROSTAT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>nitroglycerin 0.3 mg tab sublingual, 0.4 mg tab sublingual</i>	1	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			
<i>amphetamine-dextroamphetamine 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 5 mg cap</i>	1	ADDERALL XR	
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	PROCENTRA	
<i>dextroamphetamine sulfate 10 mg cap, 15 mg cap, 5 mg cap</i>	1	DEXEDRINE	
<i>lisdexamfetamine dimesylate 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap</i>	1	Vyvanse	
<i>methamphetamine hcl 5 mg tab</i>	1	DESOXYN	
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab</i>	1	KAPVAY	
DAYTRANA 10 mg/9hr transdermal patch, 15 mg/15hr transdermal patch	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
mg/9hr td patch, 20 mg/9hr td patch, 30 mg/9hr td patch			
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	
<i>methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln</i>	1	METHYLIN	
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr</i>	1		
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE CD	
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr</i>	1	RITALIN LA	
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
<i>methylphenidate hcl er(diffus) 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
<i>gabapentin (once-daily) 300 mg tab</i>	1		
GRALISE 300 mg tab, 600 mg tab	3		
HORIZANT 300 mg tab er, 600 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 [Requisitos/Límites] ¹
er			
NUEDEXTA 20-10 mg cap	3		
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
<i>milnacipran hcl 100 mg tab, 12.5 & 25 & 50 mg oral misc, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1		
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	PA
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	LYRICA	PA, QL(60 / 30)
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	PA, QL(90 / 30)
<i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i>	1	LYRICA CR	PA, QL(30 / 30)
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
AQUORAL m/t soln	3		
BOCASAL m/t pckt	3		
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
FIRST-MOUTHWASH BLM m/t susp	3		
<i>lidocaine hcl 4 % m/t soln</i>	1	XYLOCAINE	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
NUMOISYN m/t liq	3		
<i>oralone 0.1 % m/t paste</i>	3	KENALOG IN ORABASE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
SALIVAMAX m/t pckt	3		
<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]			
ACANYA 1.2-2.5 % Topical Gel	3		ST
<i>adapalene 0.1 % Topical Cream, 0.1 % Topical Gel, 0.3 % Topical Gel</i>	1	DIFFERIN	
<i>adapalene treatment 0.1 % Topical Gel</i>	1	DIFFERIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>adapalene-benzoyl peroxide 0.3-2.5 % Topical Gel</i>	1	EPIDUO	
<i>adapalene-benzoyl peroxide 0.1-2.5 % Topical Gel</i>	1	EPIDUO	
AVAR CLEANSER 10-5 % Topical Liquid	3		
AVAR-E EMOLLIENT 10-5 % Topical Cream	3		
AZELEX 20 % Topical Cream	3		
<i>benzoyl peroxide 8 % Topical Gel</i>	1	BREVOXYL	
<i>benzoyl peroxide-erythromycin 5-3 % Topical Gel</i>	1	BENZAMYCIN	
BIONECT 0.2 % Topical Gel	3		
<i>bp 10-1 10-1 % Topical Emulsion</i>	1		
<i>bp wash 2.5 % Topical Liquid</i>	1		
<i>bpo foaming cloths 6 % Topical Miscellaneous</i>	1		
<i>calcipotriene 0.005 % Topical Cream, 0.005 % Topical Ointment</i>	1	DOVONEX	
<i>calcipotriene 0.005 % Topical Solution</i>	1	DOVONEX	
<i>calcipotriene-betameth diprop 0.005-0.064 % Topical Ointment, 0.005-0.064 % Topical Suspension</i>	1	TACLONEX	
<i>calcitrene 0.005 % Topical Ointment</i>	3	DOVONEX	
<i>calcitriol 3 mcg/gm Topical Ointment</i>	1	VECTICAL	
CLINDACIN ETZ 1 % Topical Kit	3		
<i>clindamycin phos-benzoyl perox 1.2-3.75 % Topical Gel</i>	1		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % Topical Gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % Topical Gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % Topical Gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % Topical Gel</i>	1	ZIANA	
CONDYLOX 0.5 % Topical Gel	3		
CORTANE-B 10-10-1 mg/ml Topical Lotion	3		
<i>cvs adapalene 0.1 % Topical Gel</i>	1	DIFFERIN	
<i>dapsone 5 % Topical Gel, 7.5 % Topical Gel</i>	1	ACZONE	
<i>differin 0.1 % Topical Gel</i>	1	DIFFERIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>doxycycline 40 mg cap dr</i>	1	ORACEA	
EPIDUO 0.1-2.5 % Topical Gel	2		
<i>gnp adapalene 0.1 % Topical Gel</i>	1	DIFFERIN	
<i>hydrocort-pramoxine (perianal) 2.5-1 % Topical Cream</i>	1	ANALPRAM HC	
<i>hydrocortisone ace-pramoxine 1-1 % Topical Cream</i>	1	ANALPRAM HC	
<i>imiquimod 5 % Topical Cream</i>	1	ALDARA	
<i>imiquimod pump 3.75 % Topical Cream</i>	1	ZYCLARA	PA
<i>iodosorb 0.9 % Topical Gel</i>	3		
LEVULAN KERASTICK 20 % Topical Solution Reconstituted	3		
<i>lidocaine-hydrocort (perianal) 3-0.5 % Topical Cream</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-2.5 % rect kit</i>	1	ANAMANTLE HC	
<i>lidocaine-hydrocortisone ace 2-2 % rect kit</i>	1	PERANEX HC	
<i>lidocaine-hydrocortisone ace 2.8-0.55 % rect gel</i>	1	RECTAGEL HC	
<i>metronidazole 0.75 % Topical Cream</i>	1	METROCREAM	
<i>metronidazole 0.75 % Topical Gel, 1 % Topical Gel</i>	1	METROGEL	
<i>metronidazole 0.75 % Topical Lotion</i>	1	METROLOTION	
<i>neuac 1.2-5 % Topical Gel</i>	3	DUAC	
NORITATE 1 % Topical Cream	3		
<i>panoxyl 2.5 % Topical Liquid</i>	1		
<i>pimecrolimus 1 % Topical Cream</i>	1	ELIDEL	
<i>podofilox 0.5 % Topical Gel</i>	1		
<i>podofilox 0.5 % Topical Solution</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % Topical Cream	3		
PROCTOFOAM HC 1-1 % Topical Foam	3		
PROMISEB Topical Cream	3		
PRUDOXIN 5 % Topical Cream	3		
RECTIV 0.4 % rect oint	3		
RETIN-A MICRO PUMP 0.06 % Topical Gel, 0.08 % Topical Gel	3		PA
SANTYL 250 unit/gm Topical Ointment	3		
SCALACORT DK 2 & 2-2 % Topical Kit	3		
<i>selenium sulfide 2.25 % Topical Shampoo</i>	1		
<i>selenium sulfide 2.5 % Topical Lotion</i>	1	SELSUN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>sodium sulfacetamide 10 % Topical Shampoo</i>	1		
SORILUX 0.005 % Topical Foam	3		
<i>sss 10-5 10-5 % Topical Foam</i>	1		
<i>sss 10-5 10-5 % Topical Cream</i>	1	PLEXION	
<i>sulfacetamide sodium 10 % Topical Liquid</i>	1		
<i>sulfacetamide sodium (cleans) 10 % Topical Gel</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % Topical Liquid, 10-5 % Topical Lotion, 10-5 % Topical Suspension</i>	1		
<i>sulfacetamide sodium-sulfur 10-5 % Topical Cream</i>	1	PLEXION	
<i>sulfacetamide sodium-sulfur 9-4.5 % Topical Liquid</i>	1	SUMADAN WASH	
<i>sulfacetamide sodium-sulfur 8-4 % Topical Suspension</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 8-4 % Topical Suspension</i>	1	SUMAXIN TS	
<i>sulfacetamide sodium-sulfur 9-4 % Topical Liquid</i>	1	SUMAXIN WASH	
<i>sulfacetamide sodium-sulfur 9-4 % Topical Liquid</i>	1	SUMAXIN WASH	
<i>sulfacetamide-sulfur in urea 10-5 % Topical Emulsion</i>	1	ROSULA CLEANSER	
TACLONEX 0.005-0.064 % Topical Suspension	3		
<i>tacrolimus 0.03 % Topical Ointment, 0.1 % Topical Ointment</i>	1	PROTOPIC	PA
<i>tazarotene 0.05 % Topical Cream</i>	1		
<i>tazarotene 0.05 % Topical Gel, 0.1 % Topical Cream, 0.1 % Topical Gel</i>	1	TAZORAC	PA
TAZORAC 0.05 % Topical Cream, 0.05 % Topical Gel, 0.1 % Topical Gel	2		PA
<i>tretinoin 0.01 % Topical Gel, 0.025 % Topical Cream, 0.025 % Topical Gel, 0.05 % Topical Cream, 0.1 % Topical Cream</i>	1	RETIN-A	PA
<i>tretinoin microsphere 0.08 % Topical Gel</i>	1		
<i>tretinoin microsphere 0.04 % Topical Gel, 0.1 % Topical Gel</i>	1	RETIN-A	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>tretinoin microsphere pump 0.04 % Topical Gel, 0.1 % Topical Gel</i>	1	RETIN-A	PA
VEREGEN 15 % Topical Ointment	3		
VTAMA 1 % Topical Cream	2		PA
<i>zaclir cleansing 8 % Topical Lotion</i>	1		
ZIANA 1.2-0.025 % Topical Gel	3		ST
ZITHRANOL 1 % Topical Shampoo	3		
ZONALON 5 % Topical Cream	3		
ZYCLARA 3.75 % Topical Cream	3		PA
ZYCLARA PUMP 2.5 % Topical Cream	3		
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
<i>carglumic acid 200 mg tab sol</i>	1	CARBAGLU	
<i>ferrous sulfate 220 (44 Fe) mg/5ml soln</i>	1		AL
<i>iron supplement 220 (44 Fe) mg/5ml soln</i>	1		AL
<i>one vite ferrous sulfate 220 (44 Fe) mg/5ml soln</i>	1		AL
Vitamins [Vitaminas]			
ACTIVNUTRIENTS tab chew	1		AL
ALIVE GUMMIES FOR CHILDREN tab chew	1		AL
ALIVE KIDS PREMIUM tab chew	1		AL
ALIVE MULTI-VITAMIN CHILDRENS tab chew	1		AL
CENTRUM FLAVOR BURST KIDS tab chew	1		AL
CENTRUM KIDS tab chew	1		AL
CENTRUM KIDS MULTIGUMMIES tab chew	1		AL
<i>childrens gummies tab chew</i>	1		AL
<i>cvs gummy dinos tab chew</i>	1		AL
<i>cvs gummy multivitamin kids tab chew</i>	1		AL
EMERGEN-C KIDZ DAILY IMMUNE tab chew	1		AL
<i>emergen-c kidz immune+ tab chew</i>	1		AL
<i>eq multivitamin gummies tab chew</i>	1		AL
<i>eq multivitamins gummy child tab chew</i>	1		AL
<i>eql gummies childrens tab chew</i>	1		AL
FLINTSTONES + EXTRA IRON tab	1		AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
chew			
FLINTSTONES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES COMPLETE tab chew	1		AL
FLINTSTONES GUMMIES-IMMUNITY tab chew	1		AL
FLINTSTONES-IMMUNITY SUPPORT tab chew	1		AL
<i>ft childrens multi tab chew</i>	1		AL
<i>gnp multi childrens tab chew</i>	1		AL
<i>growing bones & muscles kids tab chew</i>	1		AL
GUMMI BEAR MULTIVITAMIN/MIN tab chew	1		AL
<i>just 4 kidz multivit/probiotic tab chew</i>	1		AL
<i>multivit-min gummies childrens tab chew</i>	1		AL
<i>multivitamin childrens gummies tab chew</i>	1		AL
MVW COMPLETE FORMULATION tab chew	1		AL
MVW COMPLETE FORMULATION D3000 tab chew	1		AL
MVW COMPLETE FORMULATION D5000 tab chew	1		AL
SMARTY PANTS KIDS COMPLETE tab chew	1		AL
SPONGEBOB SQUAREPANTS GUMMIES tab chew	1		AL
<i>vitachew multiple vitamin tab chew</i>	1		AL
VITALETS CHILDRENS tab chew	1		AL
YUMVSKIDS MULTI ZERO tab chew	1		AL
ZOO FRIENDS MULTI GUMMIES tab chew	1		AL
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PANCREAZE 10500-35500 unit cap dr prt, 16800-56800 unit cap dr prt, 21000-54700 unit cap dr prt, 2600-8800 unit cap dr prt, 37000-97300 unit cap dr prt, 4200-14200 unit cap dr prt	3		ST
PERTZYE 16000-57500 unit cap dr prt, 24000-86250 unit cap dr prt, 4000-14375 unit cap dr prt, 8000-28750 unit cap dr prt	3		ST
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 5000-24000 unit cap dr prt	2		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	LIBRAX	
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln, 10 mg/ml im soln</i>	1	BENTYL	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab subl</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>hyosyne 0.125 mg/5ml oral elix</i>	1		
<i>hyosyne 0.125 mg/ml soln</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
NULEV 0.125 mg tab disint	3		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab subl</i>	1	LEVSIN/SL	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
<i>alvimopan 12 mg cap</i>	1	ENTEREG	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack</i>	1		QL(336 / 365)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	1		QL(360 / 365)
CHENODAL 250 mg tab	3		
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln, 5 mg/ml inj soln</i>	1	REGLAN	
<i>metoclopramide hcl +rfd 5 mg/ml inj soln</i>	1	REGLAN	
MOTEGRITY 1 mg tab, 2 mg tab	3		ST
MOTOFEN 1-0.025 mg tab	3		
MOVANTIK 12.5 mg tab, 25 mg tab	2		ST
<i>prucalopride succinate 1 mg tab, 2 mg tab</i>	1	Motegrity	ST
PYLERA 140-125-125 mg cap	3		QL(360 / 365)
RELISTOR 150 mg tab	3		ST
RELISTOR 12 mg/0.6ml sc soln, 12 mg/0.6ml sc soln pfs, 8 mg/0.4ml sc soln pfs	3		ST
SYMPROIC 0.2 mg tab	2		ST
TRULANCE 3 mg tab	3		ST
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 200 mg/20ml iv soln, 40 mg/4ml iv soln</i>	1		
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 40 mg/5ml susp</i>	1	PEPCID	
<i>famotidine (pf) 20 mg/2ml iv soln</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>ranitidine hcl 300 mg tab</i>	1	ZANTAC	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		ST
<i>lubiprostone 24 mcg cap, 8 mcg cap</i>	1	AMITIZA	ST
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
<i>constulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>enulose 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>generlac 10 gm/15ml soln</i>	1	CONSTULOSE	
<i>kristalose 20 gm pckt</i>	3		
<i>kristalose 10 gm pckt</i>	3	KRISTALOSE	
<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-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	2		
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>dexlansoprazole 30 mg cap dr</i>	1		ST
<i>dexlansoprazole 60 mg cap dr</i>	1	DEXILANT	ST
<i>esomeprazole magnesium 5 mg pckt</i>	1		
<i>esomeprazole magnesium 2.5 mg pckt</i>	1		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
FIRST-LANSOPRAZOLE 3 mg/ml susp	3		
FIRST-OMEPRAZOLE 2 mg/ml susp	3		
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
<i>lansoprazole 15 mg Oral Tablet</i>	1	PREVACID SOLUTAB	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>			
NEXIUM 2.5 mg pckt, 5 mg pckt	3		ST
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1100 mg cap, 20-1680 mg pckt, 40-1100 mg cap, 40-1680 mg pckt	1	ZEGERID	QL(90 / 365)
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	
pantoprazole sodium 40 mg pckt	1	PROTONIX	ST
PRILOSEC 10 mg pckt, 2.5 mg pckt	3		ST
rabeprazole sodium 20 mg tab dr	1	ACIPHEX	ST
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	1	ENABLEX	
flavoxate hcl 100 mg tab	1		
mirabegron er 8 mg/ml Oral Suspension Reconstituted ER	1		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	3		
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
OXYTROL 3.9 mg/24hr tdbiw patch	3		
solifenacin succinate 10 mg tab, 5 mg tab	1	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	1	DETROL LA	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	2		
trosipium chloride 20 mg tab	1	SANCTURA	
trosipium chloride er 60 mg cap er 24 hr	1	SANCTURA XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CARDURA XL 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	PA
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
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		
ENCARE 100 mg vag supp	3		
LITHOSTAT 250 mg tab	3		
OPTIONS GYNOL II CONTRACEPTIVE 3 % vag gel	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
RIMSO-50 50 % i-vesic soln	3		
<i>tiopronin 100 mg tab</i>	1	THIOLA	
TODAY SPONGE 1000 mg vag misc	3		
URELLE 81 mg tab	3		
<i>uro-mp 118 mg cap</i>	1		
VCF VAGINAL CONTRACEPTIVE 28 % vag film	3		
VCF VAGINAL CONTRACEPTIVE 4 % vag gel	3		
VILAMIT MB 118 mg cap	3		
VILEVEV MB 81 mg tab	3		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg tab</i>	1	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg</i>	1	PHOSLO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>cap</i>			
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	
<i>sevelamer carbonate 800 mg tab</i>	1	REVELA	
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids / Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>ALA SCALP 2 % Topical Lotion</i>	3		
<i>ala-cort 1 % Topical Cream</i>	1	ALA-CORT	
<i>alclometasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	1	ACLOVATE	
<i>amcinonide 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	1	CYCLOCORT	
<i>betamethasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % Topical Lotion</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % Topical Cream</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % Topical Gel, 0.05 % Topical Ointment</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % Topical Lotion</i>	1	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i>	1	CELESTONE SOLUSPAN	
<i>betamethasone valerate 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % Topical Lotion</i>	1	BETA-VAL	
<i>betamethasone valerate 0.12 % Topical Foam</i>	1	LUXIQ	
<i>clobetasol prop emollient base 0.05 % Topical Cream</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % Topical</i>	1	CLOBEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>Liquid, 0.05 % Topical Lotion, 0.05 % Topical Shampoo</i>			
<i>clobetasol propionate 0.05 % Topical Foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % Topical Gel, 0.05 % Topical Ointment</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % Topical Solution</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % Topical Cream</i>	1	TEMOVATE-E	
<i>clobetasol propionate e 0.05 % Topical Cream</i>	1	TEMOVATE-E	
<i>clobetasol propionate emulsion 0.05 % Topical Foam</i>	1	OLUX-E	
<i>clocortolone pivalate 0.1 % Topical Cream</i>	1	CLODERM	
<i>clodan 0.05 % Topical Shampoo</i>	3	CLOBEX	
CLODERM 0.1 % Topical Cream	3		
CORDRAN 4 mcg/sqcm Topical Tape	3		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
<i>desonide 0.05 % Topical Gel</i>	1	DESONATE	
<i>desonide 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	1	DESOWEN	
<i>desonide 0.05 % Topical Lotion</i>	1	DESOWEN	
<i>desoximetasone 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment, 0.25 % Topical Cream, 0.25 % Topical Ointment</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 1.5 mg (21) tab pack, 1.5 mg (35) tab pack</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>dexamethasone 1.5 mg (51) tab pack</i>	1	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sod phosphate pf 10 mg/ml inj soln</i>	1	HEXADROL	
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 4</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg/ml inj soln pfs</i>			
<i>dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	1	PSORCON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % Topical Cream, 0.025 % Topical Cream, 0.025 % Topical Ointment</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % Topical Solution</i>	1	SYNALAR	
<i>fluocinolone acetonide body 0.01 % Topical Oil</i>	1	DERMA-SMOOTHIE/FS	
<i>fluocinolone acetonide scalp 0.01 % Topical Oil</i>	1	DERMA-SMOOTHIE/FS	
<i>fluocinonide 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment</i>	1	LIDEX	
<i>fluocinonide 0.05 % Topical Solution</i>	1	LIDEX	
<i>fluocinonide 0.1 % Topical Cream</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % Topical Cream</i>	1	LIDEX-E	
<i>flurandrenolide 0.05 % Topical Lotion</i>	1	CORDRAN	
<i>fluticasone propionate 0.05 % Topical Cream</i>	1	CUTIVATE	
<i>fluticasone propionate 0.005 % Topical Ointment</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % Topical Lotion</i>	1	CUTIVATE	
<i>halcinonide 0.1 % Topical Solution</i>	1		
<i>halobetasol propionate 0.05 % Topical Cream, 0.05 % Topical Ointment</i>	1	ULTRAVATE	
<i>HALOG 0.1 % Topical Solution</i>	3		
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % Topical Cream, 2.5 % Topical Ointment</i>	1	HYTONE	
<i>hydrocortisone 2.5 % Topical Lotion</i>	1	HYTONE	
<i>hydrocortisone butyrate 0.1 % Topical Cream, 0.1 % Topical Ointment</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % Topical</i>	1	LOCOID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>Lotion, 0.1 % Topical Solution</i>			
<i>hydrocortisone sod suc (pf) 100 mg inj soln</i>	1		
<i>hydrocortisone valerate 0.2 % Topical Cream, 0.2 % Topical Ointment</i>	1	WESTCORT	
KENALOG-10 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<i>methylprednisolone 4 mg tab, 4 mg tab pack</i>	1	MEDROL	
<i>methylprednisolone 16 mg tab, 32 mg tab, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
<i>mometasone furoate 0.1 % Topical Ointment</i>	1	ELOCON	
<i>mometasone furoate 0.1 % Topical Cream</i>	1	ELOCON	
<i>mometasone furoate 0.1 % Topical Solution</i>	1	ELOCON	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 10 mg/5ml soln</i>	1	MILLIPRED	
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 5 mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisolone sodium phosphate 20 mg/5ml soln</i>	1	VERIPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 10 mg (48) tab pack</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISONE INTENSOL 5 mg/ml	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
oral conc			
RAYOS 1 mg tab dr, 2 mg tab dr, 5 mg tab dr	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 % Topical Solution	3		
<i>triamcinolone acetonide 0.025 % Topical Ointment, 0.1 % Topical Ointment, 0.147 mg/gm Topical Aerosol Solution, 0.5 % Topical Ointment</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % Topical Lotion, 0.1 % Topical Lotion, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.05 % Topical Ointment</i>	1	TRIANEX	
<i>triamcinolone acetonide 0.025 % Topical Cream, 0.1 % Topical Cream, 0.5 % Topical Cream</i>	1	TRIDERM	
<i>triamcinolone in absorbase 0.05 % Topical Ointment</i>	1	TRIANEX	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	PA
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	PA
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1	DDAVP	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>danazol 100 mg cap, 200 mg cap, 50</i>	1	DANOCRINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>mg cap</i>			
<i>testosterone 40.5 MG/2.5GM (1.62%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel</i>	1	ANDROGEL	PA
<i>testosterone 30 mg/act td soln</i>	1	AXIRON	PA
<i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i>	1	DEPO-TESTOSTERONE	PA
<i>testosterone enanthate 200 mg/ml im soln</i>	1	DELATESTRYL	PA
VOGELXO 50 MG/5GM (1%) td gel	2		PA
VOGELXO PUMP 12.5 MG/ACT (1%) td gel	2		PA
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ALORA 0.025 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	3		
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>amethyst 90-20 mcg tab</i>	3	AMETHYST 28 DAY	QL(28 / 28)
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
ARANELLE 0.5/1/0.5-35 mg-mcg tab	3		QL(28 / 28)
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	3	MIRCETTE	QL(28 / 28)
<i>balziva 0.4-35 mg-mcg tab</i>	3		QL(28 / 28)
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>briellyn 0.4-35 mg-mcg tab</i>	1		QL(28 / 28)
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	3	SEASONIQUE	QL(91 / 91)
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	3	LOSEASONIQUE	QL(91 / 91)
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	3		
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	3		
COVARYX HS 0.625-1.25 mg tab	3		
<i>dasetta 1/35 (28) 1-35 mg-mcg tab</i>	3		QL(28 / 28)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	3		QL(28 / 28)
<i>daysee 0.15-0.03 &0.01 mg tab</i>	3	SEASONIQUE	QL(91 / 91)
DELESTROGEN 10 mg/ml im oil	3		
<i>delyla 0.1-20 mg-mcg tab</i>	3	ALESSE	QL(28 / 28)
DEPO-ESTRADIOL 5 mg/ml im oil	3		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	MIRCETTE	QL(28 / 28)
DIVIGEL 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	3		
DIVIGEL 1 mg/gm td gel	3		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	BEYAZ	QL(28 / 28)
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	SAFYRAL	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	YASMIN	QL(28 / 28)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	YAZ	QL(28 / 28)
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
<i>elinest 0.3-30 mg-mcg tab</i>	3		QL(28 / 28)
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1	ESTRATEST	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.01 % vag crm</i>	1	ESTRACE	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.75 mg/1.25 gm (0.06%) td gel</i>	1	ESTROGEL	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>estradiol valerate 40 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol valerate 20 mg/ml im oil</i>	1	DELESTROGEN	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
<i>estrogens conjugated 0.45 mg tab, 0.625 mg tab, 1.25 mg tab</i>	1		
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab, 1-50 mg-mcg tab</i>	1	DEMULEN	QL(28 / 28)
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring</i>	1	NUVARING	QL(1 / 28)
EVAMIST 1.53 mg/spray td soln	3		
<i>falmina 0.1-20 mg-mcg tab</i>	3	ALESSE	QL(28 / 28)
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	3		
<i>fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	3	FEMHRT	
<i>introvale 0.15-0.03 mg tab</i>	3	SEASONALE	QL(91 / 91)
<i>isibloom 0.15-30 mg-mcg tab</i>	3	DESOGEN	QL(28 / 28)
<i>jolessa 0.15-0.03 mg tab</i>	3	SEASONALE	QL(91 / 91)
<i>juleber 0.15-30 mg-mcg tab</i>	3	DESOGEN	QL(28 / 28)
<i>junel 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>junel fe 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>kaitlib fe 0.8-25 mg-mcg tab chew</i>	3	GENERESS FE	QL(28 / 28)
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	3	MIRCETTE	QL(28 / 28)
<i>kurvelo 0.15-30 mg-mcg tab</i>	3	NORDETTE	QL(28 / 28)
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>larin 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>larin fe 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	3		QL(28 / 28)
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	3	ENPRESSE 28 DAY	QL(28 / 28)
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ENPRESSE 28 DAY	QL(28 / 28)
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	QUARTETTE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	LOSEASONIQUE	QL(91 / 91)
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	SEASONALE	QL(91 / 91)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	SEASONIQUE	QL(91 / 91)
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ALESSE	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	AMETHYST 28 DAY	QL(28 / 28)
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	3	NORDETTE	QL(28 / 28)
LO LOESTRIN FE 1 MG-10 MCG / 10 mcg tab	3		QL(28 / 28)
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	3		QL(28 / 28)
<i>luta 0.1-20 mg-mcg tab</i>	3	ALESSE	QL(28 / 28)
<i>marlissa 0.15-30 mg-mcg tab</i>	1	NORDETTE	QL(28 / 28)
MENOSTAR 14 mcg/24hr tdwk patch	3		
<i>mibelas 24 fe 1-20 mg-mcg(24) tab chew</i>	3	MINASTRIN 24 FE	QL(28 / 28)
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>microgestin 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN	QL(28 / 28)
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	3	LOESTRIN FE	QL(28 / 28)
<i>mono-linyah 0.25-35 mg-mcg tab</i>	3	ORTHO-CYCLEN (28)	QL(28 / 28)
NATAZIA 3/2-2/2-3/1 mg tab	2		QL(28 / 28)
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	3		QL(28 / 28)
<i>nikki 3-0.02 mg tab</i>	3	YAZ	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	LOESTRIN FE	QL(28 / 28)
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab chew</i>	1	MINASTRIN 24 FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg tab chew</i>	1	FEMCON FE	QL(28 / 28)
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg tab chew</i>	1	GENERESS FE	QL(28 / 28)
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	LOESTRIN	QL(28 / 28)
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	1	FEMHRT	
<i>norgestim-eth estrad triphasic</i>	1	ORTHO TRI-CYCLEN	QL(28 / 28)

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ELLA 30 mg tab	3		
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>aftera 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>afterpill 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>camila 0.35 mg tab</i>	3	NOR-QD	QL(28 / 28)
CRINONE 4 % vag gel	3		PA
<i>deblitane 0.35 mg tab</i>	3	NOR-QD	QL(28 / 28)
DEPO-PROVERA 150 mg/ml im susp, 150 mg/ml im susp pfs	3		QL(1 / 90)
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(1 / 90)
<i>econtra one-step 1.5 mg tab</i>	3	PLAN B ONE-STEP	
FIRST-PROGESTERONE VGS 100 mg vag supp, 200 mg vag supp	3		PA
<i>her style 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>jencycla 0.35 mg tab</i>	3	NOR-QD	QL(28 / 28)
<i>levonorgestrel 1.5 mg tab</i>	1	PLAN B ONE-STEP	
<i>levonorgestrel 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>lyza 0.35 mg tab</i>	3	NOR-QD	QL(28 / 28)
<i>medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs</i>	1	DEPO-PROVERA	QL(1 / 90)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 625 mg/5ml susp</i>	1	MEGACE	PA
<i>my choice 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>my way 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>new day 1.5 mg tab</i>	3	PLAN B ONE-STEP	
NEXPLANON 68 mg sc implant	3		
<i>norethindrone 0.35 mg tab</i>	1	NOR-QD	QL(28 / 28)
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>norlyroc 0.35 mg tab</i>	3	NOR-QD	QL(28 / 28)
<i>opcicon one-step 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>option 2 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>plan b one-step 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>progesterone 50 mg/ml im oil</i>	1		PA
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	PA
<i>react 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>sharobel 0.35 mg tab</i>	3	NOR-QD	QL(28 / 28)
<i>shewise 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>take action 1.5 mg tab</i>	3	PLAN B ONE-STEP	
<i>your choice 1.5 mg tab</i>	3	PLAN B ONE-STEP	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
[Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
ARMOUR THYROID 120 mg tab, 15 mg tab, 180 mg tab, 240 mg tab, 30 mg tab, 300 mg tab, 60 mg tab, 90 mg tab	3		
<i>levo-t 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	3	SYNTHROID	
<i>levothyroxine sodium 137 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>levothyroxine sodium 150 mcg cap, 25 mcg cap, 75 mcg cap, 88 mcg cap</i>	1	TIROSINT	
<i>levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	3	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NP THYROID 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	3		
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		
<i>thyroid 90 mg tab</i>	1		
<i>thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab</i>	1		
TIROSINT 100 mcg cap, 112 mcg cap,	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
125 mcg cap, 13 mcg cap, 137 mcg cap, 175 mcg cap, 200 mcg cap, 37.5 mcg cap, 44 mcg cap, 50 mcg cap, 62.5 mcg cap			
TIROSINT-SOL 100 mcg/ml soln, 112 mcg/ml soln, 125 mcg/ml soln, 13 mcg/ml soln, 137 mcg/ml soln, 150 mcg/ml soln, 175 mcg/ml soln, 200 mcg/ml soln, 25 mcg/ml soln, 37.5 mcg/ml soln, 44 mcg/ml soln, 50 mcg/ml soln, 62.5 mcg/ml soln, 75 mcg/ml soln, 88 mcg/ml soln	3		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants			
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
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]			
<i>azasan 100 mg tab, 75 mg tab</i>	3	AZASAN	PA
<i>azathioprine 50 mg tab</i>	1	IMURAN	PA
<i>methotrexate sodium 2.5 mg tab</i>	1		
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
<i>ILARIS 150 mg/ml sc soln</i>	3		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
RIDAURA 3 mg cap	3		
INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]			
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 400 mg cap dr</i>	1	DELZICOL	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine 4 gm rect enema</i>	1	ROWASA	
<i>mesalamine er 500 mg cap er</i>	1	PENTASA	
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	
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 3 mg cap dr prt</i>	1	ENTOCORT	PA
CORTIFOAM 10 % Topical Foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab</i>	1	FOSAMAX	
BINOSTO 70 mg tab eff	3		ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	
MISCELLANEOUS [MISCELÁNEOS]			
Needles & Syringes [Agujas Y Jeringuillas]			
<i>1st tier unifine pentips 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
<i>1st tier unifine pentips plus 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc</i>	1		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM misc	1		
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 33G X 4 MM misc	1		
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM misc	1		
ASSURE ID PRO PEN NEEDLES 30G X 5 MM misc	1		
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM misc	1		
<i>aum insulin safety pen needle 31G X 4 MM misc</i>	1		
<i>aum insulin safety pen needle 31G X 5 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum mini insulin pen needle 32G X 4 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>aum pen needle 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>aum pen needle 32G X 4 MM misc</i>	1		
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 4 MM misc	1		
AUM SAFETY PEN NEEDLE 31G X 5 MM misc	1		
<i>aurora pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
BD AUTOSHIELD DUO 30G X 5 MM misc	1		
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE 27.5G X 5/8" 2 ml misc, 27G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, U-100 1 ml misc	1		
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ml misc	1		
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ml misc	1		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM misc	1		
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM misc	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CARETOUCH PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 33G X 4 MM misc	1		
CLEVER CHOICE COMFORT EZ 29G X 12MM misc, 33G X 4 MM misc	1		
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM misc	1		
COMFORT EZ PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM misc, 31G X 4 MM misc	1		
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM misc	1		
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc	1		
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
misc			
DIATHRIVE PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 15/64" 0.3 ml misc, 30G X 15/64" 0.5 ml misc, 30G X 15/64" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
DROPLET PEN NEEDLES 29G X 10MM misc, 29G X 12MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc	1		
DROPLET PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
DROPSAFE AUTOPROTECT DUO 31G X 4 MM misc	1		
DROPSAFE AUTOPROTECT DUO 31G X 5 MM misc, 31G X 8 MM misc	1		
<i>dropsafe safety pen needles 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>dropsafe safety pen needles 31G X 5 MM misc</i>	1		
<i>drug mart unifine pentips 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>drug mart unifine pentips plus 32G X 4 MM misc</i>	1		
<i>easy comfort insulin syringe 29G X 5/16" 0.5 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>easy comfort insulin syringe 31G X 5/16" 0.3 ml misc</i>	1		
<i>easy comfort pen needles 29G X 5MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>easy comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>easy glide pen needles 33G X 4 MM misc</i>	1		
EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN BARRELS U-100 1 ml misc	1		
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc	1		
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 27G X 5/8" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
EASY TOUCH INSULIN SYRINGE	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc			
EASY TOUCH PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc	1		
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM misc, 29G X 8MM misc, 30G X 8 MM misc	1		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EMBECTA AUTOSHIELD DUO 30G X 5 MM misc	1		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ml misc	1		
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ml misc	1		
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 1 ml misc	1		
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ml misc	1		
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ml misc	1		
EMBECTA PEN NEEDLE NANO 32G X 4 MM misc	1		
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM misc	1		
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM misc	1		
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
EMBRACE PEN NEEDLES 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc	1		
EMBRACE PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
FIFTY50 PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
<i>global ease inject pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>global ease inject pen needles 32G X 4 MM misc</i>	1		
<i>global easy glide insulin syr 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml misc</i>	1		
<i>global easy glide pen needles 32G X 4 MM misc</i>	1		
<i>global inject ease insulin syr 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>global inject ease insulin syr 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>global insulin syringes 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc</i>	1		
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>gnp insulin syringe 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 30G X 5/16" 1 ml misc</i>	1		
<i>gnp insulin syringes 28gx1/2" 28G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 1 ml misc</i>	1		
<i>gnp insulin syringes 29gx1/2" 29G X 1/2" 0.5 ml misc</i>	1		
<i>gnp insulin syringes 30gx5/16" 30G X 5/16" 0.3 ml misc</i>	1		
<i>gnp insulin syringes 31gx5/16" 31G X 5/16" 0.3 ml misc</i>	1		
<i>gnp pen needles 32G X 6 MM misc</i>	1		
<i>gnp pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 5 MM misc, 32G X 6 MM misc</i>	1		
<i>gnp ulticare pen needles 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM misc	1		
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>gnp ultra com insulin syringe 28G X 1/2" 1 ml misc</i>	1		
<i>h-e-b incontrol pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM misc, 33G X 4 MM misc	1		
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc	1		
<i>healthwise insulin syr/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>healthwise micron pen needles 32G X</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>4 MM misc</i>			
<i>healthwise short pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc	1		
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM misc	1		
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM misc	1		
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>insulin syringe 28G X 1/2" 0.5 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe 29G X 1/2" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>insulin syringe-needle u-100 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>insulin syringe-needle u-100 28G X 1/2" 1 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>insupen pen needles 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>insupen pen needles 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
INSUPEN32G EXTR3ME 32G X 6 MM misc	1		
<i>kinray insulin syringe 29G X 1/2" 0.5 ml misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>groger pen needles 31G X 6 MM misc, 31G X 8 MM misc, 33G X 4 MM misc</i>	1		
<i>groger pen needles 31G X 5 MM misc, 32G X 4 MM misc</i>	1		
LEADER UNIFINE PENTIPS 31G X 5 MM misc, 32G X 4 MM misc	1		
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
LITETOUCH PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
MARATHON MEDICAL PENTIPS 29G X 12MM misc, 32G X 4 MM misc	1		
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc	1		
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM misc, 29G X 8MM misc	1		
MAXICOMFORT II PEN NEEDLE 31G X 6 MM misc	1		
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ml misc, 27G X 1/2" 1 ml misc	1		
<i>medic insulin syringe 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>medicine shoppe pen needles 29G X 12MM misc</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>medicine shoppe pen needles 31G X 8 MM misc</i>	1		
<i>meijer pen needles 29G X 12MM misc, 31G X 6 MM misc</i>	1		
<i>meijer pen needles 31G X 8 MM misc</i>	1		
MICRODOT PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
<i>mm insulin syringe/needle 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
MM PEN NEEDLES 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ml misc, 27G X 1/2" 1 ml misc, 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 1 ml misc, U-100 1 ml misc	1		
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
NOVOFINE PEN NEEDLE 32G X 6 MM misc	1		
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM misc	1		
<i>pc unifine pentips 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>pen needle/5-bevel tip 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>pen needles 29G X 12MM misc, 30G X 5 MM misc, 30G X 8 MM misc, 31G X 8</i>	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>			
<i>pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
PENTIPS 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
PENTIPS GENERIC PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
<i>pip pen needles 31g x 5mm 31G X 5 MM misc</i>	1		
<i>pip pen needles 32g x 4mm 32G X 4 MM misc</i>	1		
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ml misc	1		
<i>preferred plus unifine pentips 29G X 12MM misc</i>	1		
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PREVENT SAFETY PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc	1		
<i>pro comfort pen needles 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>pure comfort pen needle 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc</i>	1		
<i>pure comfort pen needle 32G X 4 MM misc</i>	1		
<i>pure comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>px insulin syringe 30G X 1/2" 0.5 ml misc</i>	1		
<i>px mini pen needles 31G X 5 MM misc</i>	1		
<i>qc pen needles 29G X 12MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
<i>qc unifine pentips 32G X 4 MM misc</i>	1		
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 32G X 8 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc, 33G X 8 MM misc	1		
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>ra insulin syringe 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc</i>	1		
<i>ra pen needles 31G X 5 MM misc, 31G X 8 MM misc</i>	1		
<i>raya sure pen needle 29G X 12MM misc, 31G X 4 MM misc</i>	1		
<i>raya sure pen needle 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc</i>	1		
<i>reality insulin syringe 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc</i>	1		
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 31G X 15/64" 0.3 ml misc, 31G X 15/64" 0.5 ml misc, 31G X 15/64" 1 ml misc, 31G X 5/16" 0.3 ml	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>misc</i>			
TECHLITE PEN NEEDLES 29G X 12MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
TECHLITE PLUS PEN NEEDLES 32G X 4 MM misc	1		
<i>today's health pen needles 29G X 12MM misc</i>	1		
<i>today's health short pen needle 31G X 8 MM misc</i>	1		
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM misc	1		
<i>true comfort insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort insulin syringe 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pen needles 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort pro insulin syr 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>true comfort pro insulin syr 30G X 5/16" 1 ml misc, 31G X 5/16" 0.5 ml misc</i>	1		
<i>true comfort pro pen needles 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc, 33G X 5 MM misc, 33G X 6 MM misc</i>	1		
<i>true comfort pro pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>true comfort safety pen needle 31G X 5 MM misc, 31G X 6 MM misc, 32G X 4 MM misc</i>	1		
TRUEPLUS 5-BEVEL PEN NEEDLES	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
29G X 12.7MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc			
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ml misc	1		
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ml misc, 28G X 1/2" 1 ml misc, 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 1/4" 0.3 ml misc, 31G X 1/4" 0.5 ml misc, 31G X 1/4" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTICARE MICRO PEN NEEDLES 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTICARE MINI PEN NEEDLES 30G X 5 MM misc, 31G X 6 MM misc, 32G X 6 MM misc	1		
ULTICARE PEN NEEDLES 29G X 12.7MM misc, 31G X 5 MM misc	1		
ULTICARE SHORT PEN NEEDLES 30G X 8 MM misc, 31G X 8 MM misc	1		
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM misc, 32G X 4 MM misc, 32G X 6 MM misc	1		
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM misc, 31G X 5	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc			
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 31G X 5/16" 1 ml misc	1		
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
ULTILET PEN NEEDLE 29G X 12.7MM misc, 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>ultra comfort insulin syringe 30G X 5/16" 0.3 ml misc</i>	1		
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM misc, 33G X 4 MM misc	1		
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 31G X 5/16" 0.3 ml misc	1		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 30G X 1/2" 0.3 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
ULTRA THIN PEN NEEDLES 32G X 4 MM misc	1		
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ml misc, 29G X 1/2" 1 ml misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM misc	1		
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM misc	1		
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM misc	1		
<i>ultracare insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.3 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc</i>	1		
<i>ultracare pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 5 MM misc, 32G X 6 MM misc, 33G X 4 MM misc</i>	1		
UNIFINE OTC PEN NEEDLES 31G X 5 MM misc, 32G X 4 MM misc	1		
UNIFINE PENTIPS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 32G X 6 MM misc, 33G X 4 MM misc	1		
UNIFINE PENTIPS 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
UNIFINE PENTIPS PLUS 29G X 12MM misc, 30G X 5 MM misc, 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc, 33G X 4 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM misc, 30G X 8 MM misc	1		
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
UNIFINE ULTRA PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ml misc, 29G X 5/16" 1 ml misc, 30G X 1/2" 0.5 ml misc, 30G X 3/16" 0.5 ml misc, 30G X 3/16" 1 ml misc, 30G X 5/16" 0.5 ml misc, 30G X 5/16" 1 ml misc	1		
VERIFINE INSULIN PEN NEEDLE 29G X 12MM misc, 32G X 6 MM misc	1		
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc, 31G X 5/16" 1 ml misc	1		
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ml misc, 29G X 1/2" 0.5 ml misc, 30G X 5/16" 1 ml misc, 31G X 5/16" 0.3 ml misc, 31G X 5/16" 0.5 ml misc	1		
VERIFINE PLUS PEN NEEDLE 31G X 5 MM misc, 31G X 8 MM misc, 32G X 4 MM misc	1		
<i>wegmans unifine pentips plus 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
<i>zevrx insulin syringe 30G X 1/2" 0.5 ml misc, 30G X 1/2" 1 ml misc, 30G X 5/16" 0.5 ml misc</i>	1		
<i>zevrx insulin syringe 30G X 5/16" 1 ml misc</i>	1		
<i>zevrx pen needles 31G X 5 MM misc, 31G X 6 MM misc, 31G X 8 MM misc, 32G X 4 MM misc</i>	1		
MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS]			
Miscellaneous Therapeutic Agents [Agentes Terapéuticos Misceláneos]			
<i>acticarnitine sf 1 gm/10ml soln</i>	1		
<i>aimsco lubricated misc</i>	1		QL(12 / 30)
CAYA vag diaph	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>condoms misc</i>	1		QL(12 / 30)
DUREX EXTRA SENSITIVE THIN dev, misc	3		QL(12 / 30)
DUREX REALFEEL dev	3		QL(12 / 30)
DUREX TROPICAL misc	3		QL(12 / 30)
FANTASY LUBRICATED misc	3		QL(12 / 30)
FANTASY LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
FC2 FEMALE CONDOM misc	3		
FEMCAP 22 mm vag dev, 26 mm vag dev, 30 mm vag dev	3		
<i>g-levocarnitine s/f 1 gm/10ml soln</i>	1		
KAMELEON LUBRICATED misc	3		QL(12 / 30)
<i>kimono misc</i>	1		QL(12 / 30)
KIMONO COLORS dev	3		QL(12 / 30)
KIMONO MAXX-LARGE FLARE misc	1		QL(12 / 30)
<i>kimono micro thin misc</i>	1		QL(12 / 30)
<i>kimono micro thin plus misc</i>	1		QL(12 / 30)
<i>kimono plus misc</i>	1		QL(12 / 30)
<i>kimono ps misc</i>	1		QL(12 / 30)
<i>kimono ps plus misc</i>	1		QL(12 / 30)
<i>kimono sensation misc</i>	1		QL(12 / 30)
<i>kimono sensation plus misc</i>	1		QL(12 / 30)
KIMONO SPECIAL dev	3		QL(12 / 30)
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>levocarnitine (dietary) 1 gm/10ml soln</i>	1		
<i>levocarnitine l-tartrate 330 mg tab</i>	1		
<i>maxx misc</i>	1		QL(12 / 30)
<i>maxx plus misc</i>	1		QL(12 / 30)
MITOSOL 0.2 mg ophth kit	3		
OMNIFLEX DIAPHRAGM vag diaph	3		
REALITY LATEX CONDOMS misc	3		QL(12 / 30)
REALITY LATEX/ULTRA TEXTURED dev	3		QL(12 / 30)
REALITY LATEX/ULTRA THIN dev	3		QL(12 / 30)
SOHONOS 5 mg cap	3		
TROJAN BARESKIN dev	3		QL(12 / 30)
TROJAN ENZ misc	3		QL(12 / 30)
TROJAN MAGNUM misc	3		QL(12 / 30)
TROJAN ULTRA RIBBED LUBRICATED dev	3		QL(12 / 30)
TROJAN ULTRA THIN misc	3		QL(12 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
TROJAN ULTRA THIN/SPERMICIDAL misc	3		QL(12 / 30)
TROJAN-ENZ LUBRICATED misc	3		QL(12 / 30)
TROJAN-ENZ/SPERMICIDAL misc	3		QL(12 / 30)
<i>true cover dev</i>	3		QL(12 / 30)
TRUSTEX COLOR CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX LUB/RIBBED/STUDDERED misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE EX ST misc	3		QL(12 / 30)
TRUSTEX LUB/SPERMICIDE XL misc	3		QL(12 / 30)
TRUSTEX LUBRICATED misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EX LARGE misc	3		QL(12 / 30)
TRUSTEX LUBRICATED EXTRA ST misc	3		QL(12 / 30)
TRUSTEX LUBRICATED/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX NATURAL CONDOMS + LUBE misc	3		QL(12 / 30)
TRUSTEX NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA LUB/SPERMICIDE misc	3		QL(12 / 30)
TRUSTEX RIA LUBRICATED misc	3		QL(12 / 30)
TRUSTEX RIA NON-LUBRICATED misc	3		QL(12 / 30)
TRUSTEX-NONOXYNOL-9/RIB/STUD misc	3		QL(12 / 30)
WIDE-SEAL DIAPHRAGM 60 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 65 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 70 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 75 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 80 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 85 2 % vag diaph	3		
WIDE-SEAL DIAPHRAGM 90 2 % vag diaph	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
WIDE-SEAL DIAPHRAGM 95 2 % vag diaph	3		
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
AKTEN 3.5 % ophth gel	3		
ALTACAINE 0.5 % ophth soln	3		
ALTACAINE 0.5 % ophth soln	3		
atropine sulfate 1 % ophth soln	1	ISOPTO ATROPINE	
atropine sulfate 1 % ophth soln	1	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclopentolate hcl 1 % ophth soln	1	CYCLOGYL	
cyclosporine (pf) 0.05 % ophth emul	1	RESTASIS	
HOMATROPAIRE 5 % ophth soln	3		
MIOCHOL-E 20 mg i-ocul soln	3		PA
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	1	NEOSPORIN	
phenylephrine hcl 10 % ophth soln	1		
phenylephrine hcl 2.5 % ophth soln	1		
polycin 500-10000 unit/gm ophth oint	1	POLYSPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
proparacaine hcl 0.5 % ophth soln	1	ALCAINE	
RESTASIS 0.05 % ophth emul	3		
tetracaine hcl 0.5 % ophth soln	1		
tropicamide 0.5 % ophth soln	1		
tropicamide 1 % ophth soln	1	MYDRIACYL	
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
advanced eye relief 0.2 % ophth soln	1	PATADAY	
ALOCRIIL 2 % ophth soln	3		
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	1	BEPREVE	
cromolyn sodium 4 % ophth soln	1	OPTICROM	
cvs olopatadine hcl 0.2 % ophth soln	1	PATADAY	
CYCLOMYDRIL 0.2-1 % ophth soln	3		
epinastine hcl 0.05 % ophth soln	1	ELESTAT	
eq olopatadine hcl 0.2 % ophth soln	1	PATADAY	
eye allergy itch relief 0.2 % ophth soln	1	PATADAY	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>ft eye allergy itch relief 0.2 % ophth soln</i>	1	PATADAY	
<i>gnp olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>pataday 0.2 % ophth soln</i>	1	PATADAY	
<i>qc eye allergy itch relief 0.2 % ophth soln</i>	1	PATADAY	
<i>qc olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	
<i>retaine allergy 0.2 % ophth soln</i>	1	PATADAY	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	2		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
<i>bromfenac sodium 0.07 % ophth soln, 0.075 % ophth soln</i>	1		
<i>bromfenac sodium (once-daily) 0.09 % ophth soln</i>	1	BROMDAY	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML FORTE 0.25 % ophth susp	3		
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
<i>loteprednol etabonate 0.2 % ophth susp</i>	1		
<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	
NEVANAC 0.1 % ophth susp	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
PRED MILD 0.12 % ophth susp	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	3		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
TRIESENCE 40 mg/ml i-ocul susp	3		PA
ZYLET 0.5-0.3 % ophth susp	3		
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
<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	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
<i>acetazolamide er 500 mg cap er 12 hr</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.5 % 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	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
<i>dexamethasone sodium phosphate 0.1</i>	1	MAXIDEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
% ophth soln			
difluprednate 0.05 % ophth emul	1	DUREZOL	
dorzolamide hcl 2 % ophth soln	1	TRUSOPT	
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	1	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	1	COSOPT	
IOPIDINE 1 % ophth soln	3		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
MIOSTAT 0.01 % i-ocul soln	3		PA
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	1	ISOPTO CARPINE	
timolol hemihydrate 0.5 % ophth soln	1		
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	1	TIMOPTIC XE	
timolol maleate (once-daily) 0.5 % ophth soln	1	ISTALOL	
timolol maleate pf 0.25 % ophth soln	1	TIMOPTIC	
Ophthalmic Prostaglandin And Prostanamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostanamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	1	LUMIGAN	
latanoprost 0.005 % ophth soln	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
travoprost (bak free) 0.004 % ophth soln	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
acetic acid 2 % otic soln	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	1	CIPRODEX	
ciprofloxacin-hydrocortisone 0.2-1 % otic susp	1		
fluocinolone acetonide 0.01 % otic oil	1	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	1	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln,	1	CORTISPORIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
3.5-10000-1 otic soln, 3.5-10000-1 otic susp			
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
CETRAXAL 0.2 % otic soln	3		
ciprofloxacin hcl 0.2 % otic soln	1	CETRAXAL	
ofloxacin 0.3 % otic soln	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ALVESCO 160 mcg/act inh aer soln, 80 mcg/act inh aer soln	3		QL(12.2 / 30), ST
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act	2		QL(28 / 30)
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
ASMANEX (120 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (14 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (30 METERED DOSES) 110 mcg/act inh aer pwdr br act, 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX (60 METERED DOSES) 220 mcg/act inh aer pwdr br act	3		QL(1 / 30), ST
ASMANEX HFA 100 mcg/act inh aer, 200 mcg/act inh aer, 50 mcg/act inh aer	3		QL(13 / 30), ST
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	1	PULMICORT	QL(120 / 30), AL
budesonide 32 mcg/act nasal susp	1	RHINOCORT	QL(17.2 / 30)
cvs budesonide 32 mcg/act nasal susp	1	RHINOCORT	QL(17.2 / 30)
eq budesonide nasal 32 mcg/act nasal susp	1	RHINOCORT	QL(17.2 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	1	NASALIDE	QL(25 / 25)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>fluticasone propionate diskus 100 mcg/act inh aer pwdr br act, 250 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act</i>	1		QL(120 / 30)
<i>fluticasone propionate hfa 44 mcg/act inh aer</i>	1		QL(10.6 / 30)
<i>fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer</i>	1		QL(12 / 30)
<i>gnp budesonide nasal spray 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	QL(34 / 30)
OMNARIS 50 mcg/act nasal susp	3		QL(12.5 / 30)
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	2		QL(2 / 30)
QNASL 80 mcg/act nasal aer soln	2		
QNASL CHILDRENS 40 mcg/act nasal aer soln	2		
<i>ra budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	QL(17.2 / 30)
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	QL(30 / 30)
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>carbinoxamine maleate 4 mg tab</i>	1	CLISTIN	
<i>carbinoxamine maleate 4 mg/5ml soln</i>	1	CLISTIN	
<i>cetirizine hcl 1 mg/ml soln</i>	1	ZYRTEC	
<i>clemastine fumarate 2.68 mg tab</i>	1	TAVIST	
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	CLARINEX	
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap</i>	1	VISTARIL	
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
<i>montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>montelukast sodium 4 mg pckt</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<i>zileuton er 600 mg tab er 12 hr</i>	1	ZYFLO CR	
ZYFLO 600 mg tab	3		
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
ATROVENT HFA 17 mcg/act inh aer soln	3		QL(25.8 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 25)
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(250 / 25)
<i>ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
SPIRIVA HANDIHALER 18 mcg inh cap	2		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
<i>tiotropium bromide 18 mcg inh cap</i>	1	SPIRIVA HANDIHALER	QL(30 / 30)
TUDORZA PRESSAIR 400 mcg/act inh aer pwdr br act	3		QL(30 / 30), ST
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25)
<i>albuterol sulfate 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(300 / 25), AL
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(300 / 25)
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(36 / 30)
<i>arformoterol tartrate 15 mcg/2ml inh</i>	1	BROVANA	QL(60 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>neb soln</i>			
<i>formoterol fumarate 20 mcg/2ml inh neb soln</i>	1	PERFOROMIST	
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	QL(30 / 15)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(216 / 15)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	QL(30 / 30)
PROAIR RESPICLICK 108 (90 Base) mcg/act inh aer pwr br act	2		QL(1 / 30)
SEREVENT DISKUS 50 mcg/act inh aer pwr br act	3		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		QL(36 / 30)
XOPENEX HFA 45 mcg/act inh aer	3		QL(30 / 30), ST
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
DALIRESP 250 mcg tab, 500 mcg tab	3		
<i>elixophyllin 80 mg/15ml oral elix</i>	3		
<i>roflumilast 250 mcg tab, 500 mcg tab</i>	1	DALIRESP	
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
<i>theophylline 80 mg/15ml oral elix, 80 mg/15ml soln</i>	1		
<i>theophylline er 100 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 200 mg tab er 12 hr, 300 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ADRENALIN 0.1 % nasal soln	3		
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(16 / 30)
<i>benzonatate 100 mg cap, 200 mg cap</i>	1	TESSALON	
<i>benzonatate 150 mg cap</i>	1	ZONATUSS	
BEVESPI AEROSPHERE 9-4.8 mcg/act inh aer	2		QL(10.7 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(56 / 30)
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
<i>breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.3 / 30)
<i>budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer</i>	1	SYMBICORT	QL(10.2 / 30)
DULERA 100-5 mcg/act inh aer, 200-5 mcg/act inh aer, 50-5 mcg/act inh aer	3		QL(13 / 30), ST
<i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1	ADVAIR DISKUS	QL(60 / 30)
<i>fluticasone-salmeterol 113-14 mcg/act inh aer pwdr br act, 232-14 mcg/act inh aer pwdr br act, 55-14 mcg/act inh aer pwdr br act</i>	1	AIRDUO	QL(1 / 30)
<i>hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er</i>	1	TUSSIONEX PENNKINETIC ER	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg tab</i>	1	HYCODAN	
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml soln</i>	1	HYCODAN	
<i>hydromet 5-1.5 mg/5ml soln</i>	1	HYCODAN	
HYPERSONAL 3.5 % inh neb soln	3		
NEBUSAL 6 % inh neb soln	3		
<i>promethazine-codeine 6.25-10 mg/5ml soln</i>	1		

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

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

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
Medicamentos Para Dormir			
EDLUAR 10 mg tab subl, 5 mg tab subl	3		
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	
zaleplon 10 mg cap, 5 mg cap	1	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	1	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	NUVIGIL	
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	
ramelteon 8 mg tab	1	ROZEREM	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES/MINERALES Y ELECTROLITOS TERAPÉUTICOS]			
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
ABATRON liq	3		AL
ATABEX EC 29-1 mg tab dr	3		
bprotected pedia iron 75 (15 Fe) mg/ml soln	3	FER-IN-SOL	AL
BPROTECTED PEDIA POLY-VITE/FE 11 mg/ml soln	1		AL
c-nate dha 28-1-200 mg cap	1		
CALCIFOL 1342-1.6 mg oral wafer	3		
CEROVITE JR 18 mg tab chew	1		AL
childrens animal shapes 18 mg tab chew	1		AL
CITRANATAL 90 DHA 90-1 & 300 mg oral misc	3		
CITRANATAL ASSURE 35-1 & 300 mg oral misc	3		
CO-NATAL FA tab	3		
complete natal dha 29-1-200 & 200 mg oral misc	1		
completenate 29-1 mg tab chew	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
<i>cvs chewable childrens vitamin 18 mg tab chew</i>	1		AL
<i>cvs childrens complete 18 mg tab chew</i>	1		AL
<i>cvs folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>cytra k crystals 3300-1002 mg pckt</i>	1		
EFFER-K 10 meq tab eff, 20 meq tab eff, 25 meq tab eff	3		
ELITE-OB 50-1.25 mg tab	3		
ENFAMIL POLY-VI-SOL-IRON 11 mg/ml soln	1		AL
<i>eq complete multivitamin child 18 mg tab chew</i>	1		AL
<i>eq child multivit/minerals 18 mg tab chew</i>	1		AL
<i>fa-8 0.8 mg cap</i>	1		QL(30 / 30), AL
<i>fe-vite iron 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
<i>fer-in-sol 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
<i>ferrous sulfate 300 (60 Fe) mg/5ml soln</i>	1		AL
<i>ferrous sulfate 75 (15 Fe) mg/ml soln</i>	1	FER-IN-SOL	AL
FLINTSTONES PLUS EXTRA IRON 18 mg tab chew	1		AL
<i>folate 400 mcg tab</i>	1		QL(30 / 30), AL
<i>folic acid 0.8 mg cap, 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
FOLIVANE-OB 85-1 mg cap	3		
<i>fruity chews/iron tab chew</i>	1		AL
<i>ft folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
GALZIN 25 mg cap, 50 mg cap	3		
<i>gnp childrens chewables/iron 15 mg tab chew</i>	1		AL
<i>gnp folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>icar 15 mg/1.25ml susp</i>	1		AL
INATAL GT tab	3		
<i>iron (ferrous sulfate) 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
<i>iron infant & toddler 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
<i>iron infant/toddler 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
<i>iron sucrose 20 mg/ml iv soln</i>	1		PA
<i>iron supplement 15 mg/ml soln</i>	3	FER-IN-SOL	AL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
IRON UP 15 mg/0.5ml liq	3		AL
K-PHOS NO 2 305-700 mg tab	3		
<i>k-prime 25 meq tab eff</i>	3		
<i>klor-con 20 meq pckt</i>	2		
<i>klor-con m10 10 meq tab er</i>	2		
<i>klor-con m15 15 meq tab er</i>	2	KLOR-CON	
<i>klor-con/ef 25 meq tab eff</i>	2		
<i>kp folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>kp niacin 500 mg tab</i>	1		
LAND BEFORE TIME MULTIVITAMIN 15 mg tab chew	1		AL
MAGNEBIND 400 80-115 mg tab	3		
<i>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		AL
<i>multivitamin drops/iron 11 mg/ml soln</i>	1		AL
<i>multivitamin infant & toddler 11 mg/ml soln</i>	1		AL
<i>multivitamin infants/toddlers 11 mg/ml soln</i>	1		AL
<i>multivitamins plus iron child 18 mg tab chew</i>	1		AL
<i>na ferric gluc cplx in sucrose 12.5 mg/ml iv soln</i>	1	FERRLECIT	PA
NEEVO DHA 27-1.13 mg cap	3		
NESTABS 32-1 mg tab	3		
NESTABS DHA 32-1 mg oral misc	3		
<i>niacin 500 mg tab</i>	1		
NIVA-PLUS 27-1 mg tab	3		
NOVAFERRUM 125 mg/5ml liq	3		AL
NOVAFERRUM PED MULTI VIT-IRON 10 mg/ml soln	1		AL
NOVAFERRUM PEDIATRIC DROPS 15 mg/ml liq	3		AL
OB COMPLETE 50-1.25 mg tab	3		
OB COMPLETE ONE 50-1-476 mg cap	3		
OB COMPLETE PETITE 35-5-1-200 mg cap	3		
OB COMPLETE PREMIER 30-20-1 mg tab	3		
OB COMPLETE/DHA 30-10-1-200 mg cap	3		
OBSTETRIX DHA 29-1 & 350 mg oral misc	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
ORACIT 490-640 mg/5ml soln	3		
<i>pc pediatric iron drops 75 (15 Fe) mg/ml soln</i>	3	FER-IN-SOL	AL
<i>pc pediatric poly-vita/fe drop 10 mg/ml soln</i>	1		AL
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	3		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	3		
PHOSPHO-TRIN K500 500 mg tab	1		
<i>pnv-dha 27-0.6-0.4-300 mg cap</i>	1		
<i>pnv-dha+docusate 27-1.25-300 mg cap</i>	1		
<i>pnv-omega 28-0.6-0.4-340 mg cap</i>	1		
<i>pnv-select 27-0.6-0.4 mg tab</i>	1		
POLY-VI-SOL/IRON 11 mg/ml soln	1		AL
<i>poly-vita/iron 10 mg/ml soln</i>	1		AL
<i>poly-vite/iron 11 mg/ml soln</i>	1		AL
<i>potassium chloride 20 meq pckt</i>	1		
<i>potassium chloride 40 MEQ/15ML (20%) soln</i>	1	K-SOL	
<i>potassium chloride 20 MEQ/15ML (10%) soln</i>	1	K-SOL	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
PRENATABS RX 29-1 mg tab	3		
<i>prenatal 27-1 mg tab</i>	1		
<i>prenatal 19 tab chew, 29-1 mg tab chew</i>	1		
<i>prenatal 19 tab, 29-1 mg tab</i>	1		
<i>prenatal plus 27-1 mg tab</i>	1		
PRENATAL-U 106.5-1 mg cap	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites] ¹
<i>qc childrens complete 18 mg tab chew</i>	1		AL
<i>qc childrens vitamins/iron 15 mg tab chew</i>	1		AL
<i>qc folic acid 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra folic acid 400 mcg tab, 800 mcg tab</i>	1		QL(30 / 30), AL
<i>ra niacin 500 mg tab</i>	1		
<i>ra no flush niacin 500 mg tab</i>	1		
<i>ra vitamins complete childrens 18 mg tab chew</i>	1		AL
<i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i>	1		
SELECT-OB 29-1 mg tab chew	3		
SELECT-OB+DHA 29-1 & 250 mg oral misc	3		
<i>sod citrate-citric acid 1500-1002 mg/15ml soln, 3000-2004 mg/30ml soln, 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
<i>sodium fluoride 1.1 (0.5 F) mg tab</i>	1		AL
<i>sodium fluoride 0.55 (0.25 F) mg tab chew, 1.1 (0.5 F) mg tab chew</i>	1	LURIDE	AL
<i>sodium fluoride 1.1 (0.5 F) mg/ml soln</i>	1	LURIDE	AL
TARON-C DHA 35-1 mg cap	3		
<i>thrivite rx 29-1 mg tab</i>	1		
<i>tricitrates 550-500-334 mg/5ml soln</i>	1		
<i>trinatal rx 1 60-1 mg tab</i>	1		
TRINATE tab	3		
<i>true folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
<i>true vitamin b3 500 mg tab</i>	1		
ULTRA CHOICE MULTIVITAMIN KIDS 18 mg tab chew	1		AL
VINATE DHA RF 27-1.13 mg cap	3		
VITAFOL-OB tab	3		
VITAFOL-OB+DHA 65-1 & 250 mg oral misc	3		
VITAFOL-ONE 29-1-200 mg cap	3		
<i>wee care 15 mg/1.25ml susp</i>	1		AL
<i>yl folic acid 400 mcg tab</i>	1		QL(30 / 30), AL
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	3		PA
<i>sodium polystyrene sulfonate oral pwdr</i>	1	KAYEXALATE	
<i>sps (sodium polystyrene sulf) 15 gm/60ml Multiple Routes Suspension</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 [Requisitos/Límites] ¹
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	3		

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

1		
1st tier unifine pentips	81	
1st tier unifine pentips plus.....	81	
A		
ABATRON.....	113	
acamprosate calcium	13	
ACANYA	56	
acarbose	40	
acebutolol hcl	47	
acetaminophen-codeine.....	11	
acetazolamide	105	
acetazolamide er.....	105	
acetic acid.....	106	
acetylcysteine	110	
acticarnitine sf.....	100	
ACTIVNUTRIENTS	60	
ACUVAIL.....	104	
acyclovir	38	
adapalene	56	
adapalene treatment	57	
adapalene-benzoyl peroxide	57	
ADRENALIN	110	
ADVAIR HFA	111	
advanced eye relief.....	103	
ADVOCATE INSULIN PEN NEEDLE	81	
ADVOCATE INSULIN PEN NEEDLES	81	
ADVOCATE INSULIN SYRINGE	81	
aftera.....	77	
afterpill	77	
aimsco lubricated	100	
AJOVY	31	
AKTEN	103	
ALA SCALP	67	
ala-cort.....	67	
albendazole.....	33	
albuterol sulfate.....	109	
albuterol sulfate hfa.....	109	
alclometasone dipropionate	67	
alendronate sodium	80	
alfuzosin hcl er.....	66	
aliskiren fumarate.....	49	
ALIVE GUMMIES FOR CHILDREN	60	
ALIVE KIDS PREMIUM.....	60	
ALIVE MULTI-VITAMIN CHILDRENS.....	60	
allopurinol.....	31	
		almotriptan malate.....31
		ALOCRIL
		alogliptin benzoate
		alogliptin-metformin hcl
		alogliptin-pioglitazone.....
		ALORA.....
		alosetron hcl.....
		ALPHAGAN P
		alprazolam.....
		alprazolam er
		ALPRAZOLAM INTENSOL
		alprazolam xr.....
		ALREX
		ALTACAINE
		ALTOPREV
		ALVESCO
		alvimopan.....
		alyacen 1/35.....
		alyacen 7/7/7.....
		amantadine hcl
		amcinonide
		amethyst.....
		amiloride hcl.....
		amiloride-hydrochlorothiazide
		aminocaproic acid
		amiodarone hcl.....
		amitriptyline hcl
		amlodipine besy-benazepril hcl
		amlodipine besylate.....
		amlodipine besylate-valsartan
		amlodipine-atorvastatin
		amlodipine-olmesartan
		amlodipine-valsartan-hctz
		amoxapine.....
		amoxicill-clarithro-lansopraz
		amoxicillin.....
		amoxicillin-pot clavulanate
		amoxicillin-pot clavulanate er
		amphetamine-dextroamphet er
		amphetamine-dextroamphetamine.....
		ampicillin
		anagrelide hcl.....
		ANGELIQ
		anucort-hc
		APLENZIN.....
		apraclonidine hcl

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

<i>aprepitant</i>	29
AQUORAL	56
ARANELLE	72
<i>arformoterol tartrate</i>	109
<i>aripiprazole</i>	36
<i>armodafinil</i>	113
ARMOUR THYROID.....	78
ARNUITY ELLIPTA.....	107
<i>arthritis pain reliever</i>	6
<i>ascomp-codeine</i>	11
<i>asenapine maleate</i>	36
ASMANEX (120 METERED DOSES)	107
ASMANEX (14 METERED DOSES)	107
ASMANEX (30 METERED DOSES)	107
ASMANEX (60 METERED DOSES).....	107
ASMANEX HFA	107
<i>aspercreme arthritis pain</i>	6
<i>aspirin</i>	6
<i>aspirin 81</i>	6
<i>aspirin adult low dose</i>	6
<i>aspirin adult low strength</i>	6
<i>aspirin childrens</i>	6
<i>aspirin ec adult low dose</i>	6
<i>aspirin ec low dose</i>	6
<i>aspirin ec low strength</i>	6
<i>aspirin low dose</i>	6
<i>aspirin regimen</i>	6
<i>aspirin-dipyridamole er</i>	44
ASSURE ID DUO PRO PEN NEEDLES	81
ASSURE ID PRO PEN NEEDLES.....	81
ASSURE ID SAFETY PEN NEEDLES.....	81
ATABEX EC.....	113
<i>atenolol</i>	47
<i>atenolol-chlorthalidone</i>	49
<i>atomoxetine hcl</i>	54
<i>atorvastatin calcium</i>	52
<i>atovaquone</i>	33
<i>atovaquone-proguanil hcl</i>	33
<i>atropine sulfate</i>	103
ATROVENT HFA	109
AUGMENTIN	20
<i>aum insulin safety pen needle</i>	81
<i>aum mini insulin pen needle</i>	81
<i>aum pen needle</i>	81, 82
AUM READYGARD DUO PEN NEEDLE.....	82
AUM SAFETY PEN NEEDLE	82

<i>aurora pen needles</i>	82
AUTOKEEPER SAFETY PEN NEEDLE	82
AVAR CLEANSER.....	57
AVAR-E EMOLLIENT.....	57
<i>avidoxy</i>	21
AVIDOXY DK	21
<i>azasan</i>	79
AZASITE	105
<i>azathioprine</i>	79
<i>azelastine hcl</i>	103, 108
<i>azelastine-fluticasone</i>	108
AZELEX	57
<i>azilsartan medoxomil</i>	45
<i>azithromycin</i>	20
<i>azurette</i>	72

B

<i>bac (butalbital-acetamin-caff)</i>	6
<i>bacitracin</i>	105
<i>bacitracin-polymyxin b</i>	103
<i>bacitra-neomycin-polymyxin-hc</i>	104
<i>baclofen</i>	37
<i>balziva</i>	72
BANZEL	24
BAQSIMI ONE PACK.....	42
BAQSIMI TWO PACK	42
<i>bayer advanced aspirin reg st</i>	6
<i>bayer aspirin</i>	6
<i>bayer aspirin ec low dose</i>	7
<i>bayer low dose</i>	7
BD AUTOSHIELD DUO	82
BD INS SYR ULTRAFINE 1/2UNIT	82
BD INSULIN SYR ULTRAFINE II	82
BD INSULIN SYRINGE	82
BD INSULIN SYRINGE HALF-UNIT	82
BD INSULIN SYRINGE MICROFINE	82
BD INSULIN SYRINGE U/F	82
BD INSULIN SYRINGE ULTRAFINE	82
BD PEN NEEDLE MICRO ULTRAFINE.....	82
BD PEN NEEDLE MINI ULTRAFINE	82
BD PEN NEEDLE NANO 2ND GEN	82, 83
BD PEN NEEDLE NANO ULTRAFINE	83
BD PEN NEEDLE ORIG ULTRAFINE.....	83
BD PEN NEEDLE SHORT ULTRAFINE	83
BD SAFETYGLIDE INSULIN SYRINGE	83
BD VEO INSULIN SYR U/F 1/2UNIT	83
BD VEO INSULIN SYR ULTRAFINE	83

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

<i>benazepril hcl</i>	46	<i>bromocriptine mesylate</i>	34
<i>benazepril-hydrochlorothiazide</i>	50	<i>budesonide</i>	80, 107
<i>bendamustine hcl</i>	33	<i>budesonide-formoterol fumarate</i>	111
<i>benzonatate</i>	111	<i>bumetanide</i>	51
<i>benzoyl peroxide</i>	57	<i>buprenorphine</i>	10
<i>benzoyl peroxide-erythromycin</i>	57	<i>buprenorphine hcl</i>	14
<i>benztropine mesylate</i>	34	<i>buprenorphine hcl-naloxone hcl</i>	14
<i>bepotastine besilate</i>	103	<i>bupropion hcl</i>	26
BESIVANCE	105	<i>bupropion hcl er (smoking det)</i>	14
BETADINE OPHTHALMIC PREP	17	<i>bupropion hcl er (sr)</i>	26
<i>betamethasone dipropionate</i>	67	<i>bupropion hcl er (xl)</i>	26
<i>betamethasone dipropionate aug</i>	67	<i>buspirone hcl</i>	39
<i>betamethasone sod phos & acet</i>	67	<i>butalbital-acetaminophen</i>	6
<i>betamethasone valerate</i>	67	<i>butalbital-apap-caff-cod</i>	11
<i>betaxolol hcl</i>	47, 105	<i>butalbital-apap-caffeine</i>	6
<i>bethanechol chloride</i>	66	<i>butalbital-asa-caff-codeine</i>	11
BETIMOL	105	<i>butalbital-aspirin-caffeine</i>	6
BETOPTIC-S	105	<i>butorphanol tartrate</i>	11
BEVESPI AEROSPHERE.....	111	BYSTOLIC	47
BICILLIN C-R.....	20	C	
BICILLIN C-R 900/300	20	<i>cabergoline</i>	79
BICILLIN L-A.....	20	CALCIFOL.....	113
BIDIL	50	<i>calcipotriene</i>	57
<i>bimatoprost</i>	106	<i>calcipotriene-betameth diprop</i>	57
BINOSTO.....	80	<i>calcitonin (salmon)</i>	80
BIONECT	57	<i>calcitrene</i>	57
<i>bismuth/metronidaz/tetracyclin</i>	63	<i>calcitriol</i>	57, 80
<i>bisoprolol fumarate</i>	47	<i>calcium acetate (phos binder)</i>	66, 67
<i>bisoprolol-hydrochlorothiazide</i>	50	CAMBIA	7
<i>blisovi fe 1.5/30</i>	72	<i>camila</i>	77
<i>blisovi fe 1/20</i>	72	<i>camrese</i>	72
BOCASAL	56	<i>camrese lo</i>	72
<i>bp 10-1</i>	57	<i>candesartan cilexetil</i>	13, 45
<i>bp wash</i>	57	<i>candesartan cilexetil-hctz</i>	50
<i>bpo foaming cloths</i>	57	<i>captopril</i>	46
<i>bprotected pedia iron</i>	113	<i>captopril-hydrochlorothiazide</i>	50
BPROTECTED PEDIA POLY-VITE/FE	113	<i>carbamazepine</i>	24
BREO ELLIPTA	111	<i>carbamazepine er</i>	24
<i>breyana</i>	111	CARBATROL	24
<i>briellyn</i>	72	<i>carbidopa</i>	35
BRILINTA.....	44	<i>carbidopa-levodopa</i>	35
<i>brimonidine tartrate</i>	105	<i>carbidopa-levodopa er</i>	35
<i>brimonidine tartrate-timolol</i>	105	<i>carbidopa-levodopa-entacapone</i>	35
<i>brinzolamide</i>	105	<i>carbinoxamine maleate</i>	108
<i>bromfenac sodium</i>	104	CARDIZEM LA	48
<i>bromfenac sodium (once-daily)</i>	104	CARDURA XL	66

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

CAREFINE PEN NEEDLES.....	83	<i>cholestyramine light</i>	53
<i>careone insulin syringe</i>	83	<i>ciclodan</i>	29
<i>careone unifine pentips plus</i>	83	<i>ciclopirox</i>	29
CARETOUCH INSULIN SYRINGE	83	<i>ciclopirox olamine</i>	29
CARETOUCH PEN NEEDLES	83	<i>ciclopirox treatment</i>	29
<i>carglumic acid</i>	60	<i>cilostazol</i>	44
<i>carisoprodol</i>	112	CILOXAN	105
<i>carteolol hcl</i>	105	<i>cimetidine</i>	63
<i>carvedilol</i>	47	<i>cimetidine hcl</i>	63
<i>carvedilol phosphate er</i>	47	<i>cinacalcet hcl</i>	79
CAYA	100	CIPRO	20
<i>cefaclor</i>	18	CIPRO HC.....	106
<i>cefaclor er</i>	18	<i>ciprofloxacin hcl</i>	21, 105, 107
<i>cefadroxil</i>	18, 19	<i>ciprofloxacin-dexamethasone</i>	106
<i>cefdinir</i>	19	<i>ciprofloxacin-hydrocortisone</i>	106
<i>cefixime</i>	19	<i>citalopram hydrobromide</i>	26
<i>cefpodoxime proxetil</i>	19	CITRANATAL 90 DHA	113
<i>cefprozil</i>	19	CITRANATAL ASSURE	113
<i>ceftriaxone sodium</i>	19	CLARINEX-D 12 HOUR	112
<i>cefuroxime axetil</i>	19	<i>clarithromycin</i>	20
<i>celecoxib</i>	7	<i>clarithromycin er</i>	20
CELONTIN.....	22	<i>clemastine fumarate</i>	108
CENTRUM FLAVOR BURST KIDS	60	CLEOCIN	17
CENTRUM KIDS.....	60	CLEVER CHOICE COMFORT EZ	84
CENTRUM KIDS MULTIGUMMIES	60	CLIMARA PRO	72
<i>cephalexin</i>	19	<i>clindacin etz</i>	17
CEROVITE JR	113	CLINDACIN ETZ	57
<i>cetirizine hcl</i>	108	<i>clindacin-p</i>	17
CETRAXAL	107	CLINDAGEL.....	17
<i>cevimeline hcl</i>	56	<i>clindamycin hcl</i>	17
CHANTIX	14	<i>clindamycin palmitate hcl</i>	17
CHANTIX CONTINUING MONTH PAK	14	<i>clindamycin phos (once-daily)</i>	18
CHANTIX STARTING MONTH PAK.....	14	<i>clindamycin phos (twice-daily)</i>	18
CHEMET	117	<i>clindamycin phos-benzoyl perox</i>	57
CHENODAL	63	<i>clindamycin phosphate</i>	18
<i>childrens animal shapes</i>	113	<i>clindamycin-tretinoin</i>	57
<i>childrens aspirin</i>	7	<i>clobazam</i>	22
<i>childrens gummies</i>	60	<i>clobetasol prop emollient base</i>	67
<i>chlordiazepoxide hcl</i>	39	<i>clobetasol propionate</i>	68
<i>chlordiazepoxide-amitriptyline</i>	28	<i>clobetasol propionate e</i>	68
<i>chlordiazepoxide-clidinium</i>	62	<i>clobetasol propionate emulsion</i>	68
<i>chloroquine phosphate</i>	33	<i>clocortolone pivalate</i>	68
<i>chlorpromazine hcl</i>	35	<i>clodan</i>	68
<i>chlorthalidone</i>	51	CLODERM	68
<i>chlorzoxazone</i>	112	<i>clomipramine hcl</i>	28
<i>cholestyramine</i>	52	<i>clonazepam</i>	22

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

<i>clonidine</i>	45
<i>clonidine hcl</i>	45
<i>clonidine hcl er</i>	54
<i>clopidogrel bisulfate</i>	44
<i>clorazepate dipotassium</i>	39
<i>clotrimazole</i>	29
<i>clotrimazole-betamethasone</i>	29
<i>clozapine</i>	37
<i>c-nate dha</i>	113
COARTEM.....	33
<i>codeine sulfate</i>	12
<i>colchicine</i>	31
<i>colchicine-probenecid</i>	31
<i>colesevelam hcl</i>	53
<i>colestipol hcl</i>	53
COMBIGAN.....	105
COMBIPATCH.....	72
COMBIVENT RESPIMAT.....	109
COMFORT EZ INSULIN SYRINGE.....	84
COMFORT EZ MICRO PEN NEEDLES.....	84
COMFORT EZ PEN NEEDLES.....	84
COMFORT EZ PRO PEN NEEDLES.....	84
COMFORT EZ SHORT PEN NEEDLES.....	84
COMFORT TOUCH INSULIN PEN NEED.....	84
<i>complete natal dha</i>	113
<i>completenate</i>	113
<i>compro</i>	35
CO-NATAL FA.....	113
CONCEPT DHA.....	113
CONCEPT OB.....	114
<i>condoms</i>	100
CONDYLOX.....	57
<i>constulose</i>	64
CONZIP.....	10
CORDRAN.....	68
CORTANE-B.....	57
CORTIFOAM.....	80
<i>cortisone acetate</i>	68
COVARYX.....	72
COVARYX HS.....	72
CREON.....	61
CRESEMBA.....	29
CRINONE.....	77
<i>cromolyn sodium</i>	63, 103, 110
CROTAN.....	33
<i>cvs adapalene</i>	57

<i>cvs aspirin</i>	7
<i>cvs aspirin adult low dose</i>	7
<i>cvs aspirin adult low strength</i>	7
<i>cvs aspirin ec</i>	7
<i>cvs aspirin low dose</i>	7
<i>cvs aspirin low strength</i>	7
<i>cvs budesonide</i>	107
<i>cvs chewable childrens vitamin</i>	114
<i>cvs childrens complete</i>	114
<i>cvs diclofenac sodium</i>	7
<i>cvs folic acid</i>	114
<i>cvs genuine aspirin</i>	7
<i>cvs gummy dinos</i>	60
<i>cvs gummy multivitamin kids</i>	60
<i>cvs ivermectin lice treatment</i>	33
<i>cvs nicotine</i>	14
<i>cvs nicotine polacrilex</i>	14
<i>cvs olopatadine hcl</i>	103
<i>cyclobenzaprine hcl</i>	112
CYCLOMYDRIL.....	103
<i>cyclopentolate hcl</i>	103
<i>cyclophosphamide</i>	33
<i>cycloserine</i>	32
CYCLOSET.....	40
<i>cyclosporine (pf)</i>	103
<i>cyproheptadine hcl</i>	108
CYSTAGON.....	62
<i>cytra k crystals</i>	114

D

<i>dabigatran etexilate mesylate</i>	44
DALIRESP.....	110
<i>danazol</i>	72
<i>dantrolene sodium</i>	37, 38
<i>dapaglifloz base-metformin er</i>	40
<i>dapagliflozin</i>	40
<i>dapagliflozin-saxagliptin</i>	40
<i>dapsone</i>	32, 57
<i>darifenacin hydrobromide er</i>	65
<i>dasetta 1/35 (28)</i>	73
<i>dasetta 7/7/7</i>	73
<i>daysee</i>	73
DAYTRANA.....	55
<i>deblitane</i>	77
DELESTROGEN.....	73
<i>delyla</i>	73
<i>demeclocycline hcl</i>	21

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

DENAVIR.....	38	DILANTIN.....	24
DEPAKOTE.....	22	DILANTIN INFATABS.....	24
DEPAKOTE ER.....	22	<i>diltiazem hcl</i>	48
DEPAKOTE SPRINKLES.....	22	<i>diltiazem hcl er</i>	48
DEPO-ESTRADIOL.....	73	<i>diltiazem hcl er beads</i>	48
DEPO-MEDROL.....	68	<i>diltiazem hcl er coated beads</i>	48
DEPO-PROVERA.....	77	<i>dilt-xr</i>	48
DEPO-SUBQ PROVERA 104.....	77	<i>dimenhydrinate</i>	28
<i>desipramine hcl</i>	28	<i>diphenhydramine hcl</i>	108
<i>desloratadine</i>	108	<i>diphenoxylate-atropine</i>	63
<i>desmopressin ace spray refrig</i>	71	<i>dipyridamole</i>	45
<i>desmopressin acetate</i>	71	<i>disopyramide phosphate</i>	46
<i>desmopressin acetate spray</i>	71	<i>disulfiram</i>	13
<i>desogestrel-ethinyl estradiol</i>	73	DIURIL.....	51
<i>desonide</i>	68	<i>divalproex sodium</i>	23
<i>desoximetasone</i>	68	<i>divalproex sodium er</i>	23
<i>desvenlafaxine succinate er</i>	26	DIVIGEL.....	73
<i>dexamethasone</i>	68	<i>dofetilide</i>	46
DEXAMETHASONE INTENSOL.....	68	<i>donepezil hcl</i>	25
<i>dexamethasone sod phosphate pf</i>	68	<i>dorzolamide hcl</i>	106
<i>dexamethasone sodium phosphate</i> 68, 69, 105		<i>dorzolamide hcl-timolol mal</i>	106
DEXILANT.....	64	<i>dorzolamide hcl-timolol mal pf</i>	106
<i>dexlansoprazole</i>	64	<i>doxazosin mesylate</i>	66
<i>dexmethylphenidate hcl</i>	55	<i>doxepin hcl</i>	28
<i>dexmethylphenidate hcl er</i>	55	<i>doxercalciferol</i>	80
<i>dextroamphetamine sulfate</i>	54	<i>doxorubicin hcl</i>	33
<i>dextroamphetamine sulfate er</i>	54	<i>doxycycline</i>	58
DIATHRIVE PEN NEEDLE.....	85	<i>doxycycline hyclate</i>	21
<i>diazepam</i>	23, 39	<i>doxycycline monohydrate</i>	21
<i>diazepam intensol</i>	39	<i>doxylamine-pyridoxine</i>	28
<i>diazoxide</i>	42	<i>dronabinol</i>	29
<i>diclofenac epolamine</i>	7	<i>droperidol</i>	39
<i>diclofenac potassium</i>	7	DROPLET INSULIN SYRINGE.....	85
<i>diclofenac potassium(migraine)</i>	7	DROPLET PEN NEEDLES.....	85
<i>diclofenac sodium</i>	7, 104	DROPSAFE AUTOPROTECT DUO.....	85
<i>diclofenac sodium er</i>	7	<i>dropsafe safety pen needles</i>	85
<i>diclofenac-misoprostol</i>	7	<i>drospiren-eth estrad-levomefol</i>	73
<i>dicloxacin sodium</i>	20	<i>drospirenone-ethinyl estradiol</i>	73
<i>dicyclomine hcl</i>	62	DROXIA.....	33
<i>differin</i>	58	<i>drug mart unifine pentips</i>	85
DIFICID.....	20	<i>drug mart unifine pentips plus</i>	85
<i>diflorasone diacetate</i>	69	DULERA.....	111
<i>diflunisal</i>	7	<i>duloxetine hcl</i>	26
<i>difluprednate</i>	106	DUREX EXTRA SENSITIVE THIN.....	101
<i>digoxin</i>	50	DUREX REALFEEL.....	101
<i>dihydroergotamine mesylate</i>	31	DUREX TROPICAL.....	101

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

<i>dutasteride</i>	66	<i>enalapril maleate</i>	46
<i>dutasteride-tamsulosin hcl</i>	66	<i>enalapril-hydrochlorothiazide</i>	50
E		ENCARE	66
E.E.S. 400	20	<i>endocet</i>	12
<i>easy comfort insulin syringe</i>	86	ENFAMIL POLY-VI-SOL-IRON	114
<i>easy comfort pen needles</i>	86	<i>enovarx-cyclobenzaprine hcl</i>	112
<i>easy glide pen needles</i>	86	<i>enoxaparin sodium</i>	44
EASY TOUCH FLIPLOCK INSULIN SY	86	<i>entacapone</i>	34
EASY TOUCH INSULIN BARRELS	86	<i>entecavir</i>	38
EASY TOUCH INSULIN SAFETY SYR	86	ENTRESTO	50
EASY TOUCH INSULIN SYRINGE	86	<i>enulose</i>	64
EASY TOUCH PEN NEEDLES	87	EPIDUO	58
EASY TOUCH SAFETY PEN NEEDLES	87	EPIFOAM	17
EASY TOUCH SHEATHLOCK SYRINGE	87	<i>epinastine hcl</i>	103
<i>econazole nitrate</i>	29	<i>eplerenone</i>	51
<i>econtra one-step</i>	77	<i>eq arthritis pain</i>	7
<i>ecotrin</i>	7	<i>eq arthritis pain reliever</i>	7
<i>ecotrin arthrtis pain</i>	7	<i>eq aspirin</i>	7
<i>ecotrin low strength</i>	7	<i>eq aspirin adult low dose</i>	7
EDARBI	45	<i>eq aspirin low dose</i>	8
EDLUAR	113	<i>eq budesonide nasal</i>	107
EFFER-K	114	<i>eq complete multivitamin child</i>	114
ELESTRIN	73	<i>eq ivermectin</i>	33
<i>eletriptan hydrobromide</i>	31	<i>eq multivitamin gummies</i>	60
<i>elimest</i>	73	<i>eq multivitamins gummy child</i>	60
ELIQUIS	44	<i>eq nicotine</i>	14
ELIQUIS DVT/PE STARTER PACK	44	<i>eq nicotine polacrilex</i>	14
ELITE-OB	114	<i>eq nicotine step 3</i>	14
<i>elixophyllin</i>	110	<i>eq olopatadine hcl</i>	103
ELLA	76	<i>eql aspirin ec</i>	8
ELMIRON	66	<i>eql aspirin low dose</i>	8
EMBECTA AUTOSHIELD DUO	87	<i>eql child multivit/minerals</i>	114
EMBECTA INS SYR U/F 1/2 UNIT	87	<i>eql gummies childrens</i>	60
EMBECTA INSULIN SYR ULTRAFINE	87	EQUETRO	24
EMBECTA INSULIN SYRINGE	87	ERGOMAR	31
EMBECTA INSULIN SYRINGE U-100	87	<i>ergotamine-caffeine</i>	31
EMBECTA PEN NEEDLE NANO	87	ERTACZO	30
EMBECTA PEN NEEDLE NANO 2 GEN	87	<i>ery</i>	20
EMBECTA PEN NEEDLE ULTRAFINE	87	<i>erythromycin</i>	20, 105
EMBRACE PEN NEEDLES	87, 88	<i>erythromycin base</i>	20
EMEND	29	<i>erythromycin ethylsuccinate</i>	20
EMERGEN-C KIDZ DAILY IMMUNE	60	<i>escitalopram oxalate</i>	26, 27
<i>emergen-c kidz immune+</i>	60	<i>esomeprazole magnesium</i>	64
EMGALITY	31	<i>est estrogens-methyltest</i>	73
EMGALITY (300 MG DOSE)	31	<i>est estrogens-methyltest ds</i>	73
EMSAM	26	<i>est estrogens-methyltest hs</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>estradiol</i>	73	<i>fidaxomicin</i>	20
<i>estradiol valerate</i>	73, 74	FIFTY50 PEN NEEDLES	88
<i>estradiol-norethindrone acet</i>	74	FIFTY50 SUPERIOR COMFORT SYR	88
ESTROGEL	74	<i>finasteride</i>	66
<i>estrogens conjugated</i>	74	FIRST-LANSOPRAZOLE	64
<i>eszopiclone</i>	113	FIRST-MOUTHWASH BLM	56
<i>ethacrynic acid</i>	51	FIRST-OMEPRAZOLE	64
<i>ethambutol hcl</i>	32	FIRST-PROGESTERONE VGS	77
<i>ethosuximide</i>	22	FIRVANQ	18
<i>ethyl chloride</i>	13	FLAREX	104
<i>ethynodiol diac-eth estradiol</i>	74	<i>flavoxate hcl</i>	65
<i>etodolac</i>	8	<i>flecainide acetate</i>	46
<i>etodolac er</i>	8	FLINTSTONES + EXTRA IRON.....	61
<i>etonogestrel-ethinyl estradiol</i>	74	FLINTSTONES COMPLETE	61
EURAX	34	FLINTSTONES GUMMIES COMPLETE	61
EVAMIST	74	FLINTSTONES GUMMIES-IMMUNITY	61
EXELDERM	30	FLINTSTONES PLUS EXTRA IRON	114
EXODERM.....	30	FLINTSTONES-IMMUNITY SUPPORT	61
<i>eye allergy itch relief</i>	103	<i>fluconazole</i>	30
<i>ezetimibe</i>	53	<i>flucytosine</i>	30
<i>ezetimibe-simvastatin</i>	53	<i>fludrocortisone acetate</i>	69
F		<i>flunisolide</i>	107
<i>fa-8</i>	114	<i>fluocinolone acetonide</i>	69, 106
<i>falmina</i>	74	<i>fluocinolone acetonide body</i>	69
<i>famotidine</i>	63	<i>fluocinolone acetonide scalp</i>	69
<i>famotidine (pf)</i>	63	<i>fluocinonide</i>	69
FANAPT	36	<i>fluocinonide emulsified base</i>	69
FANAPT TITRATION PACK A.....	36	<i>fluorometholone</i>	104
FANTASY LUBRICATED.....	101	<i>fluoxetine hcl</i>	27
FANTASY LUBRICATED/SPERMICIDE	101	<i>fluoxetine hcl (pmdd)</i>	27
FARXIGA.....	40	<i>fluphenazine decanoate</i>	35
FC2 FEMALE CONDOM.....	101	<i>fluphenazine hcl</i>	35, 36
<i>febuxostat</i>	31	<i>flurandrenolide</i>	69
<i>felbamate</i>	23	<i>flurazepam hcl</i>	113
<i>felodipine er</i>	48	<i>flurbiprofen</i>	8
FEM PH	18	<i>flurbiprofen sodium</i>	104
FEMCAP	101	<i>fluticasone propionate</i>	69, 107
FEMRING	74	<i>fluticasone propionate diskus</i>	107
<i>fenofibrate</i>	52	<i>fluticasone propionate hfa</i>	108
<i>fenofibrate micronized</i>	52	<i>fluticasone-salmeterol</i>	111
<i>fenofibric acid</i>	52	<i>fluvastatin sodium</i>	52
<i>fenoprofen calcium</i>	8	<i>fluvoxamine maleate</i>	27
<i>fentanyl</i>	10	<i>fluvoxamine maleate er</i>	27
<i>fer-in-sol</i>	114	FML FORTE	104
<i>ferrous sulfate</i>	60, 114	<i>folate</i>	114
<i>fe-vite iron</i>	114	<i>folic acid</i>	114

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

FOLIVANE-OB.....	114	glucagon emergency.....	42
FORFIVO XL.....	26	GLUCOPRO INSULIN SYRINGE.....	88
formoterol fumarate.....	110	glyburide.....	40
FOSAMAX PLUS D.....	80	glyburide micronized.....	40
fosamprenavir calcium.....	38	glyburide-metformin.....	41
fosfomycin tromethamine.....	18	glycopyrrolate.....	62
fosinopril sodium.....	46	glydo.....	13
fosinopril sodium-hctz.....	50	GLYXAMBI.....	41
fosphenytoin sodium.....	24	gnp adapalene.....	58
frovatriptan succinate.....	32	gnp adult aspirin low strength.....	8
fruity chews/iron.....	114	gnp arthritis pain.....	8
ft arthritis pain.....	8	gnp aspirin.....	8
ft aspirin.....	8	gnp aspirin low dose.....	8
ft aspirin adult low dose.....	8	gnp budesonide nasal spray.....	108
ft aspirin low dose.....	8	gnp childrens chewables/iron.....	114
ft childrens multi.....	61	gnp diclofenac sodium.....	8
ft enteric coated aspirin.....	8	gnp folic acid.....	114
ft eye allergy itch relief.....	103	gnp insulin syringe.....	88
ft folic acid.....	114	gnp insulin syringes.....	89
ft nicotine.....	15	gnp insulin syringes 28gx1/2.....	89
ft nicotine mini.....	15	gnp insulin syringes 29gx1/2.....	89
furosemide.....	51	gnp insulin syringes 30gx5/16.....	89
fyavolv.....	74	gnp insulin syringes 31gx5/16.....	89
G		gnp multi childrens.....	61
gabapentin.....	23	gnp nicotine.....	15
gabapentin (once-daily).....	55	gnp nicotine mini.....	15
galantamine hydrobromide.....	25	gnp nicotine polacrilex.....	15
galantamine hydrobromide er.....	25	gnp olopatadine hcl.....	104
GALZIN.....	114	gnp pen needles.....	89
gatifloxacin.....	105	gnp ulticare pen needles.....	89
GEBAUERS PAIN EASE.....	13	GNP ULTIGUARD SAFEPAK NEEDLE.....	89
GEBAUERS SPRAY AND STRETCH.....	13	gnp ultra com insulin syringe.....	89
gemfibrozil.....	52	goodsense arthritis pain.....	8
generlac.....	64	goodsense aspirin.....	8
gentamicin sulfate.....	17, 105	goodsense aspirin low dose.....	8
genuine aspirin.....	8	goodsense nicotine.....	15
g-levocarnitine s/f.....	101	goodsense nicotine polacrilex.....	15
glimepiride.....	40	GRALISE.....	55
glipizide.....	40	granisetron hcl.....	29
glipizide er.....	40	griseofulvin microsize.....	30
glipizide-metformin hcl.....	40	griseofulvin ultramicrosize.....	30
global ease inject pen needles.....	88	growing bones & muscles kids.....	61
global easy glide insulin syr.....	88	guanfacine hcl.....	45
global easy glide pen needles.....	88	guanfacine hcl er.....	55
global inject ease insulin syr.....	88	GUMMI BEAR MULTIVITAMIN/MIN.....	61
global insulin syringes.....	88		

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

H

<i>habitrol</i>	15
<i>halcinonide</i>	69
<i>halobetasol propionate</i>	69
HALOG	69
<i>haloperidol</i>	36
<i>haloperidol decanoate</i>	36
<i>haloperidol lactate</i>	36
<i>healthwise insulin syr/needle</i>	89
<i>healthwise micron pen needles</i>	89
<i>healthwise short pen needles</i>	90
<i>h-e-b aspirin</i>	8
<i>h-e-b incontrol pen needles</i>	89
H-E-B INCONTROL UNIFINE PENTIP	89
<i>her style</i>	77
HM ULTICARE INSULIN SYRINGE	90
HM ULTICARE MINI PEN NEEDLES	90
HM ULTICARE SHORT PEN NEEDLES	90
HOMATROPAIRE	103
HORIZANT	56
HUMULIN 70/30	42
HUMULIN 70/30 KWIKPEN	42
HUMULIN N	43
HUMULIN N KWIKPEN	43
HUMULIN R	43
HUMULIN R U-500 (CONCENTRATED)	43
HUMULIN R U-500 KWIKPEN	43
<i>hydralazine hcl</i>	53
<i>hydrochlorothiazide</i>	51, 52
<i>hydrocod poli-chlorphe poli er</i>	111
<i>hydrocodone bit-homatrop mbr</i>	111
<i>hydrocodone-acetaminophen</i>	12
<i>hydrocodone-ibuprofen</i>	12
<i>hydrocortisone</i>	69, 80
<i>hydrocortisone (perianal)</i>	17
<i>hydrocortisone ace-pramoxine</i>	17, 58
<i>hydrocortisone acetate</i>	17
<i>hydrocortisone butyrate</i>	69, 70
<i>hydrocortisone sod suc (pf)</i>	70
<i>hydrocortisone valerate</i>	70
<i>hydrocortisone-acetic acid</i>	106
<i>hydrocortisone-iodoquinol</i>	30
<i>hydrocort-pramoxine (perianal)</i>	58
<i>hydromet</i>	111
<i>hydromorphone hcl</i>	12
<i>hydromorphone hcl er</i>	12

<i>hydroxychloroquine sulfate</i>	33
<i>hydroxyzine hcl</i>	39, 108
<i>hydroxyzine pamoate</i>	108
<i>hyoscyamine sulfate</i>	62
<i>hyoscyamine sulfate er</i>	62
<i>hyosyne</i>	62
HYPERSAL	111

I

<i>ibandronate sodium</i>	80
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>ibuprofen-famotidine</i>	8
<i>icar</i>	114
ILARIS	79
<i>imipramine hcl</i>	28
<i>imipramine pamoate</i>	28
<i>imiquimod</i>	58
<i>imiquimod pump</i>	58
INATAL GT	114
INCONTROL ULTICARE PEN NEEDLES	90
<i>indapamide</i>	52
INDERAL XL	47
<i>indocin</i>	8
INDOCIN	8
<i>indomethacin</i>	8
<i>indomethacin er</i>	8
INNOPRAN XL	47
<i>insulin lispro</i>	43
<i>insulin lispro (1 unit dial)</i>	43
<i>insulin lispro junior kwikpen</i>	43
<i>insulin lispro prot & lispro</i>	43
<i>insulin syringe</i>	90
<i>insulin syringe-needle u-100</i>	90
<i>insupen pen needles</i>	90
INSUPEN32G EXTR3ME	90
<i>introvale</i>	74
<i>iodoquinol-hc-aloe polysacch</i>	30
<i>iodosorb</i>	58
IOPIDINE	106
<i>ipratropium bromide</i>	109
<i>ipratropium-albuterol</i>	109
<i>irbesartan</i>	45
<i>irbesartan-hydrochlorothiazide</i>	50
<i>iron (ferrous sulfate)</i>	114
<i>iron infant & toddler</i>	114
<i>iron infant/toddler</i>	114

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

<i>iron sucrose</i>	114
<i>iron supplement</i>	60, 114
IRON UP	114
<i>isibloom</i>	74
<i>isoniazid</i>	32
<i>isosorb dinitrate-hydralazine</i>	50
<i>isosorbide dinitrate</i>	53
<i>isosorbide mononitrate</i>	53
<i>isosorbide mononitrate er</i>	53
<i>isradipine</i>	48
<i>itraconazole</i>	30
<i>ivabradine hcl</i>	50
<i>ivermectin</i>	33, 34

J

<i>jantoven</i>	44
JANUMET	41
JANUMET XR	41
JANUVIA	41
JARDIANCE	41
<i>jencycla</i>	77
JENTADUETO	41
JENTADUETO XR	41
<i>jolessa</i>	74
<i>juleber</i>	74
<i>junel 1/20</i>	74
<i>junel fe 1.5/30</i>	74
<i>junel fe 1/20</i>	74
<i>just 4 kidz multivit/probiotic</i>	61

K

<i>kaitlib fe</i>	74
KAMELEON LUBRICATED	101
<i>kariva</i>	74
KENALOG-10	70
<i>ketoconazole</i>	30
<i>ketoprofen</i>	8
<i>ketoprofen er</i>	8
<i>ketorolac tromethamine</i>	9, 104
<i>ketorolac tromethamine +rfid</i>	9
<i>kimono</i>	101
KIMONO COLORS	101
KIMONO MAXX-LARGE FLARE	101
<i>kimono micro thin</i>	101
<i>kimono micro thin plus</i>	101
<i>kimono plus</i>	101
<i>kimono ps</i>	101

<i>kimono ps plus</i>	101
<i>kimono sensation</i>	101
<i>kimono sensation plus</i>	101
KIMONO SPECIAL	101
<i>kinray insulin syringe</i>	90
<i>klor-con</i>	115
<i>klor-con m10</i>	115
<i>klor-con m15</i>	115
<i>klor-con/ef</i>	115
<i>kls arthritis pain relief</i>	9
<i>kls aspirin low dose</i>	9
<i>kls diclofenac sodium</i>	9
<i>kls quit2</i>	15
<i>kls quit4</i>	15
KORLYM	42
<i>kp aspirin</i>	9
<i>kp folic acid</i>	115
<i>kp niacin</i>	115
K-PHOS NO 2	115
<i>k-prime</i>	115
<i>kristalose</i>	64
<i>kroger pen needles</i>	90, 91
<i>kurvelo</i>	74

L

<i>labetalol hcl</i>	47
<i>lacosamide</i>	24
<i>lactulose</i>	64
<i>lactulose encephalopathy</i>	64
LAMICTAL XR	23
<i>lamivudine</i>	38
<i>lamotrigine</i>	23
<i>lamotrigine er</i>	23
LAND BEFORE TIME MULTIVITAMIN	115
<i>lansoprazole</i>	64, 65
<i>lanthanum carbonate</i>	67
LANTUS	43
LANTUS SOLOSTAR	43
<i>larin 1.5/30</i>	74
<i>larin 1/20</i>	74
<i>larin 24 fe</i>	74
<i>larin fe 1.5/30</i>	74
<i>larin fe 1/20</i>	74
<i>latanoprost</i>	106
LATUDA	36
LEADER UNIFINE PENTIPS	91
LEADER UNIFINE PENTIPS PLUS	91

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

<i>leena</i>	74	LIVALO.....	52
<i>leflunomide</i>	79	LO LOESTRIN FE.....	75
<i>levalbuterol hcl</i>	110	<i>loestrin 1.5/30 (21)</i>	75
<i>levalbuterol tartrate</i>	110	<i>loestrin 1/20 (21)</i>	75
<i>levetiracetam</i>	22	<i>loestrin fe 1/20</i>	75
<i>levetiracetam er</i>	22	<i>lorazepam</i>	39
<i>levobunolol hcl</i>	106	<i>losartan potassium</i>	45
<i>levocarnitine</i>	101	<i>losartan potassium-hctz</i>	50
<i>levocarnitine (dietary)</i>	101	LOTEMAX.....	104
<i>levocarnitine l-tartrate</i>	101	LOTEMAX SM.....	104
<i>levocetirizine dihydrochloride</i>	108	<i>loteprednol etabonate</i>	104
<i>levofloxacin</i>	21, 105	<i>lovastatin</i>	52
<i>levonest</i>	74	<i>low-ogestrel</i>	75
<i>levonorgest-eth est & eth est</i>	74	<i>loxapine succinate</i>	36
<i>levonorgest-eth estrad 91-day</i>	74	<i>lubiprostone</i>	64
<i>levonorgestrel</i>	77	LUMIGAN.....	106
<i>levonorgestrel-ethinyl estrad</i>	75	<i>lurasidone hcl</i>	36
<i>levonorg-eth estrad triphasic</i>	74	<i>lutra</i>	75
<i>levora 0.15/30 (28)</i>	75	<i>lyza</i>	77
<i>levorphanol tartrate</i>	10	M	
<i>levo-t</i>	78	MAGELLAN INSULIN SAFETY SYR.....	91
<i>levothyroxine sodium</i>	78	MAGNEBIND 400.....	115
<i>levoxyl</i>	78	<i>malathion</i>	34
LEVULAN KERASTICK.....	58	MARATHON MEDICAL PENTIPS.....	91
<i>lidocaine</i>	13	<i>marlissa</i>	75
<i>lidocaine hcl</i>	13, 56	MARPLAN.....	26
<i>lidocaine hcl urethral/mucosal</i>	13	<i>matzim la</i>	48
<i>lidocaine viscous hcl</i>	56	MAXICOMFORT II PEN NEEDLE.....	91
<i>lidocaine-hydrocort (perianal)</i>	58	MAXI-COMFORT INSULIN SYRINGE.....	91
<i>lidocaine-hydrocortisone ace</i>	58	MAXI-COMFORT SAFETY PEN NEEDLE.....	91
<i>lidocaine-prilocaine</i>	13	MAXICOMFORT SYR 27G X 1/2.....	91
<i>lidopin</i>	13	MAXIDEX.....	104
<i>linezolid</i>	18	<i>maxx</i>	101
LINZESS.....	64	<i>maxx plus</i>	101
<i>liothyronine sodium</i>	78	<i>meclizine hcl</i>	28
LIPOFEN.....	52	<i>meclofenamate sodium</i>	9
<i>liraglutide</i>	41	<i>medic insulin syringe</i>	91
<i>lisdexamphetamine dimesylate</i>	54	<i>medicine shoppe pen needles</i>	91
<i>lisinopril</i>	46	<i>medi-first aspirin</i>	9
<i>lisinopril-hydrochlorothiazide</i>	50	<i>medique aspirin</i>	9
LITETOUCH INSULIN SYRINGE.....	91	MEDROL.....	70
LITETOUCH PEN NEEDLES.....	91	<i>medroxyprogesterone acetate</i>	77
<i>lithium</i>	40	<i>mefenamic acid</i>	9
<i>lithium carbonate</i>	40	<i>mefloquine hcl</i>	33
<i>lithium carbonate er</i>	40	<i>megestrol acetate</i>	77
LITHOSTAT.....	66	<i>meijer aspirin ec</i>	9

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

<i>meijer pen needles</i>	92	<i>microgestin fe 1/20</i>	75
<i>meloxicam</i>	9	<i>midodrine hcl</i>	45
<i>memantine hcl</i>	25	<i>mifepristone</i>	42
<i>memantine hcl er</i>	25	MIGERGOT.....	31
MENOSTAR.....	75	<i>milnacipran hcl</i>	56
<i>meperidine hcl</i>	12	<i>minocycline hcl</i>	21
<i>meprobamate</i>	39	<i>minocycline hcl er</i>	22
<i>mesalamine</i>	80	<i>minoxidil</i>	53
<i>mesalamine er</i>	80	MIOCHOL-E.....	103
<i>mesalamine-cleanser</i>	80	MIOSTAT.....	106
<i>metformin hcl</i>	41	<i>mirabegron er</i>	65
<i>metformin hcl er</i>	41	<i>mirtazapine</i>	26
<i>methamphetamine hcl</i>	54	<i>misoprostol</i>	64
<i>methazolamide</i>	106	MITOSOL.....	101
<i>methenamine hippurate</i>	18	<i>mm arthritis pain reliever</i>	9
<i>methenamine mandelate</i>	18	<i>mm aspirin</i>	9
<i>methimazole</i>	79	<i>mm insulin syringe/needle</i>	92
<i>methocarbamol</i>	112	MM PEN NEEDLES.....	92
<i>methotrexate sodium</i>	79	<i>modafinil</i>	113
<i>methscopolamine bromide</i>	62	<i>moexipril hcl</i>	46
<i>methyldopa</i>	45	<i>mometasone furoate</i>	70, 108
<i>methylphenidate hcl</i>	55	<i>mondoxyne nl</i>	22
<i>methylphenidate hcl er</i>	55	MONOJECT INSULIN SYRINGE.....	92
<i>methylphenidate hcl er (cd)</i>	55	MONOJECT ULTRA COMFORT SYRINGE.....	92
<i>methylphenidate hcl er (la)</i>	55	<i>mono-lynyah</i>	75
<i>methylphenidate hcl er (osm)</i>	55	<i>montelukast sodium</i>	109
<i>methylphenidate hcl er(diffus)</i>	55	<i>morphine sulfate</i>	12
<i>methylprednisolone</i>	70	<i>morphine sulfate er</i>	10, 11
<i>methylprednisolone acetate</i>	70	<i>morphine sulfate er beads</i>	11
<i>methylprednisolone sodium succ</i>	70	MOTEGRITY.....	63
<i>metoclopramide hcl</i>	63	MOTOFEN.....	63
<i>metoclopramide hcl +rfd</i>	63	<i>motrin arthritis pain</i>	9
<i>metolazone</i>	52	MOUNJARO.....	41
<i>metoprolol succinate er</i>	47	MOVANTIK.....	63
<i>metoprolol tartrate</i>	47	<i>moxifloxacin hcl</i>	21, 105
<i>metoprolol-hydrochlorothiazide</i>	50	MULTAQ.....	46
<i>metronidazole</i>	18, 58	<i>multivitamin childrens gummies</i>	61
<i>metyrosine</i>	50	<i>multivitamin drops/iron</i>	115
<i>mexiletine hcl</i>	46	<i>multivitamin infant & toddler</i>	115
<i>mibelas 24 fe</i>	75	<i>multivitamin infants/toddlers</i>	115
<i>miconazole 3</i>	30	<i>multi-vitamin/fluoride/iron</i>	115
<i>miconazole-zinc oxide-petrolat</i>	30	<i>multivitamins plus iron child</i>	115
MICRODOT PEN NEEDLE.....	92	<i>multivit-min gummies childrens</i>	61
<i>microgestin 1.5/30</i>	75	<i>mupirocin</i>	18
<i>microgestin 1/20</i>	75	<i>mupirocin calcium</i>	18
<i>microgestin fe 1.5/30</i>	75	MVW COMPLETE FORMULATION.....	61

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

MVW COMPLETE FORMULATION D3000 ..	61
MVW COMPLETE FORMULATION D5000 ..	61
my choice	77
my way	77
MYRBETRIQ	65

N

na ferric gluc cplx in sucrose	115
na sulfate-k sulfate-mg sulf	64
nabumetone	9
nadolol	47
naftifine hcl	30
naltrexone hcl	14
NAPRELAN	9
napro	9
naproxen	9
naproxen dr	9
naproxen sodium	9
naproxen sodium er	9
naratriptan hcl	32
NATACYN	30
NATAZIA	75
nateglinide	41
NATROBA	34
nebivolol hcl	47
NEBUSAL	111
necon 0.5/35 (28)	75
NEEVO DHA	115
nefazodone hcl	27
neomycin sulfate	17
neomycin-bacitracin zn-polymyx	103
neomycin-polymyxin-dexameth	104
neomycin-polymyxin-gramicidin	103
neomycin-polymyxin-hc	104, 106
NEOTUSS PLUS	112
NESTABS	115
NESTABS DHA	115
neuac	58
NEUPRO	34
NEVANAC	104
new day	77
NEXIUM	65
NEXPLANON	77
niacin	115
niacin (antihyperlipidemic)	53
niacin er (antihyperlipidemic)	53
NIACOR	53

nicardipine hcl	48
nicoderm cq	15
nicorette	15
nicorette mini	15
NICORETTE MINI	15
nicorette starter kit	16
nicotine	16
nicotine mini	16
nicotine polacrilex	16
nicotine polacrilex mini	16
nicotine step 1	16
nicotine step 2	16
nicotine step 3	16
NICOTROL NS	16
nifedipine	48
nifedipine er	48, 49
nifedipine er osmotic release	49
nikki	75
nimodipine	49
nisoldipine er	49
nitazoxanide	33
nitro-bid	53
NITRO-DUR	53
nitrofurantoin	18
nitrofurantoin macrocrystal	18
nitrofurantoin monohyd macro	18
nitroglycerin	53, 54
NITRO-TIME	53
NIVA-PLUS	115
nizatidine	63
norethin ace-eth estrad-fe	75
norethindrone	77
norethindrone acetate	77
norethindrone acet-ethinyl est	75
norethindrone-eth estradiol	75
norethin-eth estradiol-fe	75
norgestimate-eth estradiol	76
norgestim-eth estrad triphasic	75
NORITATE	58
norlyroc	77
NORPACE CR	46
nortrel 7/7/7	76
nortriptyline hcl	28
NOVAFERRUM	115
NOVAFERRUM PED MULTI VIT-IRON	115
NOVAFERRUM PEDIATRIC DROPS	115

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

NOVOFINE PEN NEEDLE.....	92
NOVOFINE PLUS PEN NEEDLE	92
NOVOLIN 70/30.....	43
NOVOLIN 70/30 FLEXPEN.....	43
NOVOLIN 70/30 FLEXPEN RELION	43
NOVOLIN 70/30 RELION.....	43
NOVOLIN N	43
NOVOLIN N FLEXPEN	43
NOVOLIN N FLEXPEN RELION.....	43
NOVOLIN N RELION	43
NOVOLIN R	43
NOVOLIN R RELION	43
NOXAFIL.....	30
NP THYROID	78
NPLATE.....	44
NUCYNTA.....	12
NUCYNTA ER.....	11
NUDEXTA	56
NULEV	62
NUMOISYN.....	56
NURTEC.....	31
NUVARING	76
<i>nyamyc</i>	30
<i>nystatin</i>	30
<i>nystatin-triamcinolone</i>	30

O

OB COMPLETE	115
OB COMPLETE ONE	115
OB COMPLETE PETITE.....	115
OB COMPLETE PREMIER.....	115
OB COMPLETE/DHA	115
OBSTETRIX DHA.....	115
<i>ofloxacin</i>	21, 105, 107
<i>olanzapine</i>	37
<i>olanzapine-fluoxetine hcl</i>	27
<i>olmesartan medoxomil</i>	45
<i>olmesartan medoxomil-hctz</i>	50
<i>olmesartan-amlodipine-hctz</i>	50
<i>olopatadine hcl</i>	104, 108
<i>omega-3-acid ethyl esters</i>	53
<i>omeprazole</i>	65
<i>omeprazole-sodium bicarbonate</i>	65
OMNARIS	108
OMNIFLEX DIAPHRAGM.....	101
<i>ondansetron</i>	29
<i>ondansetron hcl</i>	29

<i>ondansetron hcl +rfid</i>	29
<i>one vite ferrous sulfate</i>	60
ONGLYZA	41
<i>opcicon one-step</i>	77
<i>option 2</i>	77
OPTIONS GYNOL II CONTRACEPTIVE	66
ORACIT.....	115
<i>oralone</i>	56
ORAVIG	30
<i>orphenadrine citrate</i>	112
<i>orphenadrine citrate er</i>	112
<i>oscimin</i>	62
<i>oseltamivir phosphate</i>	38
<i>oxaprozin</i>	9
<i>oxazepam</i>	39
<i>oxcarbazepine</i>	24
<i>oxiconazole nitrate</i>	30
OXISTAT	31
<i>oxybutynin chloride</i>	65
<i>oxybutynin chloride er</i>	65
<i>oxycodone hcl</i>	12
<i>oxycodone-acetaminophen</i>	12
OXYCONTIN.....	11
<i>oxymorphone hcl</i>	12
<i>oxymorphone hcl er</i>	11
OXYTROL	65
OZEMPIC (0.25 OR 0.5 MG/DOSE)	41
OZEMPIC (1 MG/DOSE).....	41
OZEMPIC (2 MG/DOSE).....	41

P

<i>pacerone</i>	46
<i>paliperidone er</i>	37
PANCREAZE	62
<i>panoxyl</i>	58
<i>pantoprazole sodium</i>	65
<i>paricalcitol</i>	80
<i>paroxetine hcl</i>	27
<i>paroxetine hcl er</i>	27
<i>pataday</i>	104
PAXLOVID (150/100).....	38
PAXLOVID (300/100).....	39
<i>pc pediatric iron drops</i>	116
<i>pc pediatric poly-vita/fe drop</i>	116
<i>pc unifine pentips</i>	92
<i>peg 3350-kcl-na bicarb-nacl</i>	64
<i>peg-3350/electrolytes</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>pen needle/5-bevel tip</i>	92	<i>podofilox</i>	58
<i>pen needles</i>	92, 93	<i>polycin</i>	103
<i>penciclovir</i>	38	<i>polymyxin b-trimethoprim</i>	103
<i>penicillin g potassium</i>	20	POLY-VI-SOL/IRON.....	116
<i>penicillin g sodium</i>	20	<i>poly-vita/iron</i>	116
<i>penicillin v potassium</i>	20	<i>poly-vite/iron</i>	116
PENTASA.....	80	<i>potassium chloride</i>	116
<i>pentazocine-naloxone hcl</i>	13	<i>potassium chloride crys er</i>	116
PENTIPS.....	93	<i>potassium chloride er</i>	116
PENTIPS GENERIC PEN NEEDLES	93	<i>potassium citrate er</i>	116
<i>pentoxifylline er</i>	50	<i>potassium citrate-citric acid</i>	116
<i>perindopril erbumine</i>	46	PRADAXA.....	44
<i>permethrin</i>	34	<i>pramipexole dihydrochloride</i>	34
<i>perphenazine</i>	36	<i>pramipexole dihydrochloride er</i>	34
<i>perphenazine-amitriptyline</i>	28	PRAMOSONE.....	17
PERTZYE	62	<i>prasugrel hcl</i>	45
<i>pharmacist choice diclofenac</i>	9	<i>pravastatin sodium</i>	52
<i>phenazopyridine hcl</i>	66	<i>praziquantel</i>	33
<i>phenelzine sulfate</i>	26	<i>prazosin hcl</i>	45
<i>phenobarbital</i>	23	PRECISION SURE-DOSE SYRINGE	93
<i>phenoxybenzamine hcl</i>	45	PRED MILD.....	104
<i>phentolamine mesylate</i>	45	<i>prednisolone</i>	70
<i>phenylephrine hcl</i>	103	<i>prednisolone acetate</i>	105
<i>phenytek</i>	24	<i>prednisolone sodium phosphate</i>	70, 105
<i>phenytoin</i>	24	<i>prednisone</i>	70
<i>phenytoin sodium</i>	24	PREDNISON INTENSOL.....	71
<i>phenytoin sodium extended</i>	25	<i>preferred plus unifine pentips</i>	93
<i>philith</i>	76	<i>pregabalin</i>	56
PHOSPHA 250 NEUTRAL.....	116	<i>pregabalin er</i>	56
PHOSPHOLINE IODIDE.....	106	PREMARIN	76
PHOSPHO-TRIN 250 NEUTRAL.....	116	<i>premium lidocaine</i>	13
PHOSPHO-TRIN K500	116	PREMPHASE.....	76
<i>pilocarpine hcl</i>	56, 106	PREMPRO	76
<i>pimecrolimus</i>	58	PRENATABS RX.....	116
<i>pimozide</i>	36	<i>prenatal</i>	116
<i>pimtrea</i>	76	<i>prenatal 19</i>	116
<i>pindolol</i>	47	<i>prenatal plus</i>	116
<i>pip pen needles 31g x 5mm</i>	93	PRENATAL-U	116
<i>pip pen needles 32g x 4mm</i>	93	<i>prevalite</i>	53
<i>piroxicam</i>	9	PREVENT DROPSAFE PEN NEEDLES.....	93
<i>pitavastatin calcium</i>	52	PREVENT SAFETY PEN NEEDLES	93
<i>plan b one-step</i>	77	PRIFTIN	33
<i>pnv-dha</i>	116	PRIOSEC	65
<i>pnv-dha+docusate</i>	116	<i>primaquine phosphate</i>	33
<i>pnv-omega</i>	116	<i>primidone</i>	23
<i>pnv-select</i>	116	PRO COMFORT INSULIN SYRINGE	93

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

<i>pro comfort pen needles</i>	93
PROAIR RESPICLICK	110
<i>probenecid</i>	31
<i>prochlorperazine</i>	36
<i>prochlorperazine edisylate</i>	36
<i>prochlorperazine maleate</i>	36
PROCORT	58
PROCTOFOAM HC	58
<i>procto-med hc</i>	17
<i>proctosol hc</i>	17
PRODIGY INSULIN SYRINGE	93
<i>progesterone</i>	77
PROLENSA	105
<i>promethazine hcl</i>	28, 29
<i>promethazine-codeine</i>	111
<i>promethazine-dm</i>	111
<i>promethazine-phenylephrine</i>	112
PROMETHEGAN	29
PROMISEB	58
<i>propafenone hcl</i>	46
<i>propafenone hcl er</i>	46
<i>proparacaine hcl</i>	103
<i>propranolol hcl</i>	47
<i>propranolol hcl er</i>	48
<i>propylthiouracil</i>	79
<i>protriptyline hcl</i>	28
<i>prucalopride succinate</i>	63
PRUDOXIN	58
PULMICORT FLEXHALER	108
PULMOSAL	112
<i>pure comfort pen needle</i>	93, 94
<i>pure comfort safety pen needle</i>	94
<i>px insulin syringe</i>	94
<i>px mini pen needles</i>	94
PYLERA	63
<i>pyrazinamide</i>	33
<i>pyridostigmine bromide</i>	32
<i>pyridostigmine bromide er</i>	32
<i>pyrimethamine</i>	33

Q

<i>qc aspirin</i>	9
<i>qc aspirin low dose</i>	9
<i>qc childrens complete</i>	116
<i>qc childrens vitamins/iron</i>	117
<i>qc diclofenac sodium</i>	10
<i>qc enteric aspirin</i>	10

<i>qc eye allergy itch relief</i>	104
<i>qc folic acid</i>	117
<i>qc nicotine transdermal system</i>	16
<i>qc olopatadine hcl</i>	104
<i>qc pen needles</i>	94
<i>qc unifine pentips</i>	94
QNASL	108
QNASL CHILDRENS	108
<i>quazepam</i>	39
<i>quetiapine fumarate</i>	37
<i>quetiapine fumarate er</i>	37
QUICK TOUCH INSULIN PEN NEEDLE	94
QUILLICHEW ER	55
QUILLIVANT XR	55
<i>quinapril hcl</i>	46
<i>quinapril-hydrochlorothiazide</i>	50
<i>quinidine gluconate er</i>	47
<i>quinidine sulfate</i>	47
<i>quinine sulfate</i>	33
QULIPTA	31

R

<i>ra aspirin</i>	10
<i>ra aspirin adult low dose</i>	10
<i>ra aspirin adult low strength</i>	10
<i>ra aspirin childrens</i>	10
<i>ra aspirin ec</i>	10
<i>ra aspirin ec adult low st</i>	10
<i>ra budesonide</i>	108
<i>ra folic acid</i>	117
<i>ra insulin syringe</i>	94
<i>ra mini nicotine</i>	16
<i>ra niacin</i>	117
<i>ra nicotine</i>	16
<i>ra nicotine gum</i>	16
<i>ra nicotine polacrilex</i>	16
<i>ra no flush niacin</i>	117
<i>ra pain relief aspirin</i>	10
<i>ra pen needles</i>	94
<i>ra vitamins complete childrens</i>	117
<i>rabeprazole sodium</i>	65
<i>raloxifene hcl</i>	78
<i>ramelteon</i>	113
<i>ramipril</i>	46
<i>ranitidine hcl</i>	63
<i>ranolazine er</i>	51
<i>rasagiline mesylate</i>	35

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

<i>raya sure pen needle</i>	94
RAYOS	71
<i>react</i>	77
<i>reality insulin syringe</i>	94
REALITY LATEX CONDOMS	101
REALITY LATEX/ULTRA TEXTURED	101
REALITY LATEX/ULTRA THIN	101
<i>reclipsen</i>	76
RECTIV	58
RELENZA DISKHALER	38
RELION INSULIN SYRINGE	94
RELION PEN NEEDLES	95
RELISTOR	63
<i>repaglinide</i>	41
REPATHA	53
REPATHA SURECLICK	53
RESTASIS	103
<i>retaine allergy</i>	104
RETIN-A MICRO PUMP	58
REZVOGLAR KWIKPEN	43
<i>rid one & done</i>	34
RIDAURA	79
<i>rifabutin</i>	32
<i>rifampin</i>	33
<i>rimantadine hcl</i>	38
RIMSO-50	66
<i>risedronate sodium</i>	80, 81
<i>risperidone</i>	37
<i>rivaroxaban</i>	44
<i>rivastigmine</i>	25
<i>rivastigmine tartrate</i>	25
<i>rivelsa</i>	76
<i>rizatriptan benzoate</i>	32
<i>roflumilast</i>	110
<i>ropinirole hcl</i>	35
<i>ropinirole hcl er</i>	35
<i>rosuvastatin calcium</i>	52
<i>roweepra</i>	22
<i>rufinamide</i>	25
RYBELSUS	41
S	
<i>sacubitril-valsartan</i>	51
<i>safety pen needles</i>	95
SALIVAMAX	56
<i>salsalate</i>	10
SANCUSO	29

SANTYL	58
SAPHRIS	37
SAVELLA	56
SAVELLA TITRATION PACK	56
<i>saxagliptin hcl</i>	41
<i>saxagliptin-metformin er</i>	41
<i>sb aspirin</i>	10
<i>sb aspirin ec</i>	10
<i>sb childrens aspirin</i>	10
<i>sb insulin syringe</i>	95
<i>sb low dose asa ec</i>	10
SCALACORT DK	58
<i>scopolamine</i>	29
SECURESAFE INSULIN SYRINGE	95
SECURESAFE SAFETY PEN NEEDLES	95
SEGLUROMET	42
SELECT-OB	117
SELECT-OB+DHA	117
<i>selegiline hcl</i>	35
<i>selenium sulfide</i>	58, 59
<i>se-natal 19</i>	117
SEREVENT DISKUS	110
<i>sertraline hcl</i>	27
<i>setlakin</i>	76
<i>sevelamer carbonate</i>	67
<i>sevelamer hcl</i>	67
SFROWASA	80
<i>sharobel</i>	77
<i>shewise</i>	77
<i>silodosin</i>	66
<i>silver sulfadiazine</i>	18
<i>simvastatin</i>	52
<i>sitagliptin phos-metformin hcl</i>	42
<i>sklice</i>	34
<i>sm aspirin ec</i>	10
SMARTY PANTS KIDS COMPLETE	61
<i>sod citrate-citric acid</i>	117
<i>sodium chloride</i>	112
<i>sodium fluoride</i>	117
<i>sodium polystyrene sulfonate</i>	117
<i>sodium sulfacetamide</i>	59
SOHONOS	101
<i>solifenacin succinate</i>	65
SOLU-CORTEF	71
SOLU-MEDROL	71
SORILUX	59

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

<i>sotalol hcl</i>	47
<i>sotalol hcl (af)</i>	47
<i>spinosad</i>	34
SPIRIVA HANDIHALER.....	109
SPIRIVA RESPIMAT	109
<i>spironolactone</i>	51
<i>spironolactone-hctz</i>	51
SPONGEBOB SQUAREPANTS GUMMIES.....	61
<i>sprintec 28</i>	76
SPRIX	10
<i>sps (sodium polystyrene sulf)</i>	117
SPS (SODIUM POLYSTYRENE SULF)	117
<i>ssd</i>	18
<i>sss 10-5</i>	59
<i>st joseph aspirin</i>	10
<i>st joseph low dose</i>	10
STEGLATRO	42
STEGLUJAN.....	42
STRIVERDI RESPIMAT.....	110
<i>sucalfate</i>	64
<i>sulconazole nitrate</i>	31
<i>sulfacetamide sodium</i>	21, 59
<i>sulfacetamide sodium (acne)</i>	21
<i>sulfacetamide sodium (cleans)</i>	59
<i>sulfacetamide sodium-sulfur</i>	59
<i>sulfacetamide-prednisolone</i>	105
<i>sulfacetamide-sulfur in urea</i>	59
<i>sulfadiazine</i>	21
<i>sulfamethoxazole-trimethoprim</i>	21
SULFAMYLON.....	18
<i>sulfasalazine</i>	80
<i>sulfatrim pediatric</i>	21
<i>sulfurated lime</i>	34
<i>sulindac</i>	10
<i>sumatriptan</i>	32
<i>sumatriptan succinate</i>	32
<i>sumatriptan succinate refill</i>	32
<i>sumatriptan-naproxen sodium</i>	32
SUPREP BOWEL PREP KIT	64
<i>sure comfort insulin syringe</i>	95
<i>sure comfort pen needles</i>	95
SYMPROIC.....	63
SYNJARDY.....	42
SYNJARDY XR.....	42
SYNTHROID.....	78

T

TACLONEX.....	59
<i>tacrolimus</i>	59
<i>take action</i>	77
<i>tamsulosin hcl</i>	66
TARON-C DHA	117
<i>tazarotene</i>	59
TAZORAC.....	59
<i>techlite insulin syringe</i>	95
TECHLITE PEN NEEDLES.....	96
TECHLITE PLUS PEN NEEDLES	96
TEGRETOL.....	25
TEGRETOL-XR.....	25
<i>telmisartan</i>	45
<i>telmisartan-amlodipine</i>	51
<i>telmisartan-hctz</i>	51
<i>temazepam</i>	113
TENCON	6
<i>terazosin hcl</i>	66
<i>terbinafine hcl</i>	31
<i>terbutaline sulfate</i>	110
<i>terconazole</i>	31
<i>testosterone</i>	72
<i>testosterone cypionate</i>	72
<i>testosterone enanthate</i>	72
<i>tetracaine hcl</i>	103
<i>tetracycline hcl</i>	22
TEXACORT.....	71
THEO-24	110
<i>theophylline</i>	110
<i>theophylline er</i>	110
<i>thioridazine hcl</i>	36
<i>thiothixene</i>	36
<i>thrive</i>	17
<i>thrivite rx</i>	117
<i>thyroid</i>	78
<i>tiagabine hcl</i>	23
<i>ticagrelor</i>	45
TICE BCG	33
<i>tilia fe</i>	76
<i>timolol hemihydrate</i>	106
<i>timolol maleate</i>	48, 106
<i>timolol maleate (once-daily)</i>	106
<i>timolol maleate pf</i>	106
<i>tinidazole</i>	33
<i>tiopronin</i>	66

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

<i>tiotropium bromide</i>	109	TRIJARDY XR.....	42
TIROSINT	78	<i>tri-legest fe</i>	76
TIROSINT-SOL.....	79	<i>tri-linyah</i>	76
<i>tizanidine hcl</i>	38	<i>tri-lo-marzia</i>	76
<i>tobramycin</i>	105	<i>tri-lo-sprintec</i>	76
<i>tobramycin-dexamethasone</i>	105	<i>trimethobenzamide hcl</i>	29
TOBREX	105	<i>trimethoprim</i>	18
TODAY SPONGE	66	<i>trimipramine maleate</i>	28
<i>todays health pen needles</i>	96	<i>trinatal rx 1</i>	117
<i>todays health short pen needle</i>	96	TRINATE.....	117
<i>tolmetin sodium</i>	10	TROJAN BARESKIN.....	101
<i>tolterodine tartrate</i>	65	TROJAN ENZ.....	101
<i>tolterodine tartrate er</i>	65	TROJAN MAGNUM.....	101
TOPFINE INSULIN PEN NEEDLE.....	96	TROJAN ULTRA RIBBED LUBRICATED ...	101
<i>topiramate</i>	24	TROJAN ULTRA THIN.....	101
<i>topiramate er</i>	24	TROJAN ULTRA THIN/SPERMICIDAL.....	101
<i>torseamide</i>	51	TROJAN-ENZ LUBRICATED	102
TOSYMRA	32	TROJAN-ENZ/SPERMICIDAL	102
TOUJEO MAX SOLOSTAR	43	<i>tropicamide</i>	103
TOUJEO SOLOSTAR.....	43	<i>trospium chloride</i>	65
TOVIAZ.....	65	<i>trospium chloride er</i>	66
TRADJENTA.....	42	<i>true comfort insulin syringe</i>	96
<i>tramadol hcl</i>	13	<i>true comfort pen needles</i>	96
<i>tramadol hcl (er biphasic)</i>	11	<i>true comfort pro insulin syr</i>	96
<i>tramadol hcl er</i>	11	<i>true comfort pro pen needles</i>	96
<i>tramadol-acetaminophen</i>	13	<i>true comfort safety pen needle</i>	96
<i>trandolapril</i>	46	<i>true cover</i>	102
<i>trandolapril-verapamil hcl er</i>	51	<i>true folic acid</i>	117
<i>tranylcypromine sulfate</i>	26	<i>true vitamin b3</i>	117
<i>travoprost (bak free)</i>	106	TRUEPLUS 5-BEVEL PEN NEEDLES	96
<i>trazodone hcl</i>	27	TRUEPLUS INSULIN SYRINGE	97
TRELEGY ELLIPTA.....	112	TRULANCE	63
<i>tretinoin</i>	59	TRULICITY.....	42
<i>tretinoin microsphere</i>	59	TRUSTEX COLOR CONDOMS + LUBE.....	102
<i>tretinoin microsphere pump</i>	60	TRUSTEX LUB/RIBBED/STUDDED	102
<i>triamcinolone acetonide</i>	56, 71	TRUSTEX LUB/SPERMICIDE EX ST	102
<i>triamcinolone in absorbase</i>	71	TRUSTEX LUB/SPERMICIDE XL	102
<i>triamterene</i>	51	TRUSTEX LUBRICATED	102
<i>triamterene-hctz</i>	51	TRUSTEX LUBRICATED EX LARGE	102
<i>triazolam</i>	39	TRUSTEX LUBRICATED EXTRA ST	102
<i>tricitrates</i>	117	TRUSTEX LUBRICATED/SPERMICIDE.....	102
TRIESENCE	105	TRUSTEX NATURAL CONDOMS + LUBE.....	102
<i>tri-estarylla</i>	76	TRUSTEX NON-LUBRICATED.....	102
<i>trifluoperazine hcl</i>	36	TRUSTEX RIA LUB/SPERMICIDE	102
<i>trifluridine</i>	38	TRUSTEX RIA LUBRICATED	102
<i>trihexyphenidyl hcl</i>	34	TRUSTEX RIA NON-LUBRICATED.....	102

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

TRUSTEX-NONOXYNOL-9/RIB/STUD	102
TUDORZA PRESSAIR	109
TUSNEL	112

U

UBRELVI	31
ULTICARE INSULIN SAFETY SYR	97
ULTICARE INSULIN SYR 1/2 UNIT	97
ULTICARE INSULIN SYRINGE	97
ULTICARE MICRO PEN NEEDLES	97
ULTICARE MINI PEN NEEDLES	97
ULTICARE PEN NEEDLES	97
ULTICARE SHORT PEN NEEDLES	97
ULTIGUARD SAFEPAK PEN NEEDLE	97
ULTIGUARD SAFEPAK SYR/NEEDLE	98
ULTILET PEN NEEDLE	98
ULTRA CHOICE MULTIVITAMIN KIDS	117
<i>ultra comfort insulin syringe</i>	98
ULTRA FLO INSULIN PEN NEEDLES	98
ULTRA FLO INSULIN SYR 1/2 UNIT	98
ULTRA FLO INSULIN SYRINGE	98
ULTRA THIN PEN NEEDLES	98
<i>ultracare insulin syringe</i>	99
<i>ultracare pen needles</i>	99
ULTRA-THIN II INS SYR SHORT	98
ULTRA-THIN II INSULIN SYRINGE	98
ULTRA-THIN II MINI PEN NEEDLE	98
ULTRA-THIN II PEN NEEDLE SHORT	99
ULTRA-THIN II PEN NEEDLES	99
UNIFINE OTC PEN NEEDLES	99
UNIFINE PENTIPS	99
UNIFINE PENTIPS PLUS	99
UNIFINE PROTECT PEN NEEDLE	99
UNIFINE SAFECONTROL PEN NEEDLE	99
UNIFINE ULTRA PEN NEEDLE	99, 100
URELLE	66
<i>uro-mp</i>	66
<i>ursodiol</i>	63

V

<i>valacyclovir hcl</i>	38
<i>valganciclovir hcl</i>	38
<i>valproic acid</i>	23
<i>valsartan</i>	45
<i>valsartan-hydrochlorothiazide</i>	51
<i>vancomycin hcl</i>	18
VANISHPOINT INSULIN SYRINGE	100

<i>varenicline tartrate</i>	17
<i>varenicline tartrate (starter)</i>	17
VCF VAGINAL CONTRACEPTIVE	66
VELIVET	76
<i>venlafaxine hcl</i>	27
<i>venlafaxine hcl er</i>	27
VENTOLIN HFA	110
<i>verapamil hcl</i>	49
<i>verapamil hcl er</i>	49
VEREGEN	60
VERIFINE INSULIN PEN NEEDLE	100
VERIFINE INSULIN SYRINGE	100
VERIFINE PLUS PEN NEEDLE	100
VERQUVO	51
<i>vestura</i>	76
<i>vienna</i>	76
VIIBRYD	27
VILAMIT MB	66
<i>vilazodone hcl</i>	27
VILEVEV MB	66
VIMPAT	25
VINATE DHA RF	117
<i>viorele</i>	76
<i>vitachew multiple vitamin</i>	61
VITAFOL-OB	117
VITAFOL-OB+DHA	117
VITAFOL-ONE	117
VITALETS CHILDRENS	61
VOGELXO	72
VOGELXO PUMP	72
<i>voltaren arthritis pain</i>	10
VTAMA	60
VUSION	31
<i>vyfemla</i>	76
VYVANSE	54

W

<i>warfarin sodium</i>	44
<i>wee care</i>	117
<i>wegmans unifine pentips plus</i>	100
<i>wera</i>	76
WIDE-SEAL DIAPHRAGM 60	102
WIDE-SEAL DIAPHRAGM 65	102
WIDE-SEAL DIAPHRAGM 70	102
WIDE-SEAL DIAPHRAGM 75	102
WIDE-SEAL DIAPHRAGM 80	102
WIDE-SEAL DIAPHRAGM 85	102

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

WIDE-SEAL DIAPHRAGM 90.....	102
WIDE-SEAL DIAPHRAGM 95.....	102
<i>wixela inhub</i>	112
<i>wymzya fe</i>	76
X	
XARELTO	44
XARELTO STARTER PACK.....	44
XERESE	38
XIGDUO XR.....	42
XOFLUZA (80 MG DOSE)	38
XOPENEX HFA	110
<i>xulane</i>	76
Y	
<i>yl folic acid</i>	117
<i>your choice</i>	77
YUMVSKIDS MULTI ZERO	61
<i>yuvafem</i>	76
Z	
<i>zaclir cleansing</i>	60
<i>zafirlukast</i>	109
<i>zaleplon</i>	113
ZELAPAR.....	35

ZENPEP.....	62
<i>zevrx insulin syringe</i>	100
<i>zevrx pen needles</i>	100
ZIANA.....	60
<i>zileuton er</i>	109
<i>ziprasidone hcl</i>	37
<i>ziprasidone mesylate</i>	37
ZIPSOR.....	10
ZIRGAN.....	38
ZITHRANOL	60
<i>zolmitriptan</i>	32
<i>zolpidem tartrate</i>	113
<i>zolpidem tartrate er</i>	113
ZOMIG	32
ZONALON.....	60
<i>zonisamide</i>	22
ZOO FRIENDS MULTI GUMMIES	61
ZYCLARA.....	60
ZYCLARA PUMP	60
ZYFLO.....	109
ZYLET	105
ZYPREXA RELPREVV	37

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