2026



Formulario de Medicamentos Select

Select Drug Formulary

TRIPLE-S SALUD

ESTAMOS CONTIGO

Lista de Medicamentos o Formulario
Plan Select 2026 (EHB)

Drug List or Formulary
Select 2026 (EHB) Plan

TABLA DE CONTENIDO / *TABLE OF CONTENTS*

INTRODUCCIÓN / INTRODUCTION 3

PARTE I - DISEÑO DE LA LISTA DE MEDICAMENTOS / *PART I- DRUG LIST DESIGN* 5

¿Cómo usar esta lista de medicamentos? / *How do I use the drug list?* 5

¿Cuánto pagas por los medicamentos cubiertos? / *How much will you pay for covered drugs?* 5

¿Qué son medicamentos genéricos (Nivel 1)? / *What are generic drugs (Level 1)?* 6

¿Qué son medicamentos de marca preferidos (Nivel 2)? / *What are preferred brand drugs (Level 2)?* 6

¿Qué son medicamentos de marca no preferidos (Nivel 3)? / *What are non-preferred brand drugs (Level 3)?* 7

¿Qué son productos especializados preferidos (Nivel 4)? / *What are preferred specialty products (Level 4)?* 7

¿Qué son productos especializados no preferidos (Nivel 5)? / *What are non-preferred specialty products (Level 5)?* 7

Guías de Referencia / *Reference Guidelines* 8

Éditos de análisis de utilización (DUR) / *Edits for Drug Utilization Review (DUR)* 9

Leyenda para Símbolos y Abreviaturas de Requisitos/Límites / *Legend for Symbols and Abbreviations for Requirements/Limits* 12

Listado de Abreviaturas para Formas de Dosificación y Rutas de Administración / *Dosage Form and Route of Administration Abbreviations* 13

Derechos Reservados / *Reserved Rights* 16

PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST 21

APÉNDICE I – LISTA DE PREVENTIVOS / *APPENDIX I – PREVENTIVE LIST* 110

APÉNDICE II – LISTA DE MEDICAMENTOS OTC CUBIERTOS / *APPENDIX II – OVER THE COUNTER (OTC) COVERED DRUGS LIST* 120

APÉNDICE III – LÍMITES DE ESPECIALIDAD / *APPENDIX III – SPECIALTY LIMITS* 122

APÉNDICE IV – LISTA DE MEDICAMENTOS ALBINISMO Y SÍNDROME DE HERMANSKY-PUDLAK / *APPENDIX IV – MEDICATION LIST ALBINISM AND HERMANSKY-PUDLAK SYNDROME* 124

Index 126

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

INTRODUCCIÓN / INTRODUCTION

Tu cubierta de farmacia usa una lista de medicinas con varias opciones de tratamiento.

Your pharmacy coverage uses a Drug List that offers you various treatment options.

Las medicinas en esta lista se escogieron por ser seguras y efectivas para tratar enfermedades, y por su costo. La lista tiene medicinas con leyenda aprobados por la Administración de Drogas y Alimentos (FDA, por sus siglas en inglés) que están disponibles en el mercado y algunas medicinas sin leyenda federal (OTC, por sus siglas en inglés).

The drugs in this List were chosen based on their safety, cost, and effectiveness to treat health problems. This list features prescription drugs that have been approved by the Food and Drug Administration (FDA) and are available in the market, as well as certain over-the-counter drugs (OTC) under the included categories.

La Lista clasifica las medicinas por uso terapéutico. También, puedes ver una lista en orden alfabético de las medicinas disponibles. Aquí te brindamos información para facilitar tu lectura e interpretación.

The List labels the drugs by therapy use. It also has a list of available drugs in alphabetical order. We have also included information to help you read and understand the List.

Habla con tu doctor sobre las medicinas aquí listadas para tratar tu condición. Usar estas medicinas ayuda a reducir tus copagos y los costos del Beneficio de Farmacia.

Talk with your doctor about the drugs listed here for your condition. Using these drugs help keep Pharmacy Benefit costs down, as well as your copayments.

El hecho de que un medicamento recetado se incluya en este Formulario no garantiza que esté cubierto bajo su plan. Es importante que consulte el Beneficio de Farmacia de su plan para determinar si un medicamento que forma parte de este Formulario está cubierto bajo su plan. Por favor, revise su Beneficio de Farmacia para confirmar que su medicamento está cubierto.

The fact that a prescription medication is included in this Formulary does not guarantee that it is covered under your plan. *It is essential that you review the Pharmacy Benefit of your plan to determine if a medication listed in this Formulary is covered under your plan. Please review your Pharmacy Benefit to confirm that your medication is covered.*

Si tienes preguntas o necesitas ayuda, llamar a nuestros Representantes de Servicio al Cliente al 787-774-6060, sin cargos al 1-800-981-3241. Para servicios telefónicos para audio impedidos (TTY/TDD), llama al 787-792-1370 o 1-866-215-1999. Nuestro Centro de Llamadas opera de lunes a viernes, de 7:30 AM a 8:00 PM, sábados de 9:00 AM a 6:00 PM y domingos de 11:00 AM a 5:00 PM - AST (tiempo estándar del Atlántico).

To learn more, please call Customer Service at 787-774-6060 (TTY: 787-792-1370 or 1-866-215-1999) or free of charge 1-800-981-3241. Our Call Center is available Monday through Friday, 7:30 am to 8:00 pm, Saturdays, 9:00 am to 6:00 pm, and Sundays, 11:00 am to 5:00 pm - AST (Atlantic Standard Time).

PARTE I - DISEÑO DE LA LISTA DE MEDICAMENTOS / *PART I- DRUG LIST DESIGN*

¿Cómo usar esta lista de medicamentos? / *How do I use the drug list?*

La forma más fácil para conseguir los medicamentos es buscando en el índice. El índice provee una lista por orden alfabético de todos los medicamentos que se presentan en este documento, tanto los de marca como los genéricos. Al lado del medicamento está el número de la página donde encontrarás cómo está cubierto. Busca la página indicada en el índice y encuentra el nombre del medicamento en las columnas.

The easiest way to find the drugs is through the Index. The Index gives you an alphabetical list of all the drugs in this document, both brand name and generic drugs. Next to the drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index to find the name of the drug listed in the columns.

¿Cuánto pagas por los medicamentos cubiertos? / *How much will you pay for covered drugs?*

Los medicamentos se clasifican por niveles. Los niveles a continuación identifican los distintos niveles de costo compartido, o sea, lo que pagas por cada medicamento en la receta.

- Nivel 1 –medicamentos genéricos
- Nivel 2 – medicamentos de marca preferidos
- Nivel 3 – medicamentos de marca no preferidos
- Nivel 4 – productos especializados preferidos
- Nivel 5 – productos especializados no preferidos

The Drug List is arranged by levels. These levels, listed below, point out the cost-sharing levels, which is what you pay for each prescribed drug.

- *Level 1 – generic drugs*
- *Level 2 –preferred brand drugs*
- *Level 3 – non-preferred brand drugs*
- *Level 4 –preferred specialty products*
- *Level 5 – non-preferred specialty products*

¿Qué son medicamentos genéricos (Nivel 1)? / *What are generic drugs (Level 1)?*

Un medicamento genérico tiene el mismo ingrediente activo en la fórmula que el de marca. Usualmente cuestan menos que los de marca y están aprobados por la Administración Federal de Drogas y Alimentos (FDA, por sus siglas en inglés).

A generic drug has the same ingredient in identical amount as the brand name drug. They cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Este nivel incluye genéricos que han sido seleccionados por el Comité de Farmacia y Terapéutica luego de su evaluación de seguridad, eficacia y costo.

This level includes generic drugs selected by the Pharmacy and Therapeutics Committee after evaluating their safety, efficiency, and cost.

Éstos están escritos en letras minúsculas (ejemplo, nabumetone).

Generic drugs are listed in lowercase (e.g., nabumetone) in the Drug List.

¿Qué son medicamentos de marca preferidos (Nivel 2)? / *What are preferred brand drugs (Level 2)?*

Este nivel incluye medicamentos de marca que han sido seleccionados por el Comité de Farmacia y Terapéutica como agentes preferidos luego de su evaluación de seguridad, eficacia y costo. Los mismos están identificados a la derecha como nivel 2. En aquellas clases terapéuticas donde no hay genéricos, te exhortamos a que uses como primera alternativa aquellos identificados como preferidos.

This tier has brand name drugs that have been classified by the Pharmacy and Therapeutics Committee as preferred agents, after an in-depth review in terms of safety, efficiency, and cost. These are identified as level 2 next to the name of the drug. For therapeutic classes where there are no generic drugs, we suggest you use the preferred drugs as your first choice.

¿Qué son medicamentos de marca no preferidos (Nivel 3)? / *What are non-preferred brand drugs (Level 3)?*

Un medicamento es clasificado como marca no preferida porque existen alternativas en los niveles anteriores con menos efectos secundarios o son más costo-efectivos. Si el asegurado obtiene un medicamento de marca del nivel 3, tiene que pagar un costo mayor.

A brand name drug is classified as non-preferred when there are other choices in other drug levels that have fewer side effects and/or are more cost effective. If you obtain a level 3 drug, you will have to pay more for that drug.

¿Qué son productos especializados preferidos (Nivel 4)? / *What are preferred specialty products (Level 4)?*

Los medicamentos especializados requieren una administración o manejo especial, por su composición compleja. Estos se usan para tratar condiciones crónicas y de alto riesgo que requieren un manejo especial de la condición.

Specialty Drugs need special administration and/or management due to their complex composition. These are used to treat high-risk and chronic health conditions that need special management.

El nivel 4 presenta los medicamentos o productos en la lista que se ofrecen bajo el Programa de Medicamentos para Condiciones Especiales. Dichos medicamentos o productos incluyen genéricos, biosimilares (genéricos de productos biológicos) y de marca a un costo menor que el nivel 5 y un arreglo especial para su despacho.

Level 4 features the drugs or products in the Drug List that are offered under the Special Conditions Drugs Program. This tier has generic, biosimilar (generic biologics), and brand name drugs at a lower cost than those in level 5, and it grants special provisions for its supply.

¿Qué son productos especializados no preferidos (Nivel 5)? / *What are non-preferred specialty products (Level 5)?*

Los medicamentos en este nivel 5 también tienen un arreglo especial para su despacho, pero tienen un costo mayor que los del nivel 4. Éstos se usan para el tratamiento de condiciones crónicas y de alto riesgo que requieren una administración y manejo especial.

The drugs in level 5 also require special handling for supply but have higher copay when compared to level 4 drugs. These are used to treat chronic and high-risk health conditions that need special handling and administration.

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

Guías de Referencia / *Reference Guidelines*

Medicamentos que requieren preautorización (PA) / *Medications requiring prior authorization (PA)*

En un esfuerzo por garantizar la seguridad y el uso apropiado de los medicamentos, algunos necesitan una preautorización para ser adquiridos. Los mismos se han identificado a la derecha con **PA** (**requiere preautorización**), en cuyo caso, la farmacia gestiona la preautorización previo al despacho del medicamento.

*To guarantee the safe and effective use of drugs, there are certain drugs that need a prior authorization (**PA**) before dispensing it. A **PA** is placed next to the name of the drug to identify them, and the pharmacy will process the prior authorization before dispensing it.*

Los medicamentos que requieren preautorización usualmente son candidatos al uso inapropiado o están relacionados con un costo elevado por lo que requieren que el asegurado cumpla con unos criterios antes de ser despachados. Aquellos medicamentos que han sido identificados que requieren preautorización deben satisfacer los criterios clínicos establecidos según lo haya determinado el Comité de Farmacia y Terapéutica. Estos criterios clínicos se han desarrollado de acuerdo con la literatura médica actual.

The drugs that need prior authorization are those for which you need to meet certain criteria before using them, are likely to be used inadequately, or have a higher cost. Drugs identified as needing prior authorization should fulfill the clinical criteria, as determined by the Pharmacy and Therapeutics Committee. The criteria have been developed as stated by current medical literature.

También, tienen requisito de PA aquellos medicamentos de alto costo (verifica tu certificado de beneficio). La farmacia enviará copia de la receta y se encargarán del proceso.

High-Cost Drugs will require a prior authorization (check your health plan benefits). The pharmacy will send a copy of the prescription to the health plan and will take care of the process.

Programa de Terapia Escalonada (ST) / *Step Therapy Program (ST)*

En algunos casos, requerimos que utilices primero un medicamento como terapia para tu condición antes de que cubramos otro para esa condición (Terapia Escalonada, *ST* por sus siglas en inglés). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar tu condición médica, nosotros requerimos que utilices primero el Medicamento A. Si el

Medicamento A no te funciona, entonces cubrimos el Medicamento B.

In some cases, you need to try one drug first to treat your health condition before we cover other drugs for the same condition (Step Therapy). For example, if Drug A and Drug B both treat your health condition, you may need to use Drug A first. If Drug A does not work for you, then we will cover Drug B.

Límites de cantidad (QL) / *Limits on the amount to be dispensed (QL)*

Ciertos medicamentos tienen un límite en la cantidad a despacharse. Estas cantidades se establecen de acuerdo con lo sugerido por el manufacturero como la cantidad máxima adecuada que no está asociada a efectos adversos y la cual es efectiva para el tratamiento de una condición. En el área de Requisitos de la lista de medicamentos se identificaron los límites en la cantidad a despacharse, en aquellos que aplique.

Certain drugs have a limit on the amount to be dispensed. These amounts are established according to the manufacturer's recommendation for adequate amounts to avoid adverse effects and effectively treat a health condition. The Requirements column in the Drug List points out the quantity limits for applicable drugs.

Límites de especialidad médica (SL) / *Medical specialty limits (SL)*

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

Some drugs have medical specialty limits. These limits are established in line with current medical literature.

Límites de edad (AL) / *Age limits (AL)*

Algunos medicamentos tienen un límite de edad.

Some drugs have an age limit.

Éditos de análisis de utilización (DUR) / *Edits for Drug Utilization Review (DUR)*

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

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

Through the Pharmacy Benefit Management Program, Triple-S Salud has implemented the following drug utilization review (DUR) edits to avoid other health problems while offering you a better care.

- Édito de Validación de Dosis - coteja las dosis máximas diarias para la población pediátrica, adulta y geriátrica. */ Dose check edits - Verify daily maximum doses for pediatric, adult and geriatric population.*

- Édito de Terapia Duplicada -verifica tu historial de medicamentos para recetas duplicadas, de dos formas:*/ Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:*

    1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes). / *If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different; could be through the same pharmacy or different ones).*

    2. Si recibes dos medicamentos de la misma clase terapéutica, por ejemplo, dos antidepresivos o dos analgésicos, entre otros. / *If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.*

Hay ciertas excepciones a estos éditos. Se solicita a los médicos que incluyan la siguiente información en la receta: / There are exceptions to these edits. We suggest that your doctor includes in the prescription:

- Cambio en dosis / Change in dose

    Si aumentó la dosis y necesitas más medicamentos antes de tiempo, en este caso se necesita una carta de justificación de parte del médico indicando el cambio en dosis. La farmacia requerirá una preautorización a *Triple-S Salud,* luego de que se reciba la información necesaria en la receta. / *If the dose is increased and you need your drug right away, a letter from your doctor justifying the dose change will be needed. The pharmacy will need a prior authorization after the necessary information is received.*

    1. Si la dosis se determina por tu peso, el médico debe indicar tu peso y estatura en la receta. / *If the dose is determined by weight, the doctor must write your weight and height in the prescription.*

    2. Cuando la dosis se ajuste de acuerdo a los niveles en tu sangre, el médico debe

indicarlo así en la receta (Ej. ajuste de niveles para tiroides, teofilina, anticonvulsivos, warfarina). / *When the dose of the drug is changed as a result to your blood levels, the doctor must write it in the prescription (e.g.: changes for thyroid, theophylline, anti-convulsiveness, and warfarin).*

3. Cuando para la dosis indicada en la receta no existe su presentación farmacéutica. Por ejemplo, la tableta viene de 25 mg y 50 mg, pero necesitas 75 mg (dosis indicada y aceptada). La farmacia requerirá una preautorización a *Triple-S Salud, Inc.* / *When the dose written in the prescription does not exist in the pharmaceutical dosage form of the drug. For example, the tablet exists in 25 mg and 50 mg, but you need a 75 mg dose (dose needed and accepted)*

Leyenda para Símbolos y Abreviaturas de Requisitos/Límites / *Legend for Symbols and Abbreviations for Requirements/Limits*

Símbolo / Abreviatura (Symbol / Abbreviation)	Descripción	Description
AL	Límite de Edad	*Age Limit*
PA	Preautorización La farmacia es responsable de solicitar y obtener una preautorización con Triple-S Salud, Inc., antes de despachar el medicamento	*Prior authorization* *The pharmacy is responsible of requesting and obtaining a prior authorization from Triple-S Salud, Inc., before dispensing the prescription drug.*
QL	Medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar	*Medications associated to a quantity limit*
SL	Medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos	*Medications associated to a limit in the medical specialty that must manage the therapy with these products.*
ST	Terapia Escalonada	*Step Therapy*

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

Listado de Abreviaturas para Formas de Dosificación y Rutas de Administración / *Dosage Form and Route of Administration Abbreviations*

Description [Descripción]	Abbreviation [Abreviatura]
aerosol [aerosol]	aer
buccal tablet [tableta bucal]	bucc tab
cartridge [cartucho]	cart
concentrate [concentrado]	conc
cream [crema]	crm
delayed release [liberación tardía]	dr
emulsion [emulsión]	emul
extended release [liberación prolongada]	er
external [externo]	ext
external liquid [líquido externo]	ext liq
external packet [paquete externo]	ext pckt
external shampoo [champú externo]	shampoo
external swab [hisopo externo]	swab
gel [gel]	gel
hydrochlorothiazide	hctz
inhalation aerosol powder breath activated [polvo en aerosol activado por respiración para inhalación]	inh aer pwdr br act
inhalation aerosol solution [solución en aerosol para inhalación]	inh aer
inhalation capsule [cápsula para inhalación]	inh cap
inhalation inhaler [inhalador para inhalación]	inhaler
inhalation nebulization solution [solución para inhalación por nebulización]	inh neb soln
inhalation solution [solución para inhalación]	inh soln
inhalation suspension [suspensión para inhalación]	inh susp
injection / injectable [inyección / inyectable]	inj
injection device [dispositivo inyectable]	inj dev
intramuscular injectable [inyectable intramuscular]	im inj
intramuscular oil [aceite intramuscular]	im oil
intrauterine device [dispositivo intrauterino]	iud
intravenous [intravenoso]	iv

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

Description [Descripción]	Abbreviation [Abreviatura]
intravenous injectable [inyectable intravenoso]	iv inj
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat lozenge [pastilla para boca/garganta]	m/t lozg
mouth/throat paste [pasta para boca/garganta]	m/t paste
mouth/throat solution [solución para boca/garganta]	m/t soln
nasal inhaler [inhalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth
ophthalmic gel forming solution [solución formadora de gel para uso oftálmico]	ophth gfs
oral capsule [cápsula oral]	cap
oral capsule delayed release particles [cápsula oral de partículas de liberación tardía]	cap dr prt
oral capsule sprinkle [cápsula oral para espolvorear]	cap sprinkle
oral elixir [elixir oral]	oral elix
oral granules [gránulos orales]	oral gr
oral packet [paquete oral]	pckt
oral syrup [jarabe oral]	syr
oral tablet [tableta oral]	tab
oral tablet abuse-deterrent [tableta oral para disuasión de abuso]	tab abuse-deterr
oral tablet chewable [tableta oral masticable]	tab chew
oral tablet disintegrating [tableta de desintegración oral]	tab disint
oral tablet disintegrating soluble [tableta oral de desintegración soluble]	tab disint sol
oral tablet dispersible [tableta oral dispersable]	odt
oral tablet soluble [tableta oral soluble]	tab sol
oral therapy pack [paquete de terapia oral]	pack
pen-injector [inyector tipo pluma]	pen-inj
powder [polvo]	pwdr
prefilled syringe [jeringuilla precargada]	pfs
rectal [rectal]	rect
solution [solución]	soln

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

Description [Descripción]	Abbreviation [Abreviatura]
subcutaneous [subcutáneo]	sc
sublingual film [cinta sublingual]	subl film
sublingual tablet [tableta sublingual]	tab subl
suppository [supositorio]	supp
suspension [suspensión]	susp
transdermal [transdermal]	td
transdermal patch [parcho transdermal]	td patch
transdermal patch biweekly [parcho transdermal bisemanal]	tdsw patch
transdermal patch weekly [parcho transdermal semanal]	tdwk patch
vaginal [vaginal]	vag
vaginal diaphragm [diafragma vaginal]	vag diaph

Derechos Reservados / *Reserved Rights*

La lista de medicamentos o formulario es una propiedad literaria. *Triple-S Salud, Inc.* es el propietario de los derechos de autor. Bajo ninguna circunstancia se puede copiar o distribuir la lista de medicamentos ni cualquier porción de ésta sin el consentimiento escrito de *Triple-S Salud, Inc*.

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

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] 21

ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] 24

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] 24

ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN] 25

ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] 27

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] 31

ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA] 34

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] 34

ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] 37

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] 39

ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA] 40

ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA] 40

ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] 41

ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] 42

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

ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] 42

ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] 45

ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] 46

ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] 47

ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD] 49

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES] 50

ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD] 53

BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] 55

Bipolar Agents, Other [Agentes para la Bipolaridad, Otros] 55

BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE] 57

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] 61

CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN] 63

CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS] 73

DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA] 76

DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL] 77

ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO] 79

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

GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO] 80

GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES] 82

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 84

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 87

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] 88

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS] 90

HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 92

HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS] 92

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 92

HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS] 93

IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE] 93

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

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] 95

METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS] 97

OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS] 101

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] 102

SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] 106

SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] 106

THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO] 107

MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS] 108

PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST

Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac sodium 3 % gel	1	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	
diclofenac sodium 1 % gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
etodolac 400 mg tab, 500 mg tab	1	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	1	LODINE XL	
fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab	1	NALFON	
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
ibu 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
ketoprofen er 200 mg cap er 24 hr	1	ORUVAIL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ketorolac tromethamine 60 mg/2ml im soln	1		
ketorolac tromethamine 10 mg tab	1	TORADOL	
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	1	TORADOL	
meclofenamate sodium 100 mg cap, 50 mg cap	1	MECLOMEN	
mefenamic acid 250 mg cap	1	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	1	ANAPROX	
naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr	1	NAPRELAN	
oxaprozin 600 mg tab	1	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	1	FELDENE	
salsalate 500 mg tab, 750 mg tab	1	DISALCID	
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	1	BUTRANS	PA, QL(4 / 28)
fentanyl citrate (pf) 250 mcg/5ml inj soln	1		QL(12 / 30)
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr	1	DURAGESIC	PA, QL(10 / 30)
hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg	1	HYSINGLA ER	PA, QL(30 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr			
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	1	MS CONTIN	PA, QL(90 / 30)
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	1	OXYCONTIN	QL(60 / 30)
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	ULTRAM ER	QL(30 / 30)
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
acetaminophen-codeine 300-60 mg tab	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30), AL
butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap	1	FIORICET WITH CODEINE	QL(18 / 30), AL
fentanyl citrate (pf) 200 mcg/5ml inj soln	1		QL(12 / 30)
fentanyl citrate (pf) 100 mcg/2ml inj soln	1		QL(60 / 30)
meperidine hcl 50 mg/ml inj soln	1	DEMEROL	QL(4 / 30)
oxycodone hcl 15 mg tab abuse-deterr	1	OXYCONTIN	QL(160 / 30)
oxycodone hcl 5 mg cap	1	OXYIR	QL(360 / 30)
oxycodone hcl 30 mg tab	1	ROXICODONE	QL(80 / 30)
oxycodone hcl 20 mg tab	1	ROXICODONE	QL(120 / 30)
oxycodone hcl 15 mg tab	1	ROXICODONE	QL(160 / 30)
oxycodone hcl 10 mg tab	1	ROXICODONE	QL(240 / 30)
oxycodone hcl 5 mg tab	1	ROXICODONE	QL(360 / 30)
oxycodone hcl 5 mg/5ml soln	1	ROXICODONE	QL(2000 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
oxycodone-acetaminophen 10-325 mg tab	1	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	QL(360 / 30)
tramadol hcl 50 mg tab	1	ULTRAM	QL(240 / 30)
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30)
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
Bac (butalnital-acetamin-caff) 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-acetaminophen 50-325 mg tab	1	PHRENILIN	QL(18 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	1	FIORICET	QL(18 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
lidocaine hcl 3 % crm	1	LIDAMANTLE	
lidocaine hcl 4 % ext soln	1	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % crm	1	EMLA	
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]			
acamprosate calcium 333 mg tab dr	1	CAMPRAL	
Opioid Antagonist- Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	1	SUBUTEX	PA
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl	1	SUBOXONE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl	2		PA
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film	1	SUBOXONE	PA
naltrexone hcl 50 mg tab	1	REVIA	
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
naloxone hcl 4 mg/0.1ml nasal liq	1	NARCAN	
naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln	1	NARCAN	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
anucort-hc 25 mg rect supp	1		
hydrocortisone (perianal) 2.5 % crm	1	ANUSOL HC	
hydrocortisone (perianal) 1 % crm	1	PROCTOCORT	
hydrocortisone ace-pramoxine 2.5-1 % crm	1	PRAMOSONE	
hydrocortisone acetate 25 mg rect supp	1		
hydrocortisone acetate 30 mg rect supp	1	PROCTOCORT	
procto-med hc 2.5 % crm	1	ANUSOL HC	
Nonsteroidal Anti-inflammatory Drugs - Pain/anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac sodium 3 % gel	1	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diclofenac sodium 1 % gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
etodolac 400 mg tab, 500 mg tab	1	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	1	LODINE XL	
fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab	1	NALFON	
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
ibu 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
ketoprofen er 200 mg cap er 24 hr	1	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	1		
ketorolac tromethamine 10 mg tab	1	TORADOL	
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	1	TORADOL	
meclofenamate sodium 100 mg cap, 50 mg cap	1	MECLOMEN	
mefenamic acid 250 mg cap	1	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	1	ANAPROX	
naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr	1	NAPRELAN	
oxaprozin 600 mg tab	1	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	1	FELDENE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
salsalate 500 mg tab, 750 mg tab	1	DISALCID	
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
gentamicin sulfate 0.1 % crm, 0.1 % oint	1	GARAMYCIN	
neomycin sulfate 500 mg tab	1		
paromomycin sulfate 250 mg cap	1	HUMATIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
tobramycin 0.3 % ophth soln	1	TOBREX	
tobramycin-dexamethasone 0.3-0.1 % ophth susp	1	TOBRADEX	
TOBREX 0.3 % ophth oint	3		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CLEOCIN 100 mg vag supp	2		
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	1	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	1	CLEOCIN	
clindamycin phos (once-daily) 1 % gel	1	CLEOCIN-T	
clindamycin phos (twice-daily) 1 % gel	1	CLEOCIN-T	
clindamycin phosphate 2 % vag crm	1	CLEOCIN	
clindamycin phosphate 1 % swab	1	CLEOCIN-T	
clindamycin phosphate 1 % ext soln, 1 % lot	1	CLEOCIN-T	
FEM PH 0.9-0.025 % vag gel	3		
fosfomycin tromethamine 3 gm pckt	1	MONUROL	
linezolid 600 mg tab	1	ZYVOX	PA
linezolid 100 mg/5ml susp	1	ZYVOX	PA
methenamine hippurate 1 gm tab	1	HIPREX	
methenamine mandelate 0.5 gm tab, 1 gm tab	1		
metronidazole 250 mg tab, 375 mg cap, 500 mg tab	1	FLAGYL	
metronidazole 0.75 % vag gel	1	METROGEL	
mupirocin 2 % oint	1	BACTROBAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mupirocin calcium 2 % crm	1	BACTROBAN	
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	1	MACRODANTIN	
nitrofurantoin monohyd macro 100 mg cap	1	MACROBID	
pentamidine isethionate 300 mg inh soln	1	NEBUPENT	
silver sulfadiazine 1 % crm	1	SILVADENE	
ssd 1 % crm	1	SILVADENE	
trimethoprim 100 mg tab	1	PROLOPRIM	
vancomycin hcl 250 mg/5ml soln	1	FIRVANQ	PA
vancomycin hcl 125 mg cap, 250 mg cap	1	VANCOCIN	
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefazolin sodium 2 gm inj soln, 3 gm inj soln	1	ANCEF	
cefazolin sodium 1 gm inj soln, 10 gm inj soln, 100 gm inj soln, 300 gm inj soln, 500 mg inj soln	1	ANCEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefepime 1 gm inj soln,	1	MAXIPIME	
cefixime 400 mg cap	1	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	1	SUPRAX	
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	1		
cephalexin 250 mg cap, 500 mg cap, 750 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1	ROCEPHIN	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
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	1	AUGMENTIN	
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	1	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	1	AUGMENTIN XR	
ampicillin 500 mg cap	1		
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	3		
dicloxacillin sodium 250 mg cap, 500 mg cap	1	DYCILL	
nafcillin sodium 2 gm inj soln	1	NALLPEN	
nafcillin sodium 1 gm inj soln	1	NALLPEN	
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	1	VEETIDS	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab	1	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	1	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	1	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	1	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	1	BIAXIN XL	
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	ERY-TAB	
erythromycin 2 % ext soln	1	ERYDERM	
erythromycin 2 % gel	1	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	1		
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	1	ERY-TAB	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
ciprofloxacin 500 MG/5ML (10%) susp	1	CIPRO	
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml soln	1	LEVAQUIN	
moxifloxacin hcl 400 mg tab	1	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	1	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium 10 % ophth soln	1	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	1	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	1	KLARON	
sulfadiazine 500 mg tab	1		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	1	SEPTRA	
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
sulfatrim pediatric 200-40 mg/5ml susp	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
doxycycline hyclate 50 mg tab	1		
doxycycline hyclate 150 mg tab, 75 mg tab	1	ACTICLATE	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	DORYX	
doxycycline hyclate 20 mg tab	1	PERIOSTAT	
doxycycline hyclate 100 mg tab	1	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	1	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab	1	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	1	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	1	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	1	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	1	MINOCIN	
tetracycline hcl 250 mg cap	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	KEPPRA	
levetiracetam 100 mg/ml soln, 500 mg/5ml soln	1	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	KEPPRA XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix	1		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
ethosuximide 250 mg cap	1	ZARONTIN	
ethosuximide 250 mg/5ml soln	1	ZARONTIN	
methsuximide 300 mg cap	1	CELONTIN	
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	1	ZONEGRAN	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	1	KLONOPIN	
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	1	DIASTAT	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	
gabapentin 250 mg/5ml soln	1	NEURONTIN	
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	1		
primidone 250 mg tab, 50 mg tab	1	MYSOLINE	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
EPIDIOLEX 100 mg/ml soln	5		PA
felbamate 400 mg tab, 600 mg tab	1	FELBATOL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
felbamate 600 mg/5ml susp	1	FELBATOL	
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab	1	TOPAMAX	
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
carbamazepine 200 mg tab chew	1		
carbamazepine 100 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
fosphenytoin sodium 100 mg pe/2ml inj soln, 500 mg pe/10ml inj soln	1	CEREBYX	
lacosamide 100 mg tab, 150 mg tab, 200 mg tab	1	VIMPAT	SL
lacosamide 10 mg/ml soln	1	VIMPAT	SL
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	1	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	1	TRILEPTAL	
phenytoin 50 mg tab chew	1	DILANTIN	
phenytoin 125 mg/5ml susp	1	DILANTIN	
phenytoin infatabs 50 mg tab chew	1	DILANTIN	
phenytoin sodium extended 100 mg cap	1	DILANTIN	
rufinamide 200 mg tab, 400 mg tab	1	BANZEL	PA
rufinamide 40 mg/ml susp	1	BANZEL	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl-donepezil hcl 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr	1	NAMZARIC	
NAMZARIC 7 & 14 & 21 &28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	1	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	1	ARICEPT ODT	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	1	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab	1	NAMENDA	
memantine hcl 2 mg/ml soln	1	NAMENDA	
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	1	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	1	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	1	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	1	ABILIFY DISCMELT	QL(30 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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, 200 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	1	WELLBUTRIN XL	
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	
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
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	1	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	1	SEROQUEL XR	QL(90 / 30)
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - 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	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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 er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	
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	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	1	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	1	LUVOX CR	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 10 mg/5ml susp	1	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
paroxetine mesylate 7.5 mg cap	1	BRISDELLE	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	1	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	1	ASENDIN	
chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab	1	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	NORPRAMIN	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	
nortriptyline hcl 10 mg/5ml soln	1	PAMELOR	
protriptyline hcl 10 mg tab, 5 mg tab	1	VIVACTIL	
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]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 200 mg tab	1	THORAZINE	QL(60 / 30)
chlorpromazine hcl 100 mg tab, 50 mg tab	1	THORAZINE	QL(120 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
chlorpromazine hcl 10 mg tab, 25 mg tab	1	THORAZINE	QL(180 / 30)
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
doxylamine-pyridoxine 10-10 mg tab dr	1	DICLEGIS	
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	
metoclopramide hcl 10 mg tab disint, 5 mg tab disint	1	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	
perphenazine 16 mg tab	1	TRILAFON	QL(60 / 30)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	QL(120 / 30)
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	QL(90 / 30)
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
promethegan 12.5 mg rect supp, 25 mg rect supp	1	PHENERGAN	
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	3		
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 & 125 mg oral misc, 80 mg cap	1	EMEND	PA
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	
granisetron hcl 1 mg tab	1	KYTRIL	
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ondansetron hcl 4 mg/2ml inj soln pfs	4		
ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab	1	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	4	ZOFRAN	
palonosetron hcl 0.25 mg/2ml iv soln	5		
palonosetron hcl 0.25 mg/5ml iv soln	5	ALOXI	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 1 % shampoo	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	1	MYCELEX	
clotrimazole 1 % ext soln	1	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm	1	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % lot	1	LOTRISONE	
CRESEMBA 186 mg cap, 74.5 mg cap	3		PA
econazole nitrate 1 % crm	1	SPECTAZOLE	
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	1	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydrocortisone-iodoquinol 1-1 % crm	1		
iodoquinol-hc-aloe polysacch 1-2-1 % gel	1	ALCORTIN A	
itraconazole 100 mg cap	1	SPORANOX	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % crm	1	NIZORAL	
ketoconazole 2 % shampoo	1	NIZORAL	
luliconazole 1 % crm	1	LUZU	
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	1	VUSION	
naftifine hcl 1 % crm	1	NAFTIN	
nyamyc 100000 unit/gm ext pwdr	1	MYCOSTATIN	
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	1	MYCOLOG	
nystop 100000 unit/gm ext pwdr	1	MYCOSTATIN	
oxiconazole nitrate 1 % crm	1	OXISTAT	
posaconazole 40 mg/ml susp	1		
posaconazole 100 mg tab dr	1	NOXAFIL	
sulconazole nitrate 1 % crm	1	EXELDERM	
sulconazole nitrate 1 % ext soln	1	EXELDERM	
tavaborole 5 % ext soln	1	KERYDIN	
terbinafine hcl 250 mg tab	1	LAMISIL	QL(90 / 180)
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	
terconazole 80 mg vag supp	1	TERAZOL 3	
voriconazole 200 mg tab	1	VFEND	SL
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]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	1	COLCRYS	
febuxostat 40 mg tab, 80 mg tab	1	ULORIC	
probenecid 500 mg tab	1	BENEMID	
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
dihydroergotamine mesylate 1 mg/ml inj soln	1	D.H.E. 45	QL(24 / 30)
ergotamine-caffeine 1-100 mg tab	1	CAFERGOT	QL(30 / 30)
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, QL(4.5 / 90)
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA, QL(1 / 30)
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA, QL(3 / 30)
topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab	1	TOPAMAX	
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
eletriptan hydrobromide 20 mg tab, 40 mg tab	1	RELPAX	QL(6 / 30)
frovatriptan succinate 2.5 mg tab	1	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	1	AMERGE	QL(9 / 30)
rizatriptan benzoate 10 mg tab, 5 mg tab	1	MAXALT	QL(9 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	1	MAXALT MLT	QL(9 / 30)
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	1	IMITREX	QL(9 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	1	TREXIMET	QL(9 / 30)
zolmitriptan 5 mg tab, 5 mg tab disint	1	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg tab, 2.5 mg tab disint	1	ZOMIG	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]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	1	URECHOLINE	
pyridostigmine bromide 60 mg tab	1	MESTINON	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pyridostigmine bromide er 180 mg tab er	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	1		
rifabutin 150 mg cap	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	1		
ethambutol hcl 100 mg tab, 400 mg tab	1	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		
isoniazid 50 mg/5ml syr	1		
moxifloxacin hcl 400 mg tab	1	AVELOX	
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
pyrazinamide 500 mg tab	1		
rifampin 150 mg cap, 300 mg cap	1	RIFADIN	
SIRTURO 100 mg tab, 20 mg tab	5		PA
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
cyclophosphamide 25 mg cap, 50 mg cap	1		
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	4		PA
LEUKERAN 2 mg tab	4		
MATULANE 50 mg cap	5		
melphalan 2 mg tab	4	ALKERAN	
MYLERAN 2 mg tab	2		
temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	4	TEMODAR	PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	4	REVLIMID	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
Antiestrogens/modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	4		
tamoxifen citrate 10 mg tab, 20 mg tab	1	NOLVADEX	PA
toremifene citrate 60 mg tab	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
capecitabine 150 mg tab, 500 mg tab	4	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
fluorouracil 0.5 % crm	1	CARAC	
fluorouracil 5 % crm	1	EFUDEX	
fluorouracil 2 % ext soln, 5 % ext soln	1	EFUDEX	
hydroxyurea 500 mg cap	1	HYDREA	
mercaptopurine 50 mg tab	1	PURINETHOL	
TABLOID 40 mg tab	4		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KOSELUGO 10 mg cap, 25 mg cap	4		PA
leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab	1		
TABRECTA 150 mg tab, 200 mg tab	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
ZOLINZA 100 mg cap	5		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
anastrozole 1 mg tab	1	ARIMIDEX	
exemestane 25 mg tab	1	AROMASIN	
letrozole 2.5 mg tab	1	FEMARA	
toremifene citrate 60 mg tab	1	FARESTON	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
etoposide 50 mg cap	4		
HYCAMTIN 0.25 mg cap, 1 mg cap	5		
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
ZYDELIG 150 mg tab	5		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	4		PA
BOSULIF 100 mg cap, 100 mg tab, 400 mg tab, 50 mg cap, 500 mg tab	5		PA
CALQUENCE 100 mg cap	5		PA
dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4	SPRYCEL	PA
ERIVEDGE 150 mg cap	5		PA
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	4	TARCEVA	PA
everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PA
FARYDAK 10 mg cap, 15 mg cap, 20 mg cap	5		PA
gefitinib 250 mg tab	5	IRESSA	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	4		PA
IDHIFA 100 mg tab, 50 mg tab	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
imatinib mesylate 100 mg tab, 400 mg tab	4	GLEEVEC	PA
INLYTA 1 mg tab, 5 mg tab	5		PA
INQOVI 35-100 mg tab	4		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
lapatinib ditosylate 250 mg tab	4	TYKERB	PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
NERLYNX 40 mg tab	5		PA
pazopanib hcl 200 mg tab	5	VOTRIENT	PA
RYDAPT 25 mg cap	4		PA
sorafenib tosylate 200 mg tab	5	NEXAVAR	PA
STIVARGA 40 mg tab	5		PA
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	4	SUTENT	PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 200 mg cap, 250 mg cap, 50 mg cap sprinkle	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg tab	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 75 mg cap	4	TARGRETIN	
bexarotene 1 % gel	5	TARGRETIN	
PANRETIN 0.1 % gel	5		
Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]			
mesna 400 mg tab	4	MESNEX	
ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]			
Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]			
albendazole 200 mg tab	1	ALBENZA	
ivermectin 3 mg tab	1	STROMECTOL	
praziquantel 600 mg tab	1	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
atovaquone 750 mg/5ml susp	1	MEPRON	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	1	MALARONE	
chloroquine phosphate 250 mg tab	1		PA
chloroquine phosphate 500 mg tab	1	ARALEN	PA
hydroxychloroquine sulfate 200 mg tab	1	PLAQUENIL	PA
mefloquine hcl 250 mg tab	1	LARIAM	
nitazoxanide 500 mg tab	1	ALINIA	
pentamidine isethionate 300 mg inh soln	1	NEBUPENT	
primaquine phosphate 26.3 (15 Base) mg tab	1		
pyrimethamine 25 mg tab	4	DARAPRIM	PA
quinine sulfate 324 mg cap	1	QUALAQUIN	
tinidazole 250 mg tab, 500 mg tab	1	TINDAMAX	
Pediculicides/scabicides-scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
ivermectin 1 % crm	1	SOOLANTRA	
permethrin 5 % crm	1	ELIMITE	
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab, 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	
tolcapone 100 mg tab	1	TASMAR	
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	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	
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	1	REQUIP	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	1	PARCOPA	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	1	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	1	SINEMET CR	
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	1	STALEVO	
RYTARY 23.75-95 mg cap er, 36.25-145 mg cap er, 48.75-195 mg cap er, 61.25-245 mg cap er	3		
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
selegiline hcl 5 mg cap	1	ELDEPRYL	
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]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 200 mg tab	1	THORAZINE	QL(60 / 30)
chlorpromazine hcl 100 mg tab, 50 mg tab	1	THORAZINE	QL(120 / 30)
chlorpromazine hcl 10 mg tab, 25 mg tab	1	THORAZINE	QL(180 / 30)
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROLIXIN	QL(120 / 30)
fluphenazine hcl 5 mg/ml oral conc	1	PROLIXIN	QL(120 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluphenazine hcl 2.5 mg/5ml oral elix	1	PROLIXIN	QL(600 / 30)
haloperidol 20 mg tab	1	HALDOL	QL(30 / 30)
haloperidol 10 mg tab, 5 mg tab	1	HALDOL	QL(60 / 30)
haloperidol 1 mg tab, 2 mg tab	1	HALDOL	QL(120 / 30)
haloperidol 0.5 mg tab	1	HALDOL	QL(240 / 30)
haloperidol lactate 2 mg/ml oral conc	1	HALDOL	QL(240 / 30)
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	1	LOXITANE	QL(120 / 30)
molindone hcl 25 mg tab	1	MOBAN	QL(120 / 30)
molindone hcl 10 mg tab, 5 mg tab	1	MOBAN	QL(240 / 30)
perphenazine 16 mg tab	1	TRILAFON	QL(60 / 30)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	QL(120 / 30)
pimozide 1 mg tab, 2 mg tab	1	ORAP	QL(60 / 30)
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	QL(90 / 30)
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	MELLARIL	QL(240 / 30)
thiothixene 10 mg cap, 5 mg cap	1	NAVANE	QL(60 / 30)
thiothixene 2 mg cap	1	NAVANE	QL(90 / 30)
thiothixene 1 mg cap	1	NAVANE	QL(180 / 30)
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	1	STELAZINE	QL(60 / 30)
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	1	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	1	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	1	ABILIFY DISCMELT	QL(30 / 30)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab	1	LATUDA	QL(30 / 30)
lurasidone hcl 80 mg tab	1	LATUDA	QL(60 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
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	1	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	1	SEROQUEL XR	QL(90 / 30)
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	1	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab, 4 mg tab disint	1	RISPERDAL	QL(120 / 30)
risperidone 3 mg tab, 3 mg tab disint	1	RISPERDAL	QL(150 / 30)
risperidone 1 mg/ml soln	1	RISPERDAL	QL(240 / 30)
VRAYLAR 1.5 & 3 mg cap pack	3		QL(7 / 365), ST
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		QL(30 / 30), ST
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 200 mg tab	1	CLOZARIL	QL(120 / 30)
clozapine 50 mg tab	1	CLOZARIL	QL(180 / 30)
clozapine 100 mg tab, 25 mg tab	1	CLOZARIL	QL(270 / 30)
clozapine 150 mg tab disint, 200 mg tab disint	1	FAZACLO	QL(120 / 30)
clozapine 100 mg tab disint, 12.5 mg tab disint, 25 mg tab disint	1	FAZACLO	QL(270 / 30)
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	1	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
valganciclovir hcl 450 mg tab	4	VALCYTE	
valganciclovir hcl 50 mg/ml soln	4	VALCYTE	
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
COMPLERA 200-25-300 mg tab	4		
EDURANT 25 mg tab	4		
efavirenz 600 mg tab	4	SUSTIVA	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	4	SYMFI	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	4	SYMFI LO	
ODEFSEY 200-25-25 mg tab	5		
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti) - Medicamentos Para Vih]			
abacavir sulfate 300 mg tab	4	ZIAGEN	
abacavir sulfate 20 mg/ml soln	4	ZIAGEN	
abacavir sulfate-lamivudine 600-300 mg tab	4	EPZICOM	
DESCOVY 120-15 mg tab, 200-25 mg tab	5		PA
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	5	ATRIPLA	
emtricitabine 200 mg cap	4	EMTRIVA	
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	4	TRUVADA	
emtricitabine-tenofovir df 200-300 mg tab	4	TRUVADA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
EMTRIVA 10 mg/ml soln	4		
lamivudine 150 mg tab, 300 mg tab	4	EPIVIR	
lamivudine 10 mg/ml soln	4	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	4	COMBIVIR	
stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	4	ZERIT	
tenofovir disoproxil fumarate 300 mg tab	4	VIREAD	PA
TRUVADA 200-300 mg tab	4		PA
zidovudine 100 mg cap, 300 mg tab	4	RETROVIR	
zidovudine 50 mg/5ml syr	4	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	5		PA
FUZEON 90 mg sc soln	4		PA
maraviroc 150 mg tab, 300 mg tab	4	SELZENTRY	PA
SELZENTRY 25 mg tab, 75 mg tab	4		PA
SELZENTRY 20 mg/ml soln	4		PA
TYBOST 150 mg tab	4		
Anti-hiv Agents, Protease Inhibitors - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Proteasa - Medicamentos Para Vih]			
APTIVUS 250 mg cap	5		QL(120 / 30)
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	4	REYATAZ	
darunavir 600 mg tab, 800 mg tab	4	PREZISTA	
fosamprenavir calcium 700 mg tab	4	LEXIVA	
LEXIVA 50 mg/ml susp	4		
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	4	KALETRA	
lopinavir-ritonavir 400-100 mg/5ml soln	4	KALETRA	
NORVIR 100 mg pckt	4		
NORVIR 80 mg/ml soln	4		
PREZCOBIX 800-150 mg tab	4		
PREZISTA 150 mg tab, 75 mg tab	4		
PREZISTA 100 mg/ml susp	4		
REYATAZ 50 mg pckt	4		
ritonavir 100 mg tab	4	NORVIR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
SYMTUZA 800-150-200-10 mg tab	5		
VIRACEPT 250 mg tab, 625 mg tab	4		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
oseltamivir phosphate 45 mg cap, 75 mg cap	1	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	1	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	QL(120 / 180)
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	3		
rimantadine hcl 100 mg tab	1	FLUMADINE	
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
adefovir dipivoxil 10 mg tab	4	HEPSERA	PA
BARACLUDE 0.05 mg/ml soln	5		PA
entecavir 0.5 mg tab, 1 mg tab	4	BARACLUDE	PA
EPIVIR HBV 5 mg/ml soln	4		PA
lamivudine 100 mg tab	4	EPIVIR HBV	PA
VEMLIDY 25 mg tab	4		PA
ZEPATIER 50-100 mg tab	5		PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab	4		PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % oint	1	ZOVIRAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	1	FAMVIR	
penciclovir 1 % crm	1	DENAVIR	
trifluridine 1 % ophth soln	1	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 50-200-25 mg tab	5		
GENVOYA 150-150-200-10 mg tab	5		
ISENTRESS 400 mg tab	4		
ISENTRESS HD 600 mg tab	4		
STRIBILD 150-150-200-300 mg tab	5		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	4		
TIVICAY PD 5 mg tab sol	4		
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Tratar Infecciones Virales]			
LAGEVRIO 200 mg cap	3		QL(40 / 5), AL
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	3		QL(20 / 5), AL
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]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	BUSPAR	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
meprobamate 200 mg tab, 400 mg tab	1		
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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 er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	
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	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	1	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	1	LUVOX CR	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 10 mg/5ml susp	1	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
paroxetine mesylate 7.5 mg cap	1	BRISDELLE	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr	1		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	1	VIIBRYD	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
midazolam hcl 10 mg/2ml inj soln, 5 mg/ml inj soln	1		
midazolam hcl (pf) 10 mg/2ml inj soln, 5 mg/ml inj soln	1		
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Bipolar Agents, Other [Agentes para la Bipolaridad, Otros]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	1	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	1	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	1	ABILIFY DISCMELT	QL(30 / 30)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab	1	LATUDA	QL(30 / 30)
lurasidone hcl 80 mg tab	1	LATUDA	QL(60 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300	1	SEROQUEL XR	QL(30 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg tab er 24 hr, 400 mg tab er 24 hr			
quetiapine fumarate er 50 mg tab er 24 hr	1	SEROQUEL XR	QL(90 / 30)
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	1	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab, 4 mg tab disint	1	RISPERDAL	QL(120 / 30)
risperidone 3 mg tab, 3 mg tab disint	1	RISPERDAL	QL(150 / 30)
risperidone 1 mg/ml soln	1	RISPERDAL	QL(240 / 30)
VRAYLAR 1.5 & 3 mg cap pack	3		QL(7 / 365)
VRAYLAR 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	3		QL(30 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			
carbamazepine 100 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er	1	LAMICTAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr			
lithium 8 meq/5ml soln	1		
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	1	ESKALITH CR	
lithium carbonate er 300 mg tab er	1	LITHOBID	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
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]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	1	PRECOSE	
FARXIGA 10 mg tab, 5 mg tab	2		QL(30 / 30), ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		QL(30 / 30), ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		QL(60 / 30), ST
JANUMET XR 100-1000 mg tab er 24 hr	2		QL(30 / 30), ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
JANUMET XR 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		QL(60 / 30), ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		QL(30 / 30), ST
JARDIANCE 10 mg tab, 25 mg tab	2		QL(30 / 30), ST
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	1	GLUCOPHAGE	
metformin hcl 500 mg/5ml soln	1	RIOMET	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
nateglinide 120 mg tab, 60 mg tab	1	STARLIX	
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	1	ACTOS	
pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab	1	DUETACT	
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	1	ACTOPLUS MET	
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	1	PRANDIN	
saxagliptin hcl 2.5 mg tab, 5 mg tab	1		QL(30 / 30)
saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	1		QL(30 / 30)
saxagliptin-metformin er 2.5-1000 mg tab er 24 hr	1		QL(60 / 30)
SYMLINPEN 120 2700 mcg/2.7ml sc soln pen-inj	3		
SYMLINPEN 60 1500 mcg/1.5ml sc soln pen-inj	3		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		QL(60 / 30), 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		QL(60 / 30), ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	2		QL(30 / 30), ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		QL(60 / 30), 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, QL(2 / 30)
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	2		QL(30 / 30), ST
XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		QL(60 / 30), 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		
diazoxide 50 mg/ml susp	1	PROGLYCEM	
glucagon emergency 1 mg inj kit	1	GLUCAGON EMERGENCY	
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	2		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMULIN N 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMULIN R 100 unit/ml inj soln	2		QL(120 / 90)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(120 / 90)
insulin lispro 100 unit/ml inj soln	2	HUMALOG	QL(120 / 90)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	2	HUMALOG KWIKPEN	QL(120 / 90)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	2	HUMALOG JUNIOR KWIKPEN	QL(120 / 90)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	2	HUMALOG MIX 75/25 KWIKPEN	QL(120 / 90)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
LANTUS 100 unit/ml sc soln	2		QL(120 / 90)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(120 / 90)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN N 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN N FLEXPEN RELION 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLIN N RELION 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLIN R 100 unit/ml inj soln	3		QL(120 / 90), ST
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	3		QL(120 / 90), ST
NOVOLIN R FLEXPEN RELION 100 unit/ml Injection Solution Pen-injector	3		QL(120 / 90), ST
NOVOLIN R RELION 100 unit/ml inj soln	3		QL(120 / 90), ST
NOVOLOG 100 unit/ml inj soln	3		QL(120 / 90), ST
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	3		QL(120 / 90), ST
NOVOLOG FLEXPEN RELION 100 unit/ml sc soln pen-inj	3		QL(120 / 90), ST
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
NOVOLOG MIX 70/30 RELION (70-30) 100 unit/ml sc susp	3		QL(120 / 90), ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NOVOLOG PENFILL 100 unit/ml sc soln cart	3		QL(120 / 90), ST
NOVOLOG RELION 100 unit/ml inj soln	3		QL(120 / 90), ST
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	2		QL(120 / 90)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(120 / 90)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	2		QL(120 / 90)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
dabigatran etexilate mesylate 110 mg cap	1	PRADAXA	
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	1	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
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	1	LOVENOX	
fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln	1	ARIXTRA	
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	1		
heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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, 7.5 mg tab	1	COUMADIN	
rivaroxaban 2.5 mg tab	1	XARELTO	
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	1	COUMADIN	
XARELTO 10 mg tab, 15 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]			
anagrelide hcl 0.5 mg cap, 1 mg cap	1	AGRYLIN	
aspirin-dipyridamole er 25-200 mg cap er 12 hr	1	AGGRENOX	
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	1	EFFIENT	
Coagulants - Blood Clotting Agents [Coagulantes – Agentes Para La Coagulación De La Sangre]			
DDAVP RHINAL TUBE 0.01 % nasal soln	2		
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1	DDAVP	
STIMATE 1.5 mg/ml nasal soln	5		
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
anagrelide hcl 0.5 mg cap, 1 mg cap	1	AGRYLIN	
aspirin-dipyridamole er 25-200 mg cap er 12 hr	1	AGGRENOX	
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	1	EFFIENT	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	1	CATAPRES-TTS	
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	
guanfacine hcl 1 mg tab, 2 mg tab	1	TENEX	
methyldopa 250 mg tab, 500 mg tab	1	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
phenoxybenzamine hcl 10 mg cap	1	DIBENZYLINE	
phentolamine mesylate 5 mg inj soln	1		
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	1	ATACAND	
EDARBI 40 mg tab, 80 mg tab	3		
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	1	AVAPRO	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	1	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	1	BENICAR	
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	1	MICARDIS	
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	1	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ZESTRIL	
moexipril hcl 15 mg tab, 7.5 mg tab	1	UNIVASC	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	1	ACEON	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	1	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	1	CORDARONE	
disopyramide phosphate 100 mg cap, 150 mg cap	1	NORPACE	
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	1	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	1	TAMBOCOR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pacerone 100 mg tab, 200 mg tab, 400 mg tab	1	CORDARONE	
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	1	RYTHMOL	
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1	BETAPACE	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
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	1	VERELAN	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	1	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	1	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	1	ZEBETA	
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
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	1	COREG CR	
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	1	NORMODYNE	
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	1	TOPROL XL	
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	1	CORGARD	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	BYSTOLIC	
pindolol 10 mg tab, 5 mg tab	1	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	1	INDERAL LA	
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	
cartia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	1	CARDIZEM CD	
diltiazem hcl 120 mg tab, 30 mg tab, 60 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, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	CARDIZEM CD	
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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, 5 mg cap	1	DYNACIRC	
matzim la 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		
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, 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	PROCARDIA XL	
nimodipine 30 mg cap	1	NIMOTOP	
nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr	1	SULAR	
taztia xt 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	1	TIAZAC	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
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	1	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
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	1	LOTREL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	
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	1	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	
digitek 125 mcg tab, 250 mcg tab	1	LANOXIN	
digox 125 mcg tab, 250 mcg tab	1	LANOXIN	
digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab	1	LANOXIN	
digoxin 0.05 mg/ml soln	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	
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	1	TRIBENZOR	
pentoxifylline er 400 mg tab er	1	TRENTAL	
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	1	TWYNSTA	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	1	TARKA	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
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	1	DIOVAN HCT	
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs [Diuréticos, Inhibidor de la Anhidrasa Carbónica - Medicamentos Cardiacos]			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	1	DIAMOX	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	1	BUMEX	
ethacrynic acid 25 mg tab	1	EDECRIN	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml soln, 8 mg/ml soln	1	LASIX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
amiloride hcl 5 mg tab	1	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	1	INSPRA	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
triamterene 100 mg cap, 50 mg cap	1	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
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	1	EXFORGE HCT	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	
chlorthalidone 25 mg tab, 50 mg tab	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	1	ZAROXOLYN	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	
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	1	TRIBENZOR	
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
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	1	DIOVAN HCT	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
fenofibrate 120 mg tab, 40 mg tab	1	FENOGLIDE	
fenofibrate 150 mg cap, 50 mg cap	1	LIPOFEN	
fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab	1	TRICOR	
fenofibrate micronized 130 mg cap	1	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap	1	TRICOR	
fenofibric acid 135 mg cap dr, 45 mg cap dr	1	TRILIPIX	
gemfibrozil 600 mg tab	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	1	LESCOL	
fluvastatin sodium er 80 mg tab er 24 hr	1	LESCOL XL	
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	1	ZOCOR	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	1	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	1	QUESTRAN	
cholestyramine light 4 gm pckt	1	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwdr	1	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	1	WELCHOL	
colestipol hcl 1 gm tab, 5 gm pckt	1	COLESTID	
colestipol hcl 5 gm oral gr	1	COLESTID	
ezetimibe 10 mg tab	1	ZETIA	
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	1	VYTORIN	
omega-3-acid ethyl esters 1 gm cap	1	LOVAZA	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ISORDIL TITRADOSE	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
NITRO-BID 2 % td oint	3		
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	1	NITRO-DUR	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	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]			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr	1	ADDERALL XR	SL
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	1	ADDERALL	SL
dextroamphetamine sulfate 10 mg tab, 5 mg tab	1	DEXTROSTAT	SL
dextroamphetamine sulfate 15 mg tab, 20 mg tab	1	ZENZEDI	SL
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	1	DEXEDRINE	SL
methamphetamine hcl 5 mg tab	1	DESOXYN	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para Adhd]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	STRATTERA	SL
clonidine hcl er 0.1 mg tab er 12 hr	1	KAPVAY	SL
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	FOCALIN	SL
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	1	FOCALIN XR	SL
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	1	INTUNIV	SL
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	1	RITALIN	SL
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	1		SL
methylphenidate hcl er 10 mg tab er, 20 mg tab er	1	RITALIN SR	SL
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	1	METADATE CD	SL
methylphenidate hcl er (osm) 72 mg tab er	1		SL
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	1	CONCERTA	SL
QUILLICHEW ER 20 mg tab chew er, 30 mg tab chew er, 40 mg tab chew er	3		SL
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	3		SL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
riluzole 50 mg tab	4	RILUTEK	PA
tetrabenazine 12.5 mg tab, 25 mg tab	4	XENAZINE	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
duloxetine hcl 40 mg cap dr prt	1	IRENKA	
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	1	LYRICA	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
BETASERON 0.3 mg sc kit	4		PA
dalfampridine er 10 mg tab er 12 hr	4	AMPYRA	
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	4	TECFIDERA	
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	
fingolimod hcl 0.5 mg cap	4	GILENYA	
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln auto-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
teriflunomide 14 mg tab, 7 mg tab	4	AUBAGIO	
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG &0.46MG 0.92mg(21) cap pack	4		PA
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	1	NIRAVAM	
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	1	XANAX XR	
ALPRAZOLAM INTENSOL 1 mg/ml oral conc	3		
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	1	XANAX XR	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	1	TRANXENE	
diazepam 5 mg/ml oral conc	1		
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	
diazepam 5 mg/5ml soln	1	VALIUM	
diazepam intensol 5 mg/ml oral conc	1		
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	1	ATIVAN	
lorazepam 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
lorazepam intensol 2 mg/ml oral conc	1	LORAZEPAM INTENSOL	
midazolam hcl 2 mg/ml syr	1		
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	1	SERAX	
quazepam 15 mg tab	1	DORAL	
temazepam 22.5 mg cap	1	RESTORIL	
triazolam 0.125 mg tab, 0.25 mg tab	1	HALCION	
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]			
cevimeline hcl 30 mg cap	1	EVOXAC	
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
oralone 0.1 % m/t paste	1	KENALOG IN ORABASE	
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel	1	DIFFERIN	SL
adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel	1	EPIDUO	SL
ammonium lactate 12 % crm, 12 % lot	1	LAC-HYDRIN	
amnesteem 10 mg cap, 20 mg cap, 40 mg cap	1	ABSORICA	
avar cleanser 10-5 % ext liq	1		
avita 0.025 % crm, 0.025 % gel	1	RETIN-A	AL, SL
azelaic acid 15 % gel	1	FINACEA	
AZELEX 20 % crm	3		
benzoyl peroxide-erythromycin 5-3 % gel	1	BENZAMYCIN	
bp 10-1 10-1 % ext emul	1		
brimonidine tartrate 0.33 % gel	1	MIRVASO	
calcipotriene 0.005 % crm	1	DOVONEX	
calcipotriene 0.005 % ext soln	1	DOVONEX	
calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint	1	TACLONEX	
calcitriol 3 mcg/gm oint	1	VECTICAL	
claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
clindamycin phos-benzoyl perox 1.2-3.75 % gel	1	ONEXTON	
clindamycin phos-benzoyl perox 1-5 % gel	1	BENZACLIN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clindamycin phos-benzoyl perox 1.2-5 % gel	1	DUAC	
clindamycin-tretinoin 1.2-0.025 % gel	1	ZIANA	
dapsone 5 % gel, 7.5 % gel	1	ACZONE	
doxycycline 40 mg cap dr	1	ORACEA	
DRYSOL 20 % ext soln	2		
ENSTILAR 0.005-0.064 % foam	3		
EUCRISA 2 % oint	2		
FINACEA 15 % foam	3		
imiquimod 5 % crm	1	ALDARA	
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
ivermectin 1 % crm	1	SOOLANTRA	
lidocaine-hydrocort (perianal) 3-0.5 % crm	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	1	PERANEX HC	
metronidazole 0.75 % crm	1	METROCREAM	
metronidazole 0.75 % gel, 1 % gel	1	METROGEL	
metronidazole 0.75 % lot	1	METROLOTION	
myorisan 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
pimecrolimus 1 % crm	1	ELIDEL	
podofilox 0.5 % gel	1	CONDYLOX	
podofilox 0.5 % ext soln	1	CONDYLOX	
PROCTOFOAM HC 1-1 % foam	2		
rosadan 0.75 % crm	1	METROCREAM	
rosadan 0.75 % gel	1	METROGEL	
SANTYL 250 unit/gm oint	3		
SELARSDI 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	4		PA
sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot	1		
sulfacetamide sodium-sulfur 10-2 % ext liq	1	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 9.8-4.8 % lot	1	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % ext liq	1	PLEXION CLEANSER	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sulfacetamide sodium-sulfur 9-4.5 % ext liq	1	SUMADAN WASH	
sulfacetamide sodium-sulfur 8-4 % ext susp	1	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % ext liq	1	SUMAXIN WASH	
sulfacleanse 8/4 8-4 % ext susp	1	SUMAXIN TS	
tacrolimus 0.03 % oint, 0.1 % oint	1	PROTOPIC	
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs, 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
tazarotene 0.05 % crm, 0.1 % crm	1	TAZORAC	
tazarotene 0.05 % gel, 0.1 % gel	1	TAZORAC	
tretinoin 0.05 % gel	1	ATRALIN	AL, SL
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	1	RETIN-A	AL, SL
tretinoin microsphere 0.04 % gel, 0.1 % gel	1	RETIN-A	AL, SL
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	1	RETIN-A	AL, SL
urea 40 % crm, 45 % crm	1		
urea nail 45 % gel	1		
XERAC AC 6.25 % ext soln	3		
zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
betaine oral pwdr	4	CYSTADANE	
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	5		PA
miglustat 100 mg cap	4	ZAVESCA	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	4	KUVAN	PA
sodium phenylbutyrate 500 mg tab	4	BUPHENYL	PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt, 60000-189600 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]			
chlordiazepoxide-clidinium 5-2.5 mg cap	1	LIBRAX	
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	
dicyclomine hcl 10 mg/5ml soln	1	BENTYL	
ed-spaz 0.125 mg tab disint	1	ANASPAZ	
glycopyrrolate 1.5 mg tab	1	GLYCATE	
glycopyrrolate 1 mg tab, 2 mg tab	1	ROBINUL	
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	1		
hyoscyamine sulfate 0.125 mg tab disint	1	ANASPAZ	
hyoscyamine sulfate 0.125 mg tab	1	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	1	LEVSIN/SL	
hyoscyamine sulfate er 0.375 mg tab er 12 hr	1	LEVBID	
hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln	1		
methscopolamine bromide 2.5 mg tab, 5 mg tab	1	PAMINE	
nulev 0.125 mg tab disint	1	ANASPAZ	
oscimin 0.125 mg tab	1	LEVSIN	
oscimin 0.125 mg tab subl	1	LEVSIN/SL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
bis subcit-metronid-tetracyc 140-125-125 mg cap	1	PYLERA	
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	1	PYLERA	
cromolyn sodium 100 mg/5ml oral conc	1	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	1	LOMOTIL	
loperamide hcl 2 mg cap	1	IMODIUM	
metoclopramide hcl 5 mg tab disint	1	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	
RESTORA RX 60-1.25 mg cap	3		
ursodiol 300 mg cap	1	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	1	URSO	
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab	1	TAGAMET	
cimetidine hcl 300 mg/5ml soln	1	TAGAMET	
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	1	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		PA, QL(30 / 30)
VIBERZI 100 mg tab, 75 mg tab	3		
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
constulose 10 gm/15ml soln	1	CONSTULOSE	
enulose 10 gm/15ml soln	1	CONSTULOSE	
GAVILYTE-C 240 gm soln	3		
gavilyte-g 236 gm soln	1	GOLYTELY	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
gavilyte-n with flavor pack 420 gm soln	1	NULYTELY	
generlac 10 gm/15ml soln	1	CONSTULOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
lubiprostone 24 mcg cap, 8 mcg cap	1	AMITIZA	QL(60 / 30)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	
peg-3350/electrolytes 236 gm soln	1	GOLYTELY	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
sucralfate 1 gm tab	1	CARAFATE	
sucralfate 1 gm/10ml susp	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
dexlansoprazole 30 mg cap dr	1		ST
dexlansoprazole 60 mg cap dr	1	DEXILANT	ST
esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt	1	NEXIUM	
lansoprazole 30 mg cap dr	1	PREVACID	
lansoprazole 30 mg Oral Tablet Delayed Release Disintegrating	1	PREVACID SOLUTAB	
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
pantoprazole sodium 20 mg tab dr, 40 mg pckt, 40 mg tab dr	1	PROTONIX	
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]			
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	1	DITROPAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
phosphasal 81.6 mg tab	1		
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	
uretron d/s 81.6 mg tab	1		
uribel 118 mg cap	1		
urin ds 81.6 mg tab	1		
uro-mp 118 mg cap	1		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
dutasteride 0.5 mg cap	1	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	1	JALYN	
finasteride 5 mg tab	1	PROSCAR	
silodosin 4 mg cap, 8 mg cap	1	RAPAFLO	
tadalafil 2.5 mg tab, 5 mg tab	1	CIALIS	PA, SL
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	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]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	1	URECHOLINE	
phenazo 200 mg tab	1	PYRIDIUM	
phenazopyridine hcl 100 mg tab, 200 mg tab	1	PYRIDIUM	
urin ds 81.6 mg tab	1		
uro-mp 118 mg cap	1		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
calcium acetate (phos binder) 667 mg tab	1	ELIPHOS	
calcium acetate (phos binder) 667 mg cap	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	1	RENVELA	PA
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]			
ala-cort 1 % crm	1	ALA-CORT	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	1	ACLOVATE	
betamethasone dipropionate 0.05 % crm, 0.05 % oint	1	DIPROSONE	
betamethasone dipropionate 0.05 % lot	1	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint	1	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	1	DIPROLENE	
betamethasone sod phos & acet 7 (4-3) mg/ml inj susp	1		
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	1	CELESTONE SOLUSPAN	
betamethasone valerate 0.1 % crm, 0.1 % oint	1	BETA-VAL	
betamethasone valerate 0.1 % lot	1	BETA-VAL	
betamethasone valerate 0.12 % foam	1	LUXIQ	
clobetasol prop emollient base 0.05 % crm	1	TEMOVATE-E	
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	1	CLOBEX	
clobetasol propionate 0.05 % foam	1	OLUX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clobetasol propionate 0.05 % gel, 0.05 % oint	1	TEMOVATE	
clobetasol propionate 0.05 % ext soln	1	TEMOVATE	
clobetasol propionate 0.05 % crm	1	TEMOVATE-E	
clobetasol propionate e 0.05 % crm	1	TEMOVATE-E	
clobetasol propionate emulsion 0.05 % foam	1	OLUX-E	
cortisone acetate 25 mg tab	1	CORTONE	
desonide 0.05 % crm, 0.05 % oint	1	DESOWEN	
desonide 0.05 % lot	1	DESOWEN	
desoximetasone 0.05 % crm, 0.05 % oint, 0.25 % crm, 0.25 % oint	1	TOPICORT	
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	1		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
dexamethasone sodium phosphate 4 mg/ml inj soln pfs	1		
diflorasone diacetate 0.05 % crm, 0.05 % oint	1	PSORCON	
fludrocortisone acetate 0.1 mg tab	1	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	1	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	1	SYNALAR	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluocinolone acetonide body 0.01 % ext oil	1	DERMA-SMOOTHE/FS	
fluocinolone acetonide scalp 0.01 % ext oil	1	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	1	LIDEX	
fluocinonide 0.05 % ext soln	1	LIDEX	
fluocinonide 0.1 % crm	1	VANOS	
fluocinonide emulsified base 0.05 % crm	1	LIDEX-E	
fluticasone propionate 0.005 % oint, 0.05 % crm	1	CUTIVATE	
fluticasone propionate 0.05 % lot	1	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	1	ULTRAVATE	
hydrocortisone 1 % crm	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	1	CORTEF	
hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint	1	HYTONE	
hydrocortisone 2.5 % lot	1	HYTONE	
hydrocortisone butyr lipo base 0.1 % crm	1	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	1	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	1	LOCOID	
hydrocortisone sod suc (pf) 100 mg inj soln	1	SOLU-CORTEF	
hydrocortisone valerate 0.2 % crm	1	WESTCORT	
KENALOG-10 10 mg/ml inj susp	3		
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	1	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	1	DEPO-MEDROL	
mometasone furoate 0.1 % crm, 0.1 % oint	1	ELOCON	
mometasone furoate 0.1 % ext soln	1	ELOCON	
prednicarbate 0.1 % oint	1	DERMATOP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	1		
prednisolone sodium phosphate 10 mg/5ml soln	1	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	1	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	1	ORAPRED	
prednisolone sodium phosphate 5 mg/5ml soln	1	PEDIAPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
prednisone 5 mg/5ml soln	1		
triamcinolone acetonide 50 mg/ml inj susp	1		
triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint	1	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp	1	KENALOG	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	1	TRIDERM	
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]			
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1	DDAVP	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
STIMATE 1.5 mg/ml nasal soln	5		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
oxandrolone 10 mg tab, 2.5 mg tab	1	OXANDRIN	
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	1	ANDROGEL	
testosterone 30 mg/act td soln	1	AXIRON	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	
Estrogens - Hormone Replacement/modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	2		
dotti 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	1	VIVELLE-DOT	
ELESTRIN 0.52 MG/0.87 GM (0.06%) td gel	3		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	1	ESTROGEL	
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	1	CLIMARA	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	
estradiol 0.1 mg/gm vag crm	1	ESTRACE	
estradiol 10 mcg vag tab	1	VAGIFEM	
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	1	VIVELLE-DOT	
ESTRING 2 mg vag ring, 7.5 mcg/24hr vag ring	3		
MENOSTAR 14 mcg/24hr tdwk patch	3		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
PREMARIN 0.625 mg/gm vag crm	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		
yuvafem 10 mcg vag tab	1	VAGIFEM	
Progestins - Hormone Replacement/modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	1	MEGACE	
megestrol acetate 40 mg/ml susp, 625 mg/5ml susp	1	MEGACE	
norethindrone acetate 5 mg tab	1	AYGESTIN	
progesterone 50 mg/ml im oil	1		
progesterone 100 mg cap, 200 mg cap	1	PROMETRIUM	
progesterone micronized 10 % td crm	1		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
OSPHENA 60 mg tab	3		
raloxifene hcl 60 mg tab	1	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]			
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		
euthyrox 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab,	1	SYNTHROID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab			
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	3	SYNTHROID	
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	1	SYNTHROID	
levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	1	TIROSINT	
levoxyl 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	1	CYTOMEL	
NP THYROID 120 mg tab, 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		
thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1		
unithroid 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,	3	SYNTHROID	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
50 mcg tab, 75 mcg tab, 88 mcg tab			
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]			
LYSODREN 500 mg tab	4		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Hormonal Agents, Suppressant (parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroidea) - Supresor Hormonal]			
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	1	SENSIPAR	PA
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]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	PARLODEL	
cabergoline 0.5 mg tab	1	DOSTINEX	
LYSODREN 500 mg tab	4		
octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs	4		PA
octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	4	SANDOSTATIN	PA
ORILISSA 150 mg tab, 200 mg tab	2		PA
SYNAREL 2 mg/ml nasal soln	4		PA
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)- DRUGS TO SUPPRESS SEX HORMONES/MODIFIERS [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
abiraterone acetate 250 mg tab, 500 mg tab	4	ZYTIGA	PA
bicalutamide 50 mg tab	1	CASODEX	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ERLEADA 240 mg tab, 60 mg tab	4		PA
flutamide 125 mg cap	1	EULEXIN	
nilutamide 150 mg tab	4	NILANDRON	PA
XTANDI 40 mg cap	4		PA
XTANDI 40 mg tab, 80 mg tab	4		PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			
Antithyroid Agents - Thyroid Suppressing Drugs [Agentes Antitiroideos - Medicamentos Para Supresión De La Tiroides]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Angioedema Agents- Immune System Drugs [Agentes Para Angioedema - Medicamentos Para El Sistema Inmunitario]			
icatibant acetate 30 mg/3ml sc soln pfs	5		PA
ORLADEYO 110 mg cap, 150 mg cap	5		PA
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
azathioprine 50 mg tab	1	IMURAN	SL
everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	4		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA
HUMIRA (1 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit			
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit, 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40mg/0.4ml sc pfs kit	4		PA
HUMIRA-PED>/=40KG CROHNS START 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA-PED>/=40KG UC STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	4		PA
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Auto-injector Kit	4		PA
mercaptopurine 50 mg tab	1	PURINETHOL	
methotrexate sodium 2.5 mg tab	1		SL
methotrexate sodium 1 gm inj soln	4		SL
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		SL
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		SL
mycophenolate mofetil 250 mg cap, 500 mg tab	1	CELLCEPT	SL
mycophenolate mofetil 200 mg/ml susp	1	CELLCEPT	SL
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	4		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	4		PA
XATMEP 2.5 mg/ml soln	5		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
Immunizing Agents, Passive [Agentes Inmunizadores Pasivos]			
ACTEMRA 162 mg/0.9ml sc soln pfs	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
BETASERON 0.3 mg sc kit	4		PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	4	TECFIDERA	
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	
ENTYVIO PEN 108 mg/0.68ml sc soln pen-inj	5		PA
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	
leflunomide 10 mg tab, 20 mg tab	1	ARAVA	
lenalidomide 25 mg cap	4	REVLIMID	PA
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 5 mg cap	4	REVLIMID	PA
RIDAURA 3 mg cap	3		PA
teriflunomide 14 mg tab, 7 mg tab	4	AUBAGIO	
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]			
balsalazide disodium 750 mg cap	1	COLAZAL	
mesalamine 800 mg tab dr	1	ASACOL HD	
mesalamine 1000 mg rect supp	1	CANASA	
mesalamine 400 mg cap dr	1	DELZICOL	
mesalamine 1.2 gm tab dr	1	LIALDA	
mesalamine 4 gm rect enema	1	ROWASA	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mesalamine er 0.375 gm cap er 24 hr	1	APRISO	
mesalamine er 500 mg cap er	1	PENTASA	
mesalamine-cleanser 4 gm rect kit	1	ROWASA	
PENTASA 250 mg cap er	3		
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
budesonide 2 mg rect foam	1	UCERIS	
budesonide 3 mg cap dr prt	1	ENTOCORT	PA
budesonide er 9 mg tab er 24 hr	1	UCERIS	
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	1		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
hydrocortisone 100 mg/60ml rect enema	1	CORTENEMA	
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	1	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	1	DEPO-MEDROL	
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prednisolone sodium phosphate 10 mg/5ml soln	1	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	1	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	1	ORAPRED	
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	1	PEDIAPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfasalazine 500 mg tab, 500 mg tab dr	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)]			
alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 70 mg/75ml soln	1	FOSAMAX	
calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln	1	MIACALCIN	
calcitriol 0.25 mcg cap, 0.5 mcg cap	1	ROCALTROL	
calcitriol 1 mcg/ml soln	1	ROCALTROL	
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	1	HECTOROL	PA
ibandronate sodium 150 mg tab	1	BONIVA	
OSPHENA 60 mg tab	3		
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	ZEMPLAR	PA
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
PROLIA 60 mg/ml sc soln pfs	5		PA
raloxifene hcl 60 mg tab	1	EVISTA	PA
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	1	ACTONEL	
risedronate sodium 35 mg tab dr	1	ATELVIA	
teriparatide 560 mcg/2.24ml sc soln pen-inj	4	FORTEO	PA
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	1	ANDROGEL	
testosterone 30 mg/act td soln	1	AXIRON	
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	PA
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - 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	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
ak-poly-bac 500-10000 unit/gm ophth oint	1	POLYSPORIN	
atropine sulfate 1 % ophth soln	1	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclosporine 0.05 % ophth emul	1	RESTASIS	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	1	NEOSPORIN	
neo-polycin 3.5-400-10000 ophth oint	1	NEOSPORIN	
polycin 500-10000 unit/gm ophth oint	1	POLYSPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
RHOPRESSA 0.02 % ophth soln	3		
ROCKLATAN 0.02-0.005 % ophth soln	3		
XIIDRA 5 % ophth soln	2		PA
Ophthalmic Anti-allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALOCRIL 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	
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln	1	PATADAY	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
bacitra-neomycin-polymyxin-hc 1 % ophth oint	1	CORTISPORIN	
bromfenac sodium 0.07 % ophth soln	1	PROLENSA	
bromfenac sodium (once-daily) 0.09 % ophth soln	1	BROMDAY	
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	
difluprednate 0.05 % ophth emul	1	DUREZOL	
fluorometholone 0.1 % ophth susp	1	FML	
FML 0.1 % ophth oint	2		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln	1	ACULAR	
LOTEMAX 0.5 % ophth oint	3		
loteprednol etabonate 0.2 % ophth susp	1	ALREX	
loteprednol etabonate 0.5 % ophth gel	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	1	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	1	MAXITROL	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	1	CORTISPORIN	
neo-polycin hc 1 % ophth oint	1	CORTISPORIN	
prednisolone acetate 1 % ophth susp	1	PRED FORTE	
prednisolone acetate p-f 1 % ophth susp	3	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	1		
sulfacetamide-prednisolone 10-0.23 % ophth soln	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
tobramycin-dexamethasone 0.3-0.1 % ophth susp	1	TOBRADEX	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	1	DIAMOX	
apraclonidine hcl 0.5 % ophth soln	1	IOPIDINE	
betaxolol hcl 0.5 % ophth soln	1	BETOPTIC	
brimonidine tartrate 0.1 % ophth soln	1	ALPHAGAN P	
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	1	ALPHAGAN	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	1	COMBIGAN	
brinzolamide 1 % ophth susp	1	AZOPT	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
carteolol hcl 1 % ophth soln	1	OCUPRESS	
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	
latanoprost-timolol maleate 0.005-0.5 % ophth soln	1		
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln	1	ISOPTO CARPINE	
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	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
AZASITE 1 % ophth soln	3		
CILOXAN 0.3 % ophth oint	3		
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
levofloxacin 0.5 % ophth soln	1	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	1	VIGAMOX	
moxifloxacin hcl (2x day) 0.5 % ophth soln	1	MOXEZA	
ofloxacin 0.3 % ophth soln	1	OCUFLOX	
tobramycin 0.3 % ophth soln	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
acetic acid 2 % otic soln	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
ciprofloxacin hcl 0.2 % otic soln	1	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	1	CIPRODEX	
flac 0.01 % otic oil	1	DERMOTIC	
fluocinolone acetonide 0.01 % otic oil	1	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	1	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	1	CORTISPORIN	
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]			
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)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	1	PULMICORT	QL(120 / 30)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	
fluticasone propionate hfa 44 mcg/act inh aer	1	FLOVENT HFA	QL(21.2 / 30), AL
fluticasone propionate hfa 110 mcg/act inh aer, 220 mcg/act inh aer	1	FLOVENT HFA	QL(24 / 30), AL
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	1	ADVAIR DISKUS	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]; SL = Specialty Limit [Límite de Especialidad]

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mometasone furoate 50 mcg/act nasal susp	1	NASONEX	
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	2		QL(1 / 30)
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	1	ASTELIN	
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
carbinoxamine maleate 6 mg tab	1	RYVENT	
carbinoxamine maleate 4 mg tab	1	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	1	CLISTIN	
cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln	1	ZYRTEC	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 5 mg tab	1	CLARINEX	
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	
olopatadine hcl 0.6 % nasal soln	1	PATANASE	
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	1	ACCOLATE	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	1	ATROVENT	
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(360 / 30)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	1	DUONEB	QL(360 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
elixophyllin 80 mg/15ml oral elix	1		
roflumilast 250 mcg tab, 500 mcg tab	1	DALIRESP	PA
theophylline 80 mg/15ml oral elix, 80 mg/15ml soln	1		
theophylline er 300 mg tab er 12 hr, 450 mg tab er 12 hr	1	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	1	UNIPHYL	
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	ACCUNEB	QL(540 / 30)
albuterol sulfate 2 mg tab, 4 mg tab	1	PROVENTIL	
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	1	PROVENTIL	QL(60 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	PROVENTIL	QL(540 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	1	PROAIR HFA	QL(18 / 30)
arformoterol tartrate 15 mcg/2ml inh neb soln	1	BROVANA	QL(60 / 30)
epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	1	ADRENACLICK	QL(2 / 365)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	1	EPIPEN JR	QL(2 / 365)
formoterol fumarate 20 mcg/2ml inh neb soln	1	PERFOROMIST	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]; SL = Specialty Limit [Límite de Especialidad]

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	1	ADVAIR DISKUS	QL(60 / 30)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	1	XOPENEX	QL(60 / 30)
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	XOPENEX	QL(252 / 28)
terbutaline sulfate 2.5 mg tab, 5 mg tab	1	BRETHINE	
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
cromolyn sodium 20 mg/2ml inh neb soln	1	INTAL	QL(240 / 30)
Pulmonary Antihypertensives - Asthma/lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]			
ambrisentan 10 mg tab, 5 mg tab	4	LETAIRIS	PA
bosentan 125 mg tab, 62.5 mg tab	4	TRACLEER	PA
nifedipine 10 mg cap, 20 mg cap	1	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	PROCARDIA XL	
sildenafil citrate 20 mg tab	4	REVATIO	PA
tadalafil (pah) 20 mg tab	4	ADCIRCA	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acetylcysteine 10 % inh soln, 20 % inh soln	1	MUCOMYST	
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
benzonatate 150 mg cap	1	ZONATUSS	
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	1	ADVAIR DISKUS	QL(60 / 30)
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er	1	TUSSIONEX PENNKINETIC ER	
hydromet 5-1.5 mg/5ml soln	1	HYCODAN	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	1		AL
promethazine-dm 6.25-15 mg/5ml syr	1		
pseudoeph-bromphen-dm 30-2-10 mg/5ml syr	1		
sodium chloride 0.9 % inh neb soln, 3 % inh neb soln	1		
sodium chloride 7 % inh neb soln	1	HYPERSAL	
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
wixela inhub 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
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 Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
carisoprodol 250 mg tab, 350 mg tab	1	SOMA	
chlorzoxazone 500 mg tab	1	PARAFON FORTE	
cyclobenzaprine hcl 7.5 mg tab	1	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
metaxalone 400 mg tab, 800 mg tab	1	SKELAXIN	
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
temazepam 15 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 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]			
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		ST
doxepin hcl 3 mg tab, 6 mg tab	1	SILENOR	
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	PA, SL
ramelteon 8 mg tab	1	ROZEREM	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]			
Electrolyte/mineral/metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
CHEMET 100 mg cap	3		
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	4	JADENU	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA
deferiprone 500 mg tab	4	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
kionex 15 gm/60ml cmb susp	1		
sodium polystyrene sulfonate oral pwdr	1	KAYEXALATE	
SPS 15 gm/60ml susp	3		
VELTASSA 1 gm pckt, 16.8 gm pckt, 25.2 gm pckt, 8.4 gm pckt	5		PA
Electrolyte/mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
B-12 COMPLIANCE INJECTION 1000 mcg/ml inj kit	3		
cyanocobalamin 1000 mcg/ml inj soln	1		
folic acid 5 mg/ml inj soln	1		
folic acid 1 mg tab	1		
INFED 50 mg/ml inj soln	3		PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
klor-con 20 meq pckt, 8 meq tab er	1	KLOR-CON	
klor-con 10 10 meq tab er	1	KLOR-CON	
klor-con m10 10 meq tab er	1	KLOR-CON	
klor-con m15 15 meq tab er	1	KLOR-CON	
klor-con m20 20 meq tab er	1	KLOR-CON	
phospha 250 neutral 155-852-130 mg tab	1		
phosphorous 155-852-130 mg tab	1		
phospho-trin 250 neutral 155-852-130 mg tab	1		
potassium chloride 20 meq pckt	1		
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	1	K-SOL	
potassium chloride crys er 10 meq tab er	1		
potassium chloride crys er 15 meq tab er, 20 meq tab er	1	KLOR-CON	
potassium chloride er 20 meq tab er	1	K-TAB	
potassium chloride er 10 meq tab er, 8 meq tab er	1	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	1	MICRO-K	
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	1	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	1		
sod citrate-citric acid 500-334 mg/5ml soln	1	SHOHLS MODIFIED	
vitamin deficiency system-b12 1000 mcg/ml inj kit	3		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
deferoxamine mesylate 2 gm inj soln, 500 mg inj soln	4	DESFERAL	PA
levocarnitine 330 mg tab	1	CARNITOR	
levocarnitine 1 gm/10ml soln	1	CARNITOR	
methergine 0.2 mg tab	1	METHERGINE	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methylergonovine maleate 0.2 mg tab	1	METHERGINE	
potassium iodide (expectorant) 1 gm/ml soln	1		

APÉNDICE I – LISTA DE PREVENTIVOS / *APPENDIX I – PREVENTIVE LIST*

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

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

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)	
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)	
tamoxifen citrate oral tablet 10 mg, 20 mg	PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)	
raloxifene hcl oral tablet 60 mg	PA
Contraceptive Methods (Métodos Anticonceptivos)	
Cervical Cap (Cápsula Cervical)	
FEMCAP CERVICAL CAP 22MM, 26MM, 30MM	QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)	
PARAGARD INTRAUTERINE COPPER	QL (1EA per 3650 days)
Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)

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

WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
CURAE 1.5 MG ORAL TABLET	
ECONTRA 1.5 MG ORAL TABLET	
HER STYLE 1.5 MG ORAL TABLET	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE 1.5 MG ORAL TABLET	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY 1.5 MG ORAL TABLET	
OPCICON ONE-STEP 1.5 MG ORAL TABLET	
OPTION 2 ORAL TABLET 1.5 MG	
REACT 1.5 MG ORAL TABLET	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2920 days)
Oral Contraceptive (Combined Pill) [Anticonceptivos Orales (Píldora Combinada)]	
AFIRMELLE ORAL TABLET 0.10-20 MG-MCG	QL (28 tablets per 28 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

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

ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AYUNA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)

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

FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JASMIEL ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)

LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)
NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NIKKI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1.5-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)

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

PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)

VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) [Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)]	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) [Anticonceptivos Orales (Minipildora Sólo Progestina)]	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
EMZAHH ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
ZAFEMY TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)

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

VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30 MG	
Vaginal Ring (Anillo Vaginal)	
etonogestrel-ethinyl estradiol vaginal ring	QL (1EA per 28 days)
ELURYNG Vaginal Ring	QL (1EA per 28 days)
HALOETTE Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
sodium fluoride oral solution 0.275 (0.125 f) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 f) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	PA
DESCOVY 120-15 mg tab, 200-25 mg tab	PA

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

emtricitabine-tenofovir df oral tablet 200-300 MG	PA
TRUVADA 200-300 mg tab	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral solution 75 (15 fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
iron oral tablet 325 (65 fe) mg	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
Statin Preventive Medication (Medicación Preventiva con Estatinas)	
Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 mg (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.

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

Colorectal Cancer Screening (Detección de Cáncer Colorrectal)	
Laxatives (Laxantes)	
gavilyte-c oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-g oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-n oral solution reconstituted 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)
peg 3350-kcl-na bicarb-nacl oral solution 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
omeprazole-sodium bicarbonate 20-1100 mg cap	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
esomeprazole magnesium 20 mg cap dr	NEXIUM
lansoprazole 15 mg cap dr	PREVACID
omeprazole 20 mg tab dr	PRILOSEC
omeprazole magnesium 20.6 (20 base) mg cap dr	PRILOSEC
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
ketotifen fumarate 0.025 % ophth soln	ZADITOR
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew	ZYRTEC
cetirizine hcl allergy child 5 mg/5ml soln	ZYRTEC
cetirizine hcl childrens 1 mg/ml soln	ZYRTEC
fexofenadine hcl 180 mg tab, 60 mg tab	ALLEGRA
fexofenadine hcl childrens 30 mg/5ml susp	ALLEGRA CHILDREN
levocetirizine dihydrochloride 5 mg tab	XYZAL
loratadine 10 mg cap, 10 mg tab	CLARITIN
loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr	CLARITIN CHILDREN
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
budesonide 32 mcg/act nasal susp	RHINOCORT
fluticasone propionate 50 mcg/act nasal susp	FLONASE
triamcinolone acetonide 55 mcg/act nasal aer	NASACORT
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr	

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr	ALLEGRA-D
loratadine-d 12hr 5-120 mg tab er 12 hr	CLARITIN D-12
loratadine-d 24hr 10-240 mg tab er 24 hr	CLARITIN D-24

APÉNDICE III – LÍMITES DE ESPECIALIDAD / *APPENDIX III – SPECIALTY LIMITS*

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist to evaluate the patient and prescribe them. **(Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)**	
ADAPALENE	Dermatólogo, Dermatólogo Pediatrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
ADAPALENE-BENZOYL PEROXIDE	Dermatólogo, Dermatólogo Pediatrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
AMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE-DEXTROAMPHETAMINE /AMPHETAMINE-DEXTROAMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AVITA	Dermatólogo, Pediatra / Dermatologist, Pediatrician
AZATHIOPRINE	Dermatólogo, Gastroenterólogo, Nefrólogo, Neumólogo, Reumatólogo / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist
CLONIDINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXMETHYLPHENIDATE HCL /DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXTROAMPHETAMINE SULFATE /DEXTROAMPHETAMINE SULFATE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
GUANFACINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
LACOSAMIDE	Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
METHOTREXATE SODIUM	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo, / Rheumatologist, Pediatric Neurologist, Gastroenterologist
METHYLPHENIDATE HCL ER (CD)/ METHYLPHENIDATE HCL ER / METHYLPHENIDATE HCL	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
MODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
MYCOPHENOLATE MOFETIL	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo Pediátrico / Rheumatologist, Pediatric Rheumatologist, Pediatric Gastroenterologist
QUILLICHEW ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
QUILLIVANT XR	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
TADALAFIL	Urólogo / Urologist
TRETINOIN	Dermatólogo y Pediatra / Dermatologist, Pediatrician
VORICONAZOLE	Infectólogo, Hematólogo – Oncólogo, Intensivista, Pediatra / Infectologist, Hematologist – Oncologist, Intensivist, Pediatrician

APÉNDICE IV – LISTA DE MEDICAMENTOS ALBINISMO Y SÍNDROME DE HERMANSKY-PUDLAK / ***APPENDIX IV – MEDICATION LIST ALBINISM AND HERMANSKY-PUDLAK SYNDROME***

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Medication List Required By Act No. 109 Of The Year 2022 For The Population With Albinism And Hermansky-Pudlak Syndrome **(Lista De Medicamentos Requeridos Por Ley Núm. 109 Del Año 2022 Para La Población Con Albinismo Y El Síndrome De Hermansky-Pudlak)**	
Sunscreens (Filtros Solares)	
AVEENO BABY SUNSCREEN, KIDS CONTINUOUS PROTECT, PROTECT+HYDRATE SPF60	PA
BABY SUNSCREEN SPF50	PA
BULL FROG QUICK, QUICK SPF50, QUICK SPORT SPF 50, SHEER PROTECTION, SUPERBLOCK SPF50, WATER ARMOR SPORT	PA
CERAVE SUNSCREEN SPF50	PA
CLEAR ZINC SPF 50	PA
COPPERTONE LIMITED EDITION, BABY PURE & SIMPLE, COMPLETE SPF50, DEFEND & CARE, DEFEND & CARE FACE, GLOW HYDRAGEL SPF50, KIDS CLEAR SPF50, KIDS PURE & SIMPLE, KIDS SPF50, KIDS SPF70, KIDS SPORT SPF 100, KIDS SPORT SPF 50, KIDS TEAR FREE, PURE & SIMPLE FACE, PURE & SIMPLE SPF50, SPORT 4-IN-1 SPF100, SPORT 4-IN-1 SPF50, SPORT 4-IN-1 SPF70, SPORT CLEAR, SPORT FACE SPF50, SPORT FACE+BODY, SPORT MINERAL FACE, MINERAL SPF50, SPORT SPF 100, SPORT SPF 70, SPORT SPF50, ULTRAGUARD SPF50, ULTRAGUARD SPF70+, ULTRAGUARD SPF50, WATERBABIES SPF50	PA
CVS SENSITIVE SKIN SUN	PA
EQ SUNSCREEN SPORT	PA
EQL SPORT CONTINUOUS SPR SPF50, ULTRA PROTECTION SPF50	PA

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

GENERAL PROTECTION SUNSCREEN	PA
GNP SPORT SUNSCREEN SPF50, SUNSCREEN KIDS SPF50	PA
HUGGIES LITTLE SWIMMERS SPF50	PA
KIDS CONTINUOUS SPRAY SPF50	PA
NEUTROGENA AGE SHIELD SPF70, BEACH DEFENSE SPF70, HEALTHY DEFENSE, PURE & FREE BABY, SPORT FACE SPF70, ULTRA SHEER BODY, ULTRA SHEER SPF 55, ULTRA SHEER SPF 70	PA
NIVEA VISAGE UV CARE	PA
QC ULTIMATE SUNSCREEN	PA
SHADE OIL FREE CLEAR	PA
SHEER SUNSCREEN SPF 70	PA
SOLBAR FIFTY, SPF50	PA
SPORT SUNSCREEN SPF50	PA
SUNSCREEN KIDS SPF 50, KIDS SPF50+, SPF50, SPORT SPF 70, ULTRA SHEER	PA
WATER BABIES SPF50	PA

A

abacavir sulfate 50
abacavir sulfate-lamivudine 50
abiraterone acetate 92
acamprosate calcium 24
acarbose 57
accutane 77
acebutolol hcl 65
acetaminophen-codeine 23
acetazolamide 69, 100
acetazolamide er 69, 100
acetic acid 102
acetylcysteine 105
ACTEMRA 95
ACTEMRA ACTPEN 95
acyclovir 52, 53
adapalene 77
adapalene-benzoyl peroxide 77
adefovir dipivoxil 52
AFIRMELLE 111
AFTERA 111
AJOVY 41
ak-poly-bac 98
ala-cort 84
ALAWAY 120
albendazole 45
albuterol sulfate 104
albuterol sulfate hfa 104
alclometasone dipropionate 84
alendronate sodium 97
alfuzosin hcl er 83
allopurinol 40
ALOCRIL 99
alosetron hcl 81
alprazolam 75
alprazolam er 76
ALPRAZOLAM INTENSOL 76
alprazolam xr 76
ALTAVERA 111
ALUNBRIG 44
ALYACEN 1/35 112
amantadine hcl 46, 52
ambrisentan 105
amiloride hcl 70
amiodarone hcl 64
amitriptyline hcl 37
amlodipine besy-benazepril hcl 67
amlodipine besylate 66
amlodipine besylate-valsartan 68
amlodipine-olmesartan 68
amlodipine-valsartan-hctz 68, 70
ammonium lactate 77
amnesteem 77
amoxapine 37
amoxicillin 29
amoxicillin-pot clavulanate 29
amoxicillin-pot clavulanate er 29
amphetamine-dextroamphet er 73
amphetamine-dextroamphetamine 73
ampicillin 29
anagrelide hcl 62, 63
anastrozole 44
ANDRODERM 88
ANGELIQ 89
anucort-hc 25
apraclonidine hcl 100
aprepitant 38
APRETUDE 51, 117
APRI 112
APTIVUS 51
arformoterol tartrate 104
aripiprazole 34, 48, 55
ARMOUR THYROID 90
ARNUITY ELLIPTA 102
aspirin-dipyridamole er 62, 63
atazanavir sulfate 51
atenolol 65
atenolol-chlorthalidone 68
atomoxetine hcl 74
atorvastatin 118
atorvastatin calcium 72
atovaquone 45
atovaquone-proguanil hcl 46
atropine sulfate 98
AUBRA EQ 112
AUROVELA 24 FE 112
AUROVELA FE 1.5/30 112
AUROVELA FE 1/20 112

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

avar cleanser 77
AVEENO SUNSCREEN..... 124
AVIANE..... 112
avita 77
AYUNA 112
AZASITE..... 101
azathioprine 93
azelaic acid 77
azelastine hcl 99, 103
azelastine-fluticasone 103
AZELEX 77
azithromycin..... 30
AZURETTE..... 112

B

B-12 COMPLIANCE INJECTION..... 107
BABY SUNSCREEN..... 124
bac 24
bacitracin-polymyxin b 98
bacitra-neomycin-polymyxin-hc..... 99
baclofen 50
balsalazide disodium..... 95
BAQSIMI ONE PACK 59
BAQSIMI TWO PACK..... 59
BARACLUDE..... 52
BELSOMRA..... 107
benazepril hcl..... 64
benazepril-hydrochlorothiazide 68, 70
benzonatate 105
benzoyl peroxide-erythromycin 77
benztropine mesylate..... 46
bepotastine besilate 99
betaine 79
betamethasone dipropionate..... 84
betamethasone dipropionate aug..... 84
betamethasone sod phos & acet..... 84
betamethasone valerate 84
BETASERON..... 75, 95
betaxolol hcl..... 65, 100
bethanechol chloride..... 41, 83
bexarotene..... 45
bicalutamide..... 92
BICILLIN L-A..... 29
BIKTARVY 53
bimatoprost 98
bis subcit-metronid-tetracyc 81
bismuth/metronidaz/tetracyclin..... 81
bisoprolol fumarate..... 65
bisoprolol-hydrochlorothiazide..... 68, 70
BLISOVI 24 FE..... 112
BLISOVI FE 1.5/30..... 112
BLISOVI FE 1/20..... 112
bosentan 105
BOSULIF..... 44
bp 10-1 77
brimonidine tartrate 77, 100
brimonidine tartrate-timolol..... 100
brinzolamide..... 100
bromfenac sodium..... 99
bromfenac sodium (once-daily) 99
bromocriptine mesylate 46, 92
budesonide..... 96, 102, 120
budesonide er 96
BULL FROG SUNSCREEN 124
bumetanide 69
buprenorphine 22
buprenorphine hcl 24
buprenorphine hcl-naloxone hcl 24, 25
bupropion hcl..... 118
bupropion hcl..... 35
bupropion hcl er (sr) 35
bupropion hcl er (xl)..... 35
buspirone hcl..... 53
butalbital-acetaminophen 24
butalbital-apap-caff-cod..... 23
butalbital-apap-caffeine 24

C

cabergoline..... 92
calcipotriene 77
calcipotriene-betameth diprop 77
calcitonin (salmon) 97
calcitriol 77, 97
calcium acetate (phos binder) 84
CALQUENCE..... 44
CAMILA..... 116
CAMRESE LO..... 112
candesartan cilexetil..... 63
candesartan cilexetil-hctz 68, 70
capecitabine 43
captopril..... 64
carbamazepine..... 33, 56

carbamazepine er 33, 56
carbidopa-levodopa 47
carbidopa-levodopa er 47
carbidopa-levodopa-entacapone 47
carbinoxamine maleate 103
carisoprodol 106
carteolol hcl 101
cartia xt 66
carvedilol 65
carvedilol phosphate er 65
CAYA CONTOURED DIAPHRAGM 110
cefaclor 28
cefadroxil 28
cefazolin sodium 28
cefdinir 28
cefepime 28
cefixime 28
cefpodoxime proxetil 28
cefprozil 28
ceftriaxone sodium 28, 29
cefuroxime axetil 29
celecoxib 21, 25
cephalexin 29
CERAVE SUNSCREEN 124
cetirizine hcl 103
cetirizine hcl allergy child 120
cetirizine hcl childrens 120
cetirizinel 120
cetirizine-pseudoephedrine er 120
cevimeline hcl 76
CHATEAL EQ 112
CHEMET 107
chlordiazepoxide hcl 76
chlordiazepoxide-amitriptyline 37
chlordiazepoxide-clidinium 80
chlorhexidine gluconate 76
chloroquine phosphate 46
chlorpromazine hcl 37, 38, 47
chlorthalidone 70
chlorzoxazone 106
cholestyramine 72
cholestyramine light 72
ciclopirox 39
ciclopirox olamine 39
cilostazol 62, 63
CILOXAN 101
cimetidine 81
cimetidine hcl 81
cinacalcet hcl 92
CIPRO HC 102
ciprofloxacin 30
ciprofloxacin hcl 30, 101, 102
ciprofloxacin-dexamethasone 102
citalopram hydrobromide 36, 54
claravis 77
clarithromycin 30
clarithromycin er 30
CLEAR ZINC SUNSCREEN 124
CLEOCIN 27
CLIMARA PRO 89
clindamycin hcl 27
clindamycin palmitate hcl 27
clindamycin phos (once-daily) 27
clindamycin phos (twice-daily) 27
clindamycin phos-benzoyl perox 77, 78
clindamycin phosphate 27
clindamycin-tretinoin 78
clobetasol prop emollient base 84
clobetasol propionate 84, 85
clobetasol propionate e 85
clobetasol propionate emulsion 85
clomipramine hcl 37
clonazepam 32
clonidine 63
clonidine hcl 63
clonidine hcl er 74
clopidogrel bisulfate 62, 63
clorazepate dipotassium 76
clotrimazole 39
clotrimazole-betamethasone 39
clozapine 49
colchicine 40
colesevelam hcl 72
colestipol hcl 72
COMPLERA 50
constulose 81
COPPERTONE SUNSCREEN 124
cortisone acetate 85
CREON 79
CRESEMBA 39
cromolyn sodium 81, 99, 105
CRYSELLE-28 112

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

CURAE 111
CVS SENSITIVE SUNSCREEN 124
cyanocobalamin 107
cyclobenzaprine hcl 106
cyclophosphamide 42
cycloserine 42
cyclosporine 98
cyproheptadine hcl 103
CYRED EQ 112
CYSTAGON 79

D

dabigatran etexilate mesylate 61
dalfampridine er 75
danazol 88
dantrolene sodium 50
dapsone 42, 78
darunavir 51
dasatinib 44
DDAVP RHINAL TUBE 62
DEBLITANE 116
deferasirox 107
deferasirox granules 107
deferiprone 107
deferoxamine mesylate 108
DELYLA 112
DESCOVY 50, 117
desipramine hcl 37
desloratadine 103
desmopressin ace spray refrig 62, 87
desmopressin acetate 62, 87
desmopressin acetate pf 62, 88
desmopressin acetate spray 62, 88
desogestrel-ethinyl estradiol 112
desonide 85
desoximetasone 85
desvenlafaxine er 36, 54
desvenlafaxine succinate er 36, 54
dexamethasone 85, 96
DEXAMETHASONE INTENSOL 85, 96
dexamethasone sod phosphate pf 85, 96
dexamethasone sodium phosphate .. 85, 96, 99
dexlansoprazole 82
dexmethylphenidate hcl 74
dexmethylphenidate hcl er 74
dextroamphetamine sulfate 73
dextroamphetamine sulfate er 73
diazepam 32, 76
diazepam intensol 76
diazoxide 59
diclofenac potassium 21, 25
diclofenac sodium 21, 25, 26, 99
diclofenac sodium er 21, 26
diclofenac-misoprostol 21, 26
dicloxacillin sodium 29
dicyclomine hcl 80
diflorasone diacetate 85
difluprednate 99
digitek 68
digox 68
digoxin 68
dihydroergotamine mesylate 41
diltiazem hcl 66
diltiazem hcl er 66
diltiazem hcl er beads 66
diltiazem hcl er coated beads 66
dilt-xr 66
dimethyl fumarate 75, 95
dimethyl fumarate starter pack 75, 95
diphenhydramine hcl 38, 46, 103
diphenoxylate-atropine 81
dipyridamole 62, 63
disopyramide phosphate 64
DIURIL 70
divalproex sodium 32, 56
divalproex sodium er 32, 56
dofetilide 64
donepezil hcl 34
dorzolamide hcl 101
dorzolamide hcl-timolol mal 101
dorzolamide hcl-timolol mal pf 101
dotti 89
doxazosin mesylate 63, 83
doxepin hcl 37, 53, 107
doxercalciferol 97
doxycycline 78
doxycycline hyclate 31
doxycycline monohydrate 31
doxylamine-pyridoxine 38
dronabinol 38
drospiren-eth estrad-levomefol 112
drospirenone-ethinyl estradiol 112

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

DROXIA 43
DRYSOL 78
duloxetine hcl 36, 54, 75
dutasteride 83
dutasteride-tamsulosin hcl 83

E

econazole nitrate 39
ECONTRA 111
EDARBI 63
EDARBYCLOR 68
ed-spaz 80
EDURANT 50
efavirenz 50
efavirenz-emtricitab-tenofo df 50
efavirenz-lamivudine-tenofovir 50
ELESTRIN 89
eletriptan hydrobromide 41
ELINEST 112
ELIQUIS 61
ELIQUIS DVT/PE STARTER PACK 61
elixophyllin 104
ELLA 117
ELURYNG 117
EMCYT 43
EMGALITY 41
EMGALITY (300 MG DOSE) 41
EMSAM 35
emtricitabine 50
emtricitabine-tenofovir df 50, 118
EMTRIVA 51
EMZAHH 116
enalapril maleate 64
enalapril-hydrochlorothiazide 68, 70
ENCARE 116
enoxaparin sodium 61
ENPRESSE-28 112
ENSKYCE 112
ENSTILAR 78
entacapone 46
entecavir 52
ENTYVIO 95
enulose 81
EPIDIOLEX 32
epinephrine 104
EPIVIR HBV 52
eplerenone 70
EQ SUNSCREEN 124
EQL SUNSCREEN 124
ergotamine-caffeine 41
ERIVEDGE 44
ERLEADA 93
erlotinib hcl 44
ERRIN 116
erythromycin 30, 101
erythromycin base 30
escitalopram oxalate 36, 54
esomeprazole 120
esomeprazole magnesium 82
ESTARYLLA 112
estradiol 89
ESTRING 89
eszopiclone 106
ethacrynic acid 69
ethambutol hcl 42
ethosuximide 32
etodolac 21, 26
etodolac er 21, 26
etonogestrel-ethinyl estradiol 117
etoposide 44
EUCRISA 78
euthyrox 90
everolimus 44, 93
exemestane 44
ezetimibe 72
ezetimibe-simvastatin 72

F

FALMINA 113
famciclovir 53
famotidine 81
FARXIGA 57
FARYDAK 44
FC2 FEMALE CONDOM 111
febuxostat 40
felbamate 32, 33
felodipine er 67
FEM PH 27
FEMCAP CERVICAL CAP 110
fenofibrate 71
fenofibrate micronized 71
fenofibric acid 71

fenoprofen calcium 21, 26
fentanyl 22
fentanyl citrate (pf) 22, 23
FERRIPROX 107
ferrous sulfate 118
fexofenadine 120
fexofenadine hcl childrens 120
fexofenadine-pseudoephed er 121
FINACEA 78
finasteride 83
fingolimod hcl 75
flac 102
flecainide acetate 64
fluconazole 39
flucytosine 39
fludrocortisone acetate 85
fluocinolone acetonide 85, 102
fluocinolone acetonide body 86
fluocinolone acetonide scalp 86
fluocinonide 86
fluocinonide emulsified base 86
fluorometholone 99
fluorouracil 43
fluoxetine hcl 36, 54
fluphenazine hcl 47, 48
flurazepam hcl 106
flurbiprofen 21, 26
flutamide 93
fluticasone propionate 86, 102, 120
fluticasone propionate hfa 102
fluticasone-salmeterol 102, 105
fluvastatin 118
fluvastatin sodium 72
fluvastatin sodium er 72
fluvoxamine maleate 36, 54
fluvoxamine maleate er 36, 54
FML 99
folic acid 107, 117
fondaparinux sodium 61
formoterol fumarate 104
fosamprenavir calcium 51
fosfomycin tromethamine 27
fosinopril sodium 64
fosphenytoin sodium 33
FOSRENOL 84
frovatriptan succinate 41
furosemide 69
FUZEON 51

G

gabapentin 32
galantamine hydrobromide er 34
gatifloxacin 30, 101
gavilyte-c 119
GAVILYTE-C 81
gavilyte-g 119
gavilyte-g 81
gavilyte-n with flavor pack 82
gefitinib 44
gemfibrozil 71
GENERAL PROTECTION SUNSCREEN 125
generlac 82
GENTAK 101
gentamicin sulfate 27, 101
GENVOYA 53
glatiramer acetate 75, 95
GLEOSTINE 42
glimepiride 57
glipizide 57
glipizide er 57
glipizide xl 57
glipizide-metformin hcl 57
glucagon emergency 59
glyburide 57
glyburide micronized 57
glyburide-metformin 57
glycopyrrolate 80
GLYXAMBI 57
GNP SUNSCREEN 125
granisetron hcl 38
griseofulvin microsize 39
griseofulvin ultramicrosize 39
guanfacine hcl 63
guanfacine hcl er 74
GVOKE PFS 59

H

HADLIMA 93
HADLIMA PUSHTOUCH 93
HAILEY 1.5/30 113
HAILEY 24 FE 113
HAILEY FE 1.5/30 113
halobetasol propionate 86

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

HALOETTE 117
haloperidol 48
haloperidol lactate 48
HEATHER 116
heparin sodium (porcine) 61
heparin sodium (porcine) pf 61
HER STYLE 111
HUGGIES SUNSCREEN 125
HUMIRA (1 PEN) 93
HUMIRA (2 PEN) 93
HUMIRA (2 SYRINGE) 93
HUMIRA-CD/UC/HS STARTER 94
HUMIRA-PED<40KG CROHNS STARTER 94
HUMIRA-PED>/=40KG CROHNS START 94
HUMIRA-PED>/=40KG UC STARTER 94
HUMIRA-PS/UV/ADOL HS STARTER 94
HUMIRA-PSORIASIS/UVEIT STARTER 94
HUMULIN 70/30 59
HUMULIN 70/30 KWIKPEN 59
HUMULIN N 59
HUMULIN N KWIKPEN 59
HUMULIN R 59
HUMULIN R U-500 KWIKPEN 59
HYCAMTIN 44
hydralazine hcl 72
hydrochlorothiazide 70
hydrocod poli-chlorphe poli er 105
hydrocodone bitartrate er 22
hydrocortisone 86, 96
hydrocortisone (perianal) 25
hydrocortisone ace-pramoxine 25
hydrocortisone acetate 25
hydrocortisone butyr lipo base 86
hydrocortisone butyrate 86
hydrocortisone sod suc (pf) 86
hydrocortisone valerate 86
hydrocortisone-acetic acid 102
hydrocortisone-iodoquinol 40
hydromet 105
hydroxychloroquine sulfate 46
hydroxyurea 43
hydroxyzine hcl 103
hydroxyzine pamoate 53, 103
hyoscyamine sulfate 80
hyoscyamine sulfate er 80
hyosyne 80

I

ibandronate sodium 97
IBRANCE 44
ibu 21, 26
ibuprofen 21, 26
icatibant acetate 93
IDHIFA 44
imatinib mesylate 45
imipramine hcl 37
imipramine pamoate 37
imiquimod 78
INCASSIA 116
indapamide 70
indomethacin 21, 26
indomethacin er 21, 26
INFED 107
INLYTA 45
INQOVI 45
insulin lispro 59
insulin lispro (1 unit dial) 59
insulin lispro junior kwikpen 59
insulin lispro prot & lispro 59
INTROVALE 116
iodoquinol-hc-aloe polysacch 40
ipratropium bromide 104
ipratropium-albuterol 104
irbesartan 63
irbesartan-hydrochlorothiazide 68, 70
iron 118
ISENTRESS 53
ISENTRESS HD 53
ISIBLOOM 113
isoniazid 42
isosorbide dinitrate 73
isosorbide mononitrate 73
isosorbide mononitrate er 73
isotretinoin 78
isradipine 67
itraconazole 40
ivermectin 45, 46, 78

J

JAKAFI 45
jantoven 62
JANUMET 57
JANUMET XR 57, 58

JANUVIA 58
JARDIANCE 58
JASMIEL 113
JENCYCLA 116
JOLESSA 116
JULEBER 113
JUNEL 1.5/30 113
JUNEL 1/20 113
JUNEL FE 1.5/30 113
JUNEL FE 1/20 113
JUNEL FE 24 113

K

KAITLIB FE 113
KALLIGA 113
KARIVA 113
KENALOG 86
KESIMPTA 75
ketoconazole 40
ketoprofen er 21, 26
ketorolac tromethamine 22, 26, 100
ketotifen fumarate 120
KIDS SUNSCREEN 125
kionex 107
KISQALI (200 MG DOSE) 43
KISQALI (400 MG DOSE) 43
KISQALI (600 MG DOSE) 43
KISQALI FEMARA (200 MG DOSE) 43
KISQALI FEMARA (400 MG DOSE) 43
KISQALI FEMARA (600 MG DOSE) 43
klor-con 108
klor-con 10 108
klor-con m10 108
klor-con m15 108
klor-con m20 108
KOSELUGO 43
KURVELO 113

L

labetalol hcl 65
lacosamide 33
lactulose 82
lactulose encephalopathy 82
LAGEVRIO 53
lamivudine 51, 52
lamivudine-zidovudine 51
lamotrigine 33, 56
lamotrigine er 33, 56
lansoprazole 82, 120
LANTUS 60
LANTUS SOLOSTAR 60
lapatinib ditosylate 45
LARIN 24 FE 113
LARIN FE 1.5/30 113
LARIN FE 1/20 113
LARISSIA 113
latanoprost 98
latanoprost-timolol maleate 101
LAYOLIS FE 113
leflunomide 95
lenalidomide 42, 95
LESSINA 113
letrozole 44
leucovorin calcium 43
LEUKERAN 42
levalbuterol hcl 105
levetiracetam 31
levetiracetam er 31
levobunolol hcl 101
levocarnitine 108
levocetirizine 120
levocetirizine dihydrochloride 103
levofloxacin 30, 101
LEVONEST 113
levonorgestrel 111
levonorgestrel - ethinyl estradiol (91-day) tablet 0.15-0.03 mg 116
levonorgestrel-ethinyl estradiol 113
levonorg-eth estrad triphasic 113
LEVORA 113
levo-t 91
levothyroxine sodium 91
levoxyl 91
LEXIVA 51
lidocaine hcl 24
lidocaine viscous hcl 76
lidocaine-hydrocort (perianal) 78
lidocaine-hydrocortisone ace 78
lidocaine-prilocaine 24
linezolid 27
LINZESS 81
liothyronine sodium 91
lisinopril 64

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

lisinopril-hydrochlorothiazide 68, 70
lithium 57
lithium carbonate 57
lithium carbonate er 57
loperamide hcl 81
lopinavir-ritonavir 51
loratadine 120
loratadine childrens 120
loratadine-d 12hr 121
loratadine-d 24hr 121
lorazepam 76
lorazepam intensol 76
LORYNA 113
losartan potassium 64
losartan potassium-hctz 68, 71
LOTEMAX 100
loteprednol etabonate 100
lovastatin 118
lovastatin 72
LOW-OGESTREL 114
loxapine succinate 48
lubiprostone 82
luliconazole 40
LUMIGAN 98
lurasidone hcl 48, 55
LUTERA 114
LYNPARZA 45
LYSODREN 92

M

maraviroc 51
MARLISSA 114
MARPLAN 35
MATULANE 42
matzim la 67
MAVYRET 52
MAXIDEX 100
meclizine hcl 38
meclofenamate sodium 22, 26
medroxyprogesterone acetate 90, 111
mefenamic acid 22, 26
mefloquine hcl 46
megestrol acetate 90
meloxicam 22, 26
melphalan 42
memantine hcl 34
memantine hcl er 34
memantine hcl-donepezil hcl 34
MENOSTAR 89
meperidine hcl 23
meprobamate 53
mercaptopurine 43, 94
mesalamine 95
mesalamine er 96
mesalamine-cleanser 96
mesna 45
metaxalone 106
metformin hcl 58
metformin hcl er 58
methamphetamine hcl 73
methazolamide 69, 101
methenamine hippurate 27
methenamine mandelate 27
methergine 108
methimazole 93
methocarbamol 106
methotrexate sodium 94
methotrexate sodium (pf) 94
methscopolamine bromide 80
methsuximide 32
methyldopa 63
methylergonovine maleate 109
methylphenidate hcl 74
methylphenidate hcl er 74
methylphenidate hcl er (cd) 74
methylphenidate hcl er (osm) 74
methylprednisolone 86, 96
methylprednisolone acetate 86, 96
metoclopramide hcl 38, 81
metolazone 71
metoprolol succinate er 65
metoprolol tartrate 65
metoprolol-hydrochlorothiazide 68, 71
metronidazole 27, 78
MIBELAS 24 FE 114
miconazole-zinc oxide-petrolat 40
MICROGESTIN 1.5/30 114
MICROGESTIN FE 1.5/30 114
MICROGESTIN FE 1/20 114
midazolam hcl 55, 76
midazolam hcl (pf) 55
midodrine hcl 63

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

miglustat 79
MILI 114
minocycline hcl 31
minoxidil 72
MIRENA 111
mirtazapine 35
misoprostol 82, 88
modafinil 107
moexipril hcl 64
molindone hcl 48
mometasone furoate 86, 103
MONO-LINYAH 114
montelukast sodium 103
morphine sulfate er 23
moxifloxacin hcl 30, 42, 101
moxifloxacin hcl (2x day) 101
mupirocin 27
mupirocin calcium 28
MY CHOICE 111
MY WAY 111
mycophenolate mofetil 94
MYLERAN 42
myorisan 78

N

na sulfate-k sulfate-mg sulf 82, 119
nabumetone 22, 26
nadolol 65
nafcillin sodium 29
naftifine hcl 40
naloxone hcl 25
naltrexone hcl 25
NAMZARIC 34
naproxen 22, 26
naproxen sodium 22, 26
naproxen sodium er 22, 26
naratriptan hcl 41
NATAZIA 114
nateglinide 58
nebivolol hcl 66
NECON 0.5/35 (28) 114
neomycin sulfate 27
neomycin-bacitracin zn-polymyx 99
neomycin-polymyxin-dexameth 100
neomycin-polymyxin-gramicidin 99
neomycin-polymyxin-hc 100, 102
neo-polycin 99
neo-polycin hc 100
NERLYNX 45
NEUTROGENA SUNSCREEN 125
NEW DAY 111
NEXPLANON 117
nicardipine hcl 67
NICOTROL 118
NICOTROL NS 118
nifedipine 67, 105
nifedipine er 67, 105
nifedipine er osmotic release 67, 105
NIKKI 114
nilutamide 93
nimodipine 67
nisoldipine er 67
nitazoxanide 46
NITRO-BID 73
nitrofurantoin macrocrystal 28
nitrofurantoin monohyd macro 28
nitroglycerin 73
NIVEA SUNSCREEN 125
nizatidine 81
NORA-BE 116
norethin ace-eth estrad-fe 114
norethin ace-eth estrad-fe chew tab 114
norethin acet-ethinyl est chew tab 114
norethindrone acetate 90
norethindrone tablet 0.35 mg 116
norethin-eth estrad-fe chew tab 114
norgestimate-ethinyl estradiol 114
norgestim-eth estrad triphasic 114
NORTREL 0.5/35 (28) 114
nortriptyline hcl 37
NORVIR 51
NOVOLIN 70/30 60
NOVOLIN 70/30 FLEXPEN 60
NOVOLIN 70/30 FLEXPEN RELION 60
NOVOLIN 70/30 RELION 60
NOVOLIN N 60
NOVOLIN N FLEXPEN 60
NOVOLIN N FLEXPEN RELION 60
NOVOLIN N RELION 60
NOVOLIN R 60
NOVOLIN R FLEXPEN 60
NOVOLIN R FLEXPEN RELION 60

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

NOVOLIN R RELION 60
NOVOLOG 60
NOVOLOG 70/30 FLEXPEN RELION 60
NOVOLOG FLEXPEN 60
NOVOLOG FLEXPEN RELION 60
NOVOLOG MIX 70/30 60
NOVOLOG MIX 70/30 FLEXPEN 60
NOVOLOG MIX 70/30 RELION 60
NOVOLOG PENFILL 61
NOVOLOG RELION 61
NP THYROID 91
nulev 80
nyamyc 40
nystatin 40
nystatin-triamcinolone 40
nystop 40

O

OCELLA 114
octreotide acetate 92
ODEFSEY 50
ofloxacin 30, 101, 102
olanzapine 48, 49, 55
olmesartan medoxomil 64
olmesartan medoxomil-hctz 69, 71
olmesartan-amlodipine-hctz 69, 71
olopatadine hcl 99, 103
omega-3-acid ethyl esters 72
omeprazole 82, 120
omeprazole-sodium bicarbonate 120
OMNIFLEX DIAPHRAGM 110
ondansetron 38
ondansetron hcl 39
OPCICON ONE-STEP 111
OPTION 2 111
OPTIONS GYNOL II 116
oralone 77
ORENCIA 94
ORENCIA CLICKJECT 94
ORILISSA 92
ORLADEYO 93
orphenadrine citrate er 106
oscimin 80
oseltamivir phosphate 52
OSPHENA 90, 97
oxandrolone 88
oxaprozin 22, 26
oxazepam 76
oxcarbazepine 33
oxiconazole nitrate 40
oxybutynin chloride 82
oxybutynin chloride er 83
oxycodone hcl 23
oxycodone hcl er 23
oxycodone-acetaminophen 24

P

pacerone 65
paliperidone er 35, 49, 55
palonosetron hcl 39
PANRETIN 45
pantoprazole sodium 82
PARAGARD INTRAUTERINE COPPER 110
paricalcitol 97
paromomycin sulfate 27
paroxetine hcl 36, 54
paroxetine hcl er 36, 54
paroxetine mesylate 36, 54
PASER 42
PAXLOVID (150/100) 53
PAXLOVID (300/100) 53
pazopanib hcl 45
peg 3350 kcl na bicarb nacl soln 119
peg 3350/ electrolyte soln 119
peg 3350-kcl-na bicarb-nacl 82
peg-3350/electrolytes 82
PEGASYS 52
PEMAZYRE 44
penciclovir 53
penicillin v potassium 29
pentamidine isethionate 28, 46
PENTASA 96
pentoxifylline er 69
perindopril erbumine 64
permethrin 46
perphenazine 38, 48
phenazo 83
phenazopyridine hcl 83
phenelzine sulfate 35
phenobarbital 32
phenoxybenzamine hcl 63
phentolamine mesylate 63

phenytoin 33
phenytoin infatabs 33
phenytoin sodium extended 33
phospha 250 neutral 108
phosphasal 83
PHOSPHOLINE IODIDE 101
phosphorous 108
phospho-trin 250 neutral 108
pilocarpine hcl 77, 101
pimecrolimus 78
pimozide 48
PIMTREA 114
pindolol 66
pioglitazone hcl 58
pioglitazone hcl-glimepiride 58
pioglitazone hcl-metformin hcl 58
piroxicam 22, 26
PLEGRIDY 75
PLEGRIDY STARTER PACK 75
podofilox 78
polycin 99
polymyxin b-trimethoprim 99
PORTIA-28 115
posaconazole 40
potassium chloride 108
potassium chloride crys er 108
potassium chloride er 108
potassium citrate er 108
potassium citrate-citric acid 108
potassium iodide 109
pramipexole dihydrochloride 47
prasugrel hcl 62, 63
pravastatin 118
pravastatin sodium 72
praziquantel 45
prazosin hcl 63
prednicarbate 86
prednisolone 87, 96
prednisolone acetate 100
prednisolone acetate p-f 100
prednisolone sodium phosphate 87, 96, 97, 100
prednisone 87, 88, 97
pregabalin 75
PREMARIN 90, 97
PREMPHASE 90
PREMPRO 90
PREZCOBIX 51
PREZISTA 51
PRIFTIN 42
primaquine phosphate 46
primidone 32
probenecid 40
prochlorperazine maleate 38, 48
PROCTOFOAM HC 78
procto-med hc 25
progesterone 90
progesterone micronized 90
PROLIA 98
promethazine hcl 38
promethazine-codeine 106
promethazine-dm 106
promethegan 38
PROMETHEGAN 38
propafenone hcl 65
propranolol hcl 66
propranolol hcl er 66
propylthiouracil 93
protriptyline hcl 37
pseudoeph-bromphen-dm 106
PULMICORT FLEXHALER 103
pyrazinamide 42
pyridostigmine bromide 41
pyridostigmine bromide er 42
pyrimethamine 46

Q

QC SUNSCREEN 125
quazepam 76
quetiapine fumarate 35, 49, 55
quetiapine fumarate er 35, 49, 55, 56
QUILLICHEW ER 74
QUILLIVANT XR 74
quinapril hcl 64
quinine sulfate 46

R

raloxifene hcl 90, 98, 110
ramelteon 107
ramipril 64
REACT 111
RECLIPSEN 115
RELENZA DISKHALER 52
repaglinide 58

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

RESTORA RX 81
REYATAZ 51
REZVOGLAR KWIKPEN 61
RHOPRESSA 99
ribavirin 52
RIDAURA 95
rifabutin 42
rifampin 42
riluzole 74
rimantadine hcl 52
risedronate sodium 98
risperidone 49, 56
ritonavir 51
rivaroxaban 62
rivastigmine 34
rizatriptan benzoate 41
ROCKLATAN 99
roflumilast 104
ropinirole hcl 47
rosadan 78
rosuvastatin 118
rosuvastatin calcium 72
rufinamide 33
RYDAPT 45
RYTARY 47

S

salsalate 22, 27
SANTYL 78
sapropterin dihydrochloride 80
saxagliptin hcl 58
saxagliptin-metformin er 58
scopolamine 38
SELARSDI 78
selegiline hcl 47
SELZENTRY 51
sertraline hcl 36, 54
SETLAKIN 116
sevelamer carbonate 84
SHADE SUNSCREEN 125
SHAROBEL 116
SHEER SUNSCREEN 125
sildenafil citrate 105
silodosin 83
silver sulfadiazine 28
SIMLIYA 115
simvastatin 118
simvastatin 72
SIRTURO 42
sod citrate-citric acid 108
sodium chloride 106
sodium fluoride 117
sodium fluoride tab 117
sodium fluoride tab chew 117
sodium phenylbutyrate 80
sodium polystyrene sulfonate 107
sofosbuvir-velpatasvir 52
SOLBAR SUNSCREEN 125
solifenacin succinate 83
sorafenib tosylate 45
sotalol hcl 65
spironolactone 70
spironolactone-hctz 69, 71
SPORT SUNSCREEN 125
SPRINTEC 115
SPS 107
SRONYX 115
ssd 28
stavudine 51
STIMATE 62, 88
STIVARGA 45
STRIBILD 53
sucralfate 82
sulconazole nitrate 40
sulfacetamide sodium 30
sulfacetamide sodium (acne) 30
sulfacetamide sodium-sulfur 78, 79
sulfacetamide-prednisolone 100
sulfacleanse 8/4 79
sulfadiazine 30
sulfamethoxazole-trimethoprim 30, 31
sulfasalazine 31, 96, 97
sulfatrim pediatric 31
sulindac 22, 27
sumatriptan succinate 41
sumatriptan-naproxen sodium 41
sunitinib malate 45
SUNSCREEN 125
SYEDA 115
SYMBICORT 106
SYMLINPEN 120 58
SYMLINPEN 60 58

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

SYMTUZA 52
SYNAREL 92
SYNJARDY 58
SYNJARDY XR 58
SYNTHROID 91

T

TABLOID 43
TABRECTA 43
tacrolimus 79
tadalafil 83
tadalafil (pah) 105
TAKE ACTION 111
TALTZ 79
tamoxifen citrate 43, 110
tamsulosin hcl 83
TARINA 24 FE 115
TARINA FE 1/20 115
TARINA FE 1/20 EQ 115
TASIGNA 45
tavaborole 40
tazarotene 79
taztia xt 67
telmisartan 64
telmisartan-amlodipine 69
telmisartan-hctz 69, 71
temazepam 76, 107
temozolomide 42
tenofovir disoproxil fumarate 51
terazosin hcl 83
terbinafine hcl 40
terbutaline sulfate 105
terconazole 40
teriflunomide 75, 95
teriparatide 98
testosterone 88, 89, 98
testosterone cypionate 89, 98
testosterone enanthate 89, 98
tetrabenazine 74
tetracycline hcl 31
THALOMID 43
theophylline 104
theophylline er 104
thioridazine hcl 48
thiothixene 48
thyroid 91
TIGAN 38
timolol maleate 101
timolol maleate (once-daily) 101
tinidazole 46
TIVICAY 53
TIVICAY PD 53
tizanidine hcl 50
TOBRADEX 27, 100
tobramycin 27, 101
tobramycin-dexamethasone 27, 100
TOBREX 27, 101
TODAY SPONGE 117
tolcapone 46
tolterodine tartrate 83
tolterodine tartrate er 83
topiramate 33, 41
toremifene citrate 43, 44
torsemide 70
TOUJEO MAX SOLOSTAR 61
TOUJEO SOLOSTAR 61
tramadol hcl 24
tramadol hcl er 23
tramadol-acetaminophen 24
trandolapril 64
trandolapril-verapamil hcl er 69
travoprost (bak free) 98
trazodone hcl 35, 36, 54
tretinoin 79
tretinoin microsphere 79
tretinoin microsphere pump 79
triamcinolone acetonide 77, 87, 120
triamterene 70
triamterene-hctz 69, 71
triazolam 76
TRI-ESTARYLLA 115
trifluoperazine hcl 48
trifluridine 53
trihexyphenidyl hcl 46
TRIJARDY XR 58, 59
TRI-LINYAH 115
TRI-LO-ESTARYLLA 115
TRI-LO-MARZIA 115
TRI-LO-MILI 115
TRI-LO-SPRINTEC 115
trimethobenzamide hcl 38
trimethoprim 28

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

TRI-MILLI 115
TRI-SPRINTEC 115
TRIVORA (28) 115
TRI-VYLIBRA 115
TRULICITY 59
TRUVADA 51, 118
TURQOZ 115
TYBOST 51
TYMLOS 98

U

unithroid 91
urea 79
urea nail 79
uretron d/s 83
uribel 83
urin ds 83
uro-mp 83
ursodiol 81

V

valacyclovir hcl 53
valganciclovir hcl 50
valproic acid 32, 57
valsartan 64
valsartan-hydrochlorothiazide 69, 71
vancomycin hcl 28
VCF VAGINAL CONTRACEPTIVE 117
VCF VAGINAL CONTRACEPTIVE FILM 117
VCF VAGINAL CONTRACEPTIVE FOAM 117
VELTASSA 107
VEMLIDY 52
venlafaxine hcl 36, 54
venlafaxine hcl er 36, 37, 55
verapamil hcl 65, 67
verapamil hcl er 65, 67
VERZENIO 44
VESTURA 115
VIBERZI 81
VIENVA 115
vilazodone hcl 37, 55
VIORELE 115
VIRACEPT 52
vitamin deficiency system-b12 108
VOLNEA 116
voriconazole 40
VRAYLAR 49, 56
VYLIBRA 116

W

warfarin sodium 62
WATER BABIES SUNSCREEN 125
WERA 116
WIDE-SEAL DIAPHRAGM 110, 111
wixela inhub 106

X

XALKORI 45
XARELTO 62
XARELTO STARTER PACK 62
XATMEP 94
XELJANZ 94
XELJANZ XR 95
XERAC AC 79
XIGDUO XR 59
XIIDRA 99
XTANDI 93
XULANE 116

Y

yuvafem 90

Z

ZAFEMY 116
zafirlukast 103
zaleplon 107
ZELBORAF 45
zenatane 79
ZENPEP 80
ZEPATIER 52
ZEPOSIA 75
ZEPOSIA 7-DAY STARTER PACK 75
ZEPOSIA STARTER KIT 75
zidovudine 51
ziprasidone hcl 35, 49, 56
zoledronic acid 98
ZOLINZA 44
zolmitriptan 41
zolpidem tartrate 107
zolpidem tartrate er 107
zonisamide 32
ZUBSOLV 25
ZUMANDIMINE 116
ZYDELIG 44, 45
ZYKADIA 45

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

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

787.774.6060

787.792.1370

TTY (audioimpedidos) *TTY (hearing impaired)*

Lunes a viernes *Monday to Friday*	7:30 a.m. - 8:00 p.m.
Sábados *Saturday*	9:00 a.m. - 6:00 p.m.
Domingos *Sunday*	11:00 a.m. - 5:00 p.m.

www.ssspr.com