

# DRUG LIST

## FOR FEDERAL EMPLOYEES & ANNUITANTS

LISTA DE MEDICAMENTOS  
PARA EMPLEADOS Y  
RETIRADOS FEDERALES

# 2021



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

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

**Lista de Medicamentos o Formulario  
Plan Federal 2021**

*Drug List or Formulary  
Federal Plan 2021*

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## TABLA DE CONTENIDO / TABLE OF CONTENTS

Español.....	4
Introducción .....	4
Parte I – Diseño y Manejo de la Lista de Medicamentos .....	5
Presentación de la Lista de Medicamentos.....	5
¿Cómo puedo usar mi Lista de Medicamentos? .....	5
¿Cuánto voy a pagar por los medicamentos cubiertos? .....	5
¿Qué son Medicamentos Genéricos (Nivel 1)?.....	6
¿Qué son Medicamentos de Marca Preferidos (Nivel 2)? .....	6
¿Qué son Medicamentos de Marca No Preferidos (Nivel 3)? .....	6
¿Qué son Medicamentos Especializados o Biotecnológicos Preferidos (Nivel 4)? .....	7
¿Qué son los Medicamentos Especializados o Biotecnológicos No Preferidos (Nivel 5)? .....	7
¿Puede cambiar la Lista? .....	7
Guía de Referencia .....	9
Política para el Mantenimiento de la Lista de Medicamentos.....	13
Derechos Reservados .....	14
English.....	15
Introduction.....	15
Part I - Drug List Design .....	16
Presentation.....	16
How do I use the Drug List? .....	16
How much will I pay for covered drugs? .....	16
What are Generic Drugs (Level 1)? .....	17
What are Preferred Brand Drugs (Level 2)? .....	17
What are Non-Preferred Brand Drugs (Level 3)? .....	17
What are Preferred Specialty Drugs (Level 4)? .....	17
What are Non-Preferred Specialty or Biotech Drugs (Level 5)? .....	18
Can the Drug List change? .....	18
Reference Guide .....	19
Table of Abbreviations and Symbols.....	22
Reserved Rights .....	24

<b>PARTE II - LISTA DE MEDICAMENTOS POR CLASIFICACION TERAPÉUTICA / PART II DRUG LIST BY THERAPEUTIC CLASSIFICATION.....</b>	<b>25</b>
<b>PARTE III - LISTA DE MEDICAMENTOS / PART III DRUG LIST .....</b>	<b>29</b>
<b>APÉNDICE I – TERAPIAS ESCALONADAS / APPENDIX I – STEP THERAPIES.....</b>	<b>132</b>
<b>APÉNDICE II – LÍMITES DE ESPECIALIDAD / APPENDIX II – SPECIALTY LIMITATIONS .....</b>	<b>138</b>
<b>APÉNDICE III- LISTA DE PREVENTIVOS / APPENDIX III- PREVENTIVE LIST .....</b>	<b>139</b>
<b>APÉNDICE IV – LISTA DE MEDICAMENTOS OTC CUBIERTOS / APPENDIX IV - OVER THE COUNTER (OTC) COVERED DRUGS LIST.....</b>	<b>150</b>
<b>Índice / Index.....</b>	<b>153</b>

# Español

## Introducción

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

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

La segunda parte tiene los medicamentos por clase terapéutica.

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

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

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

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

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

## Parte I – Diseño y Manejo de la Lista de Medicamentos

### Presentación de la Lista de Medicamentos

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

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

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

### ¿Cómo puedo usar mi Lista de Medicamentos?

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

### ¿Cuánto voy a pagar por los medicamentos cubiertos?

Los medicamentos en la lista se clasifican por niveles, menos aquellos que tienen \$0 copago, si son recetados o provistos por proveedores de la red de Triple-S Salud. Estos niveles identifican el costo compartido, o sea lo que pagas, por cada medicamento en la receta. Estos niveles son los siguientes:

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

- Nivel 5 – Medicamentos Especializados o Biotecnológicos No Preferidos

### **¿Qué son Medicamentos Genéricos (Nivel 1)?**

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

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

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

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

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

Hay ciertos medicamentos de marca que han sido escogidos por el Comité como agentes preferidos luego de ser evaluados por seguridad, eficacia y costo. Los mismos están identificados a la derecha como Nivel 2. En aquellas clases terapéuticas donde no hay genéricos, te sugerimos que uses como primera alternativa aquellos medicamentos preferidos.

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

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

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

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

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

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

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

## **¿Puede cambiar la Lista?**

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

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

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





## **Guía de Referencia**

### **Programa de Terapia Escalonada**

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

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

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

### **Medicamentos que Necesitan Preautorización (PA)**

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

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

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

### **Límites de Cantidad (QL)**

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

### **Límites de Especialidad Médica (SL)**

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

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

### **Límites de Edad (AL)**

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

### **Uso de medicamentos en investigación o experimentales**

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

### **Recetas de Compuestos**

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

### **Éditos de Análisis de Utilización (DUR)**

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

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

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

- Cambio en dosis

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

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

## Leyenda - Símbolos y Abreviaturas

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

## **Política para el Mantenimiento de la Lista de Medicamentos**

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

## **Derechos Reservados**

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

# English

## Introduction

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

The Drug List has three parts.

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

The second part has the drugs by therapeutic class.

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

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

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

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

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



## Part I - Drug List Design

### Presentation

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

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

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

### How do I use the Drug List?

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

### How much will I pay for covered drugs?

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

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

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

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

### **What are Generic Drugs (Level 1)?**

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

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

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

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

### **What are Preferred Brand Drugs (Level 2)?**

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

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

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

### **What are Preferred Specialty Drugs (Level 4)?**

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

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

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

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

### **Can the Drug List change?**

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

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

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

## Reference Guide

### Step Therapy Program

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

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

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

### Drugs that Need a Prior Authorization (PA)

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

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

### Quantity Limits (QL) on the amount to be dispensed

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

### Medical Specialty Limits

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

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

### **Age Limits (AL)**

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

### **Investigational or Experimental Drugs**

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

### **Compounded Prescriptions**

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

### **Edits for Drug Utilization Analysis (DUR)**

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

- Dose check edits - Verify daily maximum doses for pediatric, adult and geriatric population. In the most of cases, the maximum dose is the one approved by the FDA.
- Duplicate Therapy edits- Verify your drug history for duplicate prescriptions in two ways:
  1. If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different; could be through the same pharmacy or different ones).
  2. If you get two drugs of the same therapeutic category, such as: two antidepressants or two analgesics.

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

- Change in Dose

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

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

## Table of Abbreviations and Symbols

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

## **Policy for the Review and Maintenance of the Drug List**

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



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**PARTE II - LISTA DE MEDICAMENTOS POR CLASIFICACION TERAPÉUTICA / PART II DRUG LIST BY THERAPEUTIC CLASSIFICATION**

**ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES] ..... 29**

**ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] ..... 33**

**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]..... 34**

**ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]..... 35**

**ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]..... 40**

**ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]..... 42**

**ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] ..... 43**

**ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] ..... 45**

**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] ..... 46**

**ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA] ..... 48**

**ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]..... 48**

**ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]..... 48**

**ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] ..... 49**

**ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] ..... 50**

**ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] ..... 50**

<b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]</b> .....	55
<b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]</b> ...	56
<b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b> .....	57
<b>ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]</b> .....	60
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]</b> .....	60
<b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]</b> .....	65
<b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b> .....	66
<b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]</b> .....	66
<b>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]</b> .....	69
<b>CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]</b> .....	74
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]</b> .....	84
<b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]</b> .....	88
<b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]</b> .....	88
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]</b> .....	91
<b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]</b> .....	96

<b>GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO].....</b>	<b>99</b>
<b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES] .....</b>	<b>100</b>
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] .....</b>	<b>101</b>
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] .....</b>	<b>105</b>
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] .....</b>	<b>106</b>
<b>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] .....</b>	<b>106</b>
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS] .....</b>	<b>109</b>
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] .....</b>	<b>109</b>
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] .....</b>	<b>110</b>
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS] .....</b>	<b>111</b>
<b>IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE].....</b>	<b>111</b>

<b>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].....</b>	<b>117</b>
<b>METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS].....</b>	<b>118</b>
<b>MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]..</b>	<b>119</b>
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS].....</b>	<b>119</b>
<b>OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS].....</b>	<b>123</b>
<b>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].....</b>	<b>123</b>
<b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] .....</b>	<b>129</b>
<b>SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] .....</b>	<b>130</b>

**PARTE III - LISTA DE MEDICAMENTOS / PART III 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 <sup>1</sup> [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
<b>ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]</b>			
<b>Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]</b>			
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	TENCON	QL(18 / 30)
<i>butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	FIORICET	QL(18 / 30)
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	FIORINAL	QL(18 / 30)
<b>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]</b>			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	ST
<i>diclofenac epolamine 1.3 % td patch</i>	1		
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium 1 % td gel</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN	
<i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i>	1	ARTHROTEC	
<i>diflunisal 500 mg tab</i>	1	DOLOBID	
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
FLECTOR 1.3 % td patch	3		
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
IBU 400 mg tab, 600 mg tab, 800 mg tab	1		
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>ibuprofen 100 mg/5ml susp</i>	1	MOTRIN	
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketoprofen 50 mg cap, 75 mg cap</i>	1	ORUDIS	
<i>ketoprofen er 200 mg cap er 24 hr</i>	1	ORUVAIL	
<i>ketorolac tromethamine 60 mg/2ml im soln</i>	1		QL(20 / 5)
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	QL(20 / 5)
<i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i>	1	TORADOL	QL(20 / 5)
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>mefenamic acid 250 mg cap</i>	1	PONSTEL	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen 125 mg/5ml susp</i>	1	NAPROSYN	
<i>naproxen dr 375 mg tab dr, 500 mg tab dr</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>oxaprozin 600 mg tab</i>	1	DAYPRO	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>salsalate 500 mg tab, 750 mg tab</i>	1		
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
<i>tolmetin sodium 200 mg tab</i>	1		
<i>tolmetin sodium 400 mg cap, 600 mg tab</i>	1	TOLECTIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]</b>			
<i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i>	1	BUTRANS	QL(4 / 28)
<i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	QL(10 / 30), ST
<i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	MS CONTIN	QL(60 / 30)
<i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr</i>	1	OXYCONTIN	QL(60 / 30)
<i>tramadol hcl er 200 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	ULTRAM ER	QL(30 / 30)
<i>tramadol hcl er 100 mg tab er 24 hr</i>	1	ULTRAM ER	QL(90 / 30)
<b>Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]</b>			
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>acetaminophen-codeine 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	QL(2700 / 30), AL
<i>acetaminophen-codeine #2 300-15 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #3 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine #4 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i>	1	FIORICET WITH CODEINE	QL(180 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	FIORINAL WITH CODEINE	QL(180 / 30), AL
<i>butorphanol tartrate 10 mg/ml nasal soln</i>	1	STADOL	QL(150 / 30)
<i>codeine sulfate 60 mg tab</i>	1		QL(180 / 30), AL
<i>codeine sulfate 30 mg tab</i>	1		QL(360 / 30), AL
<i>codeine sulfate 15 mg tab</i>	1		QL(720 / 30), AL
DEMEROL 100 mg/2ml inj soln, 25 mg/0.5ml inj soln	3		QL(2 / 30)
<i>fentanyl citrate (pf) 100 mcg/2ml inj soln</i>	1		QL(2 / 30)
<i>hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab</i>	1	NORCO	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	NORCO	QL(240 / 30)
<i>hydrocodone-acetaminophen 2.5-325 mg tab</i>	1	NORCO	QL(360 / 30)
<i>hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab</i>	1	VICODIN	QL(180 / 30)
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	1	VICODIN	QL(240 / 30)
<i>hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab</i>	1	REPREXAIN	QL(150 / 30)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	VICOPROFEN	QL(150 / 30)
<i>hydromorphone hcl 8 mg tab</i>	1	DILAUDID	QL(90 / 30)
<i>hydromorphone hcl 4 mg tab</i>	1	DILAUDID	QL(180 / 30)
<i>hydromorphone hcl 2 mg tab</i>	1	DILAUDID	QL(540 / 30)
<i>meperidine hcl 10 mg/ml inj soln</i>	1		QL(2 / 30)
<i>meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln</i>	1	DEMEROL	QL(2 / 30)
<i>morphine sulfate 30 mg tab</i>	1		QL(60 / 30)
<i>morphine sulfate 20 mg/5ml soln</i>	1		QL(90 / 30)
<i>morphine sulfate 15 mg tab</i>	1		QL(120 / 30)
<i>morphine sulfate 10 mg/5ml soln</i>	1		QL(1800 / 30)
<i>morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln</i>	1		QL(180 / 30)
OPANA 1 mg/ml inj soln	3		
<i>oxycodone hcl 10 mg tab, 20 mg tab</i>	1		QL(180 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>oxycodone hcl 5 mg cap</i>	1		QL(540 / 30)
<i>oxycodone hcl 100 mg/5ml oral conc</i>	1	ROXICODONE	QL(150 / 30)
<i>oxycodone hcl 15 mg tab, 30 mg tab</i>	1	ROXICODONE	QL(180 / 30)
<i>oxycodone hcl 5 mg tab</i>	1	ROXICODONE	QL(360 / 30)
<i>oxycodone hcl 5 mg/5ml soln</i>	1	ROXICODONE	QL(5400 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>oxymorphone hcl 10 mg tab</i>	1	OPANA	QL(90 / 30)
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(360 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 30)
<b>ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]</b>			
<b>Local Anesthetics [Anestésicos Locales]</b>			
DERMACINRX EMPRICAINE 2.5-2.5 % ext kit	1		
<i>ethyl chloride ext aer</i>	1		
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	PA
<i>lidocaine hcl 3 % crm</i>	1		
<i>lidocaine hcl 1 % inj soln, 3 % lot</i>	1		
<i>lidocaine hcl 2 % inj soln, 4 % ext soln</i>	1	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % inj soln, 2 % inj soln</i>	1		
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe, 2 % gel</i>	1		
<i>lidocaine pak 5 % oint</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % ext kit</i>	1		
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>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]</b>			
<b>Alcohol Deterrents/Anti-Craving - Antidotes/Deterrents/Protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]</b>			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	ANTABUSE	
<b>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]</b>			
<i>buprenorphine hcl 2 mg tab subl</i>	1	SUBUTEX	PA, QL(60 / 30)
<i>buprenorphine hcl 8 mg tab subl</i>	1	SUBUTEX	PA, QL(240 / 30)
<i>buprenorphine hcl-naloxone hcl 12-3 mg subl film</i>	1	SUBOXONE	PA, QL(60 / 30)
<i>buprenorphine hcl-naloxone hcl 8-2 mg tab subl, 8-2 mg tab subl film</i>	1	SUBOXONE	PA, QL(90 / 30)
<i>buprenorphine hcl-naloxone hcl 4-1 mg subl film</i>	1	SUBOXONE	PA, QL(180 / 30)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 2-0.5 mg tab subl</i>	1	SUBOXONE	PA, QL(360 / 30)
<i>naltrexone hcl 50 mg tab</i>	1		
SUBOXONE 12-3 mg subl film	2		PA, QL(60 / 30)
SUBOXONE 8-2 mg subl film	2		PA, QL(90 / 30)
SUBOXONE 4-1 mg subl film	2		PA, QL(180 / 30)
SUBOXONE 2-0.5 mg subl film	2		PA, QL(360 / 30)
ZUBSOLV 11.4-2.9 mg tab subl	2		PA, QL(30 / 30)
ZUBSOLV 8.6-2.1 mg tab subl	2		PA, QL(60 / 30)
ZUBSOLV 5.7-1.4 mg tab subl	2		PA, QL(90 / 30)
ZUBSOLV 2.9-0.71 mg tab subl	2		PA, QL(150 / 30)
ZUBSOLV 1.4-0.36 mg tab subl	2		PA, QL(360 / 30)
ZUBSOLV 0.7-0.18 mg tab subl	2		PA, QL(720 / 30)
<b>Opioid Reversal Agents - Antidotes/Deterrents/Protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]</b>			
<i>flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln</i>	1		
<i>naloxone hcl 0.4 mg/ml inj soln cart, 4 mg/10ml inj soln</i>	1		
<i>naloxone hcl 0.4 mg/ml inj soln, 2 mg/2ml inj soln pfs</i>	1	NARCAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]</b>			
<b>Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]</b>			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 40 mg/ml inj soln</i>	1	GENTAK	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>paromomycin sulfate 250 mg cap</i>	1	HUMATIN	
<b>Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]</b>			
BUCALSEP ext liq, ext soln	3		
CLEOCIN 100 mg vag supp	3		
<i>clindamycin hcl 150 mg cap, 300 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln</i>	1	CLEOCIN PHOSPHATE	
<i>clindamycin phosphate 1 % swab</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % gel</i>	1	CLEOCIN-T	
<i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i>	1	CLEOCIN-T	
<i>colistimethate sodium (cba) 150 mg inj soln</i>	1		
CORTISPORIN 1 % oint, 3.5-10000-0.5 crm	3		
FIRVANQ 25 mg/ml soln, 50 mg/ml soln	3		
<i>lincomycin hcl 300 mg/ml inj soln</i>	1	LINCOCIN	
<i>linezolid 600 mg tab</i>	1	ZYVOX	PA
<i>linezolid 100 mg/5ml susp</i>	1	ZYVOX	PA
<i>mafenide acetate 5 % ext pckt</i>	1	SULFAMYLON	
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % vag gel</i>	1	METROGEL	
MONUROL 3 gm pckt	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>mupirocin calcium 2 % crm</i>	1	BACTROBAN	
<i>nitrofurantoin 25 mg/5ml susp</i>	1	FURADANTIN	
<i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
RELAGARD 0.9-0.025 % vag gel	3		
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SIVEXTRO 200 mg tab	3		PA
SULFAMYLON 85 mg/gm crm	3		
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1		
<i>vancomycin hcl 250 mg/5ml soln</i>	1		
XIFAXAN 200 mg tab, 550 mg tab	3		PA
<b>Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]</b>			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefditoren pivoxil 200 mg tab, 400 mg tab</i>	1	SPECTRACEF	
<i>cefepodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefepodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>ceftibuten 400 mg cap</i>	1	CEDAX	
<i>ceftibuten 180 mg/5ml susp</i>	1	CEDAX	
CEFTIN 125 mg/5ml susp, 250 mg/5ml susp	3		
<i>ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj</i>	1	ROCEPHIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln</i>			
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
FORTAZ 500 mg inj soln	3		
ZINACEF 750 mg iv soln	3		
<b>Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]</b>			
<i>ertapenem sodium 1 gm inj soln</i>	4	INVANZ	
<b>Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]</b>			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 250 mg cap, 500 mg cap</i>	1		
<i>ampicillin sodium 125 mg inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i>	1		
<i>ampicillin sodium 1 gm inj soln</i>	1	TOTACILLIN-N	
AUGMENTIN 125-31.25 mg/5ml susp	3		
BICILLIN C-R 1200000 unit/2ml im susp	3		
BICILLIN C-R 900/300 900000-300000 unit/2ml im susp	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
BICILLIN L-A 1200000 unit/2ml im susp, 2400000 unit/4ml im susp, 600000 unit/ml im susp	3		
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	1	DYCILL	
<i>nafcillin sodium 10 gm iv soln</i>	1		
<i>penicillin g procaine 600000 unit/ml im susp</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
<b>Macrolides - Antibiotics [Macrólidos - Antibióticos]</b>			
<i>azithromycin 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>clarithromycin er 500 mg tab er 24 hr</i>	1	BIAXIN XL	
ERYPED 400 400 mg/5ml susp	3		
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	3		
ERYTHROCIN STEARATE 250 mg tab	3		
<i>erythromycin 2 % pad</i>	1		
<i>erythromycin 2 % ext soln</i>	1	ERYDERM	
<i>erythromycin 2 % gel</i>	1	ERYGEL	
<i>erythromycin base 250 mg cap dr prt, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1		
<i>erythromycin base 500 mg tab</i>	1	ERY-TAB	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml susp</i>	1	ERYPED	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>erythromycin ethylsuccinate 400 mg/5ml susp</i>	1	ERYPED 400	
ZMAX 2 gm susp	3		
<b>Quinolones - Antibiotics [Quinolonas - Antibióticos]</b>			
<i>ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp</i>	1	CIPRO	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>ciprofloxacin-ciproflox hcl er 500 mg tab er 24 hr</i>	1	CIPRO XR	QL(3 / 30)
<i>ciprofloxacin-ciproflox hcl er 1000 mg tab er 24 hr</i>	1	CIPRO XR	QL(14 / 30)
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>			
<i>sulfacetamide sodium (acne) 10 % lot</i>	1	KLARON	
<i>sulfadiazine 500 mg tab</i>	1		
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
<b>Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]</b>			
<i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	DORYX	
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1		
VIBRAMYCIN 50 mg/5ml syr	3		
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]</b>			
<b>Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]</b>			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA	ST
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
<b>Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones]</b>			
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i>	1	DIASTAT	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE	
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	1	NEURONTIN	
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
SABRIL 500 mg tab	5		PA
valproate sodium 250 mg/5ml soln	1	DEPAKENE	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
vigabatrin 500 mg pckt, 500 mg tab	4	SABRIL	PA
<b>Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]</b>			
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	
<b>Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]</b>			
BANZEL 200 mg tab, 400 mg tab	3		PA
BANZEL 40 mg/ml susp	3		PA
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	
DILANTIN 30 mg cap	3		
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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>phenytoin sodium 50 mg/ml inj soln</i>	1	DILANTIN	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
VIMPAT 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3		AL
VIMPAT 10 mg/ml soln	3		AL
<b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]</b>			
<b>Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>			
<i>ergoloid mesylates 1 mg tab</i>	1	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 & 28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
<b>Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]</b>			
<i>donepezil hcl 10 mg tab, 10 mg tab disint, 23 mg tab, 5 mg tab, 5 mg tab disint</i>	1	ARICEPT	
<i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i>	1	RAZADYNE	
<i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i>	1	EXELON	QL(30 / 30)
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
<b>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]</b>			
<i>memantine hcl 10 mg tab, 28 x 5 MG &amp; 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
<i>memantine hcl 2 mg/ml soln</i>	1	NAMENDA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr</i>	1	NAMENDA XR	ST
NAMENDA XR 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	3		ST
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr	3		ST
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]</b>			
<b>Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]</b>			
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
<b>Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos]</b>			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		PA
MARPLAN 10 mg tab	3		
<i>phenelzine sulfate 15 mg tab</i>	1	NARDIL	
<i>tranylcypromine sulfate 10 mg tab</i>	1	PARNATE	
<b>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]</b>			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	KHEDEZLA	ST

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i>	1	ASENDIN	
<i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i>	1	LIMBITROL	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	ANAFRANIL	
<i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	NORPRAMIN	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>doxepin hcl 10 mg/ml oral conc</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i>	1	TOFRANIL-PM	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
<i>nortriptyline hcl 10 mg/5ml soln</i>	1	PAMELOR	
<i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i>	1	TRIAVIL	
<i>protriptyline hcl 10 mg tab, 5 mg tab</i>	1	VIVACTIL	
<b>ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]</b>			
<b>Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]</b>			
AKYNZEO 300-0.5 mg cap	3		PA, QL(1 / 7)
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg rect supp, 50 mg tab</i>	1	PHENERGAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr</i>	1	PHENERGAN	
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
TIGAN 100 mg/ml im soln	3		
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
<b>Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]</b>			
ANZEMET 100 mg tab, 50 mg tab	3		
<i>aprepitant 125 mg cap</i>	1	EMEND	PA, QL(1 / 7)
<i>aprepitant 80 mg cap</i>	1	EMEND	PA, QL(2 / 7)
<i>aprepitant 80 &amp; 125 mg cap</i>	1	EMEND	PA, QL(3 / 7)
<i>dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	MARINOL	
<i>granisetron hcl 1 mg tab</i>	1	KYTRIL	
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/5ml soln</i>	1	ZOFRAN	
<i>ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln</i>	4	ZOFRAN	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]</b>			
<b>Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]</b>			
<i>bio-statin oral pwr</i>	1		
<i>bio-statin 500000 unit cap</i>	3		
<i>ciclopirox 0.77 % gel</i>	1	LOPROX	
<i>ciclopirox 1 % shampoo</i>	1	LOPROX	
<i>ciclopirox 8 % ext soln</i>	1	PENLAC	QL(6.6 / 90)
<i>ciclopirox olamine 0.77 % crm</i>	1	LOPROX	
<i>ciclopirox olamine 0.77 % ext susp</i>	1	LOPROX	
<i>clotrimazole 1 % crm</i>	1	LOTRIMIN	
<i>clotrimazole 10 mg m/t troche</i>	1	MYCELEX	
<i>clotrimazole 1 % ext soln</i>	1	MYCELEX	
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	AL
<i>clotrimazole-betamethasone 1-0.05 % lot</i>	1	LOTRISONE	AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
CRESEMBA 186 mg cap	3		
econazole nitrate 1 % crm	1	SPECTAZOLE	
EXELDERM 1 % crm	3		
EXELDERM 1 % ext soln	3		
EXODERM 25-1 % lot	3		
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		
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	
iodoquinol-hc-aloe polysacch 1-2-1 % gel	1		
itraconazole 10 mg/ml soln	1		
itraconazole 100 mg cap	1	SPORANOX	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % crm	1	NIZORAL	
ketoconazole 2 % shampoo	1	NIZORAL	
MENTAX 1 % crm	3		
naftifine hcl 1 % gel	1		
naftifine hcl 1 % crm, 2 % crm	1	NAFTIN	
NAFTIN 1 % gel, 2 % gel	3		
NATACYN 5 % ophth susp	3		
NOXAFIL 40 mg/ml susp	3		
NOXAFIL 100 mg tab dr	3		
NYAMYC 100000 unit/gm ext pwdr	1		
nystatin 500000 unit tab	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	
oxiconazole nitrate 1 % crm	1	OXISTAT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
OXISTAT 1 % lot	3		
posaconazole 100 mg tab dr	1		
posaconazole 40 mg/ml susp	1		
SPORANOX 10 mg/ml soln	3		
sulconazole nitrate 1 % crm	1		
sulconazole nitrate 1 % ext soln	1		
terbinafine hcl 250 mg tab	1	LAMISIL	QL(84 / 365)
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	
terconazole 80 mg vag supp	1	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	1	VFEND	
voriconazole 40 mg/ml susp	1	VFEND	
<b>ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]</b>			
<b>Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]</b>			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	1	COLCRYS	
colchicine-probenecid 0.5-500 mg tab	1	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	1		PA, QL(30 / 30)
probenecid 500 mg tab	1	BENEMID	
ULORIC 40 mg tab, 80 mg tab	2		PA, QL(30 / 30)
<b>ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]</b>			
<b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>			
hydrocortisone (perianal) 2.5 % crm	1		
hydrocortisone ace-pramoxine 2.5-1 % crm	1		
hydrocortisone acetate 25 mg rect supp, 30 mg rect supp	1		
PRAMOSONE 1-1 % crm, 1-1 % oint, 1-2.5 % oint	3		
PRAMOSONE 1-1 % lot, 1-2.5 % lot	3		
PRAMOSONE E 1-2.5 % crm	3		
<b>ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]</b>			
<i>dihydroergotamine mesylate 4 mg/ml nasal soln</i>	1	MIGRANAL	
ERGOMAR 2 mg tab subling	3		
<i>ergotamine-caffeine 1-100 mg tab</i>	1	CAFERGOT	
MIGERGOT 2-100 mg rectal supp	3		
<b>Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña]</b>			
<i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i>	1	AXERT	QL(6 / 30)
<i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i>	1	RELPAX	QL(6 / 30), ST
<i>frovatriptan succinate 2.5 mg tab</i>	1	FROVA	QL(9 / 30)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	1	AMERGE	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab, 10 mg tab disint</i>	1	MAXALT	QL(12 / 30)
<i>rizatriptan benzoate 5 mg tab, 5 mg tab disint</i>	1	MAXALT	QL(24 / 30)
<i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i>	1	IMITREX	QL(6 / 30)
<i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln pfs</i>	1	IMITREX	QL(5 / 30)
<i>sumatriptan succinate 100 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>sumatriptan succinate 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(18 / 30)
<i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i>	1	IMITREX	QL(5 / 30)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	TREXIMET	QL(10 / 30)
TREXIMET 10-60 mg tab	3		QL(9 / 30)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(6 / 30)
ZOMIG 2.5 mg nasal soln, 5 mg nasal soln	3		QL(6 / 30)
<b>ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]</b>			
<i>guanidine hcl 125 mg tab</i>	1		
MESTINON 60 mg/5ml syr	3		
<i>pyridostigmine bromide 60 mg/5ml soln</i>	1		
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	MESTINON	
<b>ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]</b>			
<b>Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]</b>			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
<i>rifabutin 150 mg cap</i>	1	MYCOBUTIN	
<b>Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]</b>			
<i>cycloserine 250 mg cap</i>	1		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	MYAMBUTOL	
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>isoniazid 50 mg/5ml syr</i>	1		
PASER 4 gm pckt	3		
PRIFTIN 150 mg tab	3		
<i>pyrazinamide 500 mg tab</i>	1		
RIFAMATE 150-300 mg cap	3		
<i>rifampin 150 mg cap, 300 mg cap</i>	1	RIFADIN	
RIFATER 50-120-300 mg tab	3		
SIRTURO 100 mg tab	5		PA
TRECTOR 250 mg tab	3		
<b>ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]</b>			
<b>Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]</b>			
<i>dacarbazine 100 mg iv soln, 200 mg iv soln</i>	4		PA
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap, 5 mg cap	4		
HEXALEN 50 mg cap	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
LEUKERAN 2 mg tab	5		
MATULANE 50 mg cap	5		
<i>melfalan 2 mg tab</i>	4	ALKERAN	
<i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i>	4		PA
<b>Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]</b>			
<i>abiraterone acetate 250 mg tab</i>	4	ZYTIGA	PA
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
ERLEADA 60 mg tab	5		PA
<i>flutamide 125 mg cap</i>	1	EULEXIN	
<i>nilutamide 150 mg tab</i>	4	NILANDRON	PA
POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PA
XTANDI 40 mg cap	5		PA
ZYTIGA 500 mg tab, 250 mg tab	4		PA
<b>Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]</b>			
REVLIMID 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5		PA
THALOMID 100 mg cap, 150 mg cap, 200 mg cap, 50 mg cap	5		PA
<b>Antiestrogens/Modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]</b>			
EMCYT 140 mg cap	5		
FARESTON 60 mg tab	3		
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
<i>toremifene citrate 60 mg tab</i>	1	FARESTON	
<b>Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]</b>			
<i>capecitabine 150 mg tab, 500 mg tab</i>	4		PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
<i>fluorouracil 1 gm/20ml iv soln, 500 mg/10ml iv soln</i>	4		PA
<i>fluorouracil 0.5 % crm</i>	1	CARAC	
<i>fluorouracil 5 % crm</i>	1	EFUDEX	
<i>fluorouracil 2 % ext soln</i>	1	EFUDEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptopurine 50 mg tab</i>	1	PURINETHOL	
TABLOID 40 mg tab	5		
<b>Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]</b>			
<i>bleomycin sulfate 15 unit inj soln</i>	4		PA
<i>docetaxel 20 mg/ml iv conc</i>	4		PA
<i>docetaxel 80 mg/4ml iv conc</i>	4	TAXOTERE	PA
<i>doxorubicin hcl 2 mg/ml iv soln</i>	4	ADRIAMYCIN	PA
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
<i>leucovorin calcium 10 mg tab, 5 mg tab</i>	1		
<i>levoleucovorin calcium pf 175 mg/17.5ml iv soln, 250 mg/25ml iv soln</i>	4		
LONSURF 15-6.14 mg tab, 20-8.19 mg tab	5		PA
<i>mitoxantrone hcl 20 mg/10ml iv conc, 25 mg/12.5ml iv conc, 30 mg/15ml iv conc</i>	4		PA
<i>oxaliplatin 100 mg iv soln, 50 mg iv soln</i>	4		PA
SYLATRON 200 mcg sc kit, 300 mcg sc kit, 600 mcg sc kit	5		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	4		PA
<i>vinblastine sulfate 1 mg/ml iv soln</i>	4		PA
ZOLINZA 100 mg cap	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3era Generación - Agentes De Quimioterapia]</b>			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
<b>Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]</b>			
<i>etoposide 50 mg cap</i>	4		
ZYDELIG 150 mg tab	5		PA
<b>Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]</b>			
AFINITOR 10 mg tab	5		PA
AFINITOR DISPERZ 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	5		PA
ALECENSA 150 mg cap	5		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA
BOSULIF 100 mg tab, 400 mg tab, 500 mg tab	5		PA
BRAFTOVI 50 mg cap, 75 mg cap	5		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap	4		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
ERIVEDGE 150 mg cap	5		PA
<i>erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab</i>	4	TARCEVA	PA
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab</i>	4	AFINITOR	PA
GLEEVEC 100 mg tab, 400 mg tab	5		PA
IBRANCE 100 mg cap, 125 mg cap, 75 mg cap, 100 mg tab, 125 mg tab, 75 mg tab	4		PA
ICLUSIG 15 mg tab, 45 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>imatinib mesylate 100 mg tab, 400 mg tab</i>	4	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA
INLYTA 1 mg tab, 5 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA
LYNPARZA 100 mg tab, 150 mg tab, 50 mg cap	4		PA
MEKINIST 0.5 mg tab, 2 mg tab	5		PA
MEKTOVI 15 mg tab	5		PA
NEXAVAR 200 mg tab	5		PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4		PA
STIVARGA 40 mg tab	5		PA
SUTENT 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	4		PA
TAFINLAR 50 mg cap, 75 mg cap	5		PA
TARCEVA 100 mg tab, 150 mg tab, 25 mg tab	4		PA
TASIGNA 150 mg cap, 200 mg cap, 50 mg cap	5		PA
TIBSOVO 250 mg tab	5		PA
TYKERB 250 mg tab	5		PA
VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab	5		PA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PA
VOTRIENT 200 mg tab	5		PA
XALKORI 200 mg cap, 250 mg cap	5		PA
ZEJULA 100 mg cap	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
ZYKADIA 150 mg cap	5		PA
<b>Monoclonal Antibodies/Antibody-Drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
HERCEPTIN 150 mg iv soln, 440 mg iv soln	5		PA
PERJETA 420 mg/14ml iv soln	5		PA
<b>Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]</b>			
<i>bexarotene 75 mg cap</i>	4	TARGRETIN	
PANRETIN 0.1 % gel	5		
TARGRETIN 1 % gel	5		
<i>tretinoin 10 mg cap</i>	4	VESANOID	
<b>Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia]</b>			
MESNEX 400 mg tab	5		
<b>ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS]</b>			
<b>Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos]</b>			
<i>albendazole 200 mg tab</i>	1	ALBENZA	
ALBENZA 200 mg tab	3		
EMVERM 100 mg tab chew	3		QL(18 / 365)
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
<i>praziquantel 600 mg tab</i>	1	BILTRICIDE	
<b>Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]</b>			
ALINIA 500 mg tab	3		QL(6 / 30)
ALINIA 100 mg/5ml susp	3		QL(60 / 30)
<i>atovaquone 750 mg/5ml susp</i>	1	MEPRON	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	MALARONE	QL(12 / 365)
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	MALARONE	QL(48 / 365)
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1		
COARTEM 20-120 mg tab	3		QL(24 / 365)
DARAPRIM 25 mg tab	5		PA
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	
<i>mefloquine hcl 250 mg tab</i>	1		
NEBUPENT 300 mg inh soln	3		
PENTAM 300 mg inj soln	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>pentamidine isethionate 300 mg inh soln</i>	1	NEBUPENT	
<i>pentamidine isethionate 300 mg inj soln</i>	1	PENTAM 300	
<i>primaquine phosphate 26.3 mg tab</i>	1		
<i>pyrimethamine 25 mg tab</i>	4	DARAPRIM	PA
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	QL(42 / 365)
<b>Pediculicides/Scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]</b>			
<i>lindane 1 % shampoo</i>	1		
<i>permethrin 5 % crm</i>	1	ELIMITE	
SKLICE 0.5 % lot	3		
<b>ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]</b>			
<b>Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
<b>Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
<i>amantadine hcl 50 mg/5ml syr</i>	1	SYMMETREL	
<i>entacapone 200 mg tab</i>	1	COMTAN	
<b>Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]</b>			
APOKYN 30 mg/3ml sc soln cart	5		
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	1	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		ST
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	1	MIRAPEX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>pramipexole dihydrochloride er 0.375 mg tab er 24 hr, 0.75 mg tab er 24 hr, 1.5 mg tab er 24 hr, 2.25 mg tab er 24 hr, 3 mg tab er 24 hr, 3.75 mg tab er 24 hr, 4.5 mg tab er 24 hr</i>	1	MIRAPEX ER	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
<i>ropinirole hcl er 12 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr, 6 mg tab er 24 hr, 8 mg tab er 24 hr</i>	1	REQUIP XL	ST
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>carbidopa 25 mg tab</i>	1	LODOSYN	
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab</i>	1	STALEVO	
<b>Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (MAO-B) - Medicamentos Para La Enfermedad De Parkinson]</b>			
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	AZILECT	QL(60 / 30), ST
<i>selegiline hcl 5 mg tab</i>	1		QL(60 / 30)
<i>selegiline hcl 5 mg cap</i>	1	ELDEPRYL	QL(60 / 30)
<b>ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>			
<b>1st Generation/Typical - Mood Disorder Drugs [1era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	THORAZINE	
<i>fluphenazine decanoate 25 mg/ml inj soln</i>	1	PROLIXIN	
<i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i>	1	PROLIXIN	
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i>	1	HALDOL	
<i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i>	1	LOXITANE	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>pimozide 1 mg tab, 2 mg tab</i>	1	ORAP	
<i>prochlorperazine 25 mg rect supp</i>	1	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml inj soln</i>	1		
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	MELLARIL	
<i>thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	NAVANE	
<i>trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
<b>2nd Generation/Atypical - Mood Disorder Drugs [2da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	4		QL(1 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	QL(30 / 30)
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs	4		
INVEGA TRINZA 273 mg/0.875ml im susp pfs, 410 mg/1.315ml im susp pfs, 546 mg/1.75ml im susp pfs, 819 mg/2.625ml im susp pfs	4		ST
LATUDA 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	3		QL(30 / 30)
<i>olanzapine 10 mg tab, 10 mg tab disint, 15 mg tab, 15 mg tab disint, 2.5 mg tab, 20 mg tab, 20 mg tab disint, 5 mg tab, 5 mg tab disint, 7.5 mg tab</i>	1	ZYPREXA	QL(30 / 30)
<i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr</i>	1	INVEGA	QL(30 / 30)
<i>paliperidone er 9 mg tab er 24 hr</i>	1	INVEGA	QL(60 / 30)
<i>quetiapine fumarate 400 mg tab</i>	1	SEROQUEL	QL(60 / 30)
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab</i>	1	SEROQUEL	QL(90 / 30)
<i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	SEROQUEL XR	QL(60 / 30), ST
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	4		
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint</i>	1	RISPERDAL	QL(60 / 30)
SAPHRIS 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	2		
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	QL(60 / 30)
<b>Treatment-Resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
<b>ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]</b>			
<b>Antispasticity Agents [Agentes Contra La Espasticidad]</b>			
<i>baclofen 5 mg tab</i>	1		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]</b>			
<b>Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (CMV) - Medicamentos Antivirales Misceláneos]</b>			
FOSCAVIR 6000 mg/250ml iv soln	4		
<i>valganciclovir hcl 450 mg tab</i>	4	VALCYTE	
<b>Anti-Hepatitis B (HBV) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (VHB) - Medicamentos Para Hepatitis B]</b>			
BARACLUDE 0.05 mg/ml soln	4		PA
BARACLUDE 0.5 mg tab, 1 mg tab	4		PA
<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	BARACLUDE	PA
INTRON A 10000000 unit inj soln, 18000000 unit inj soln, 50000000 unit inj soln	5		PA
INTRON A 10000000 unit/ml inj soln, 6000000 unit/ml inj soln	5		PA
VEMLIDY 25 mg tab	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>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]</b>			
MAVYRET 100-40 mg tab	4		PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	PA
<b>Anti-Hepatitis C (HCV) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Otros - Medicamentos Para Hepatitis C]</b>			
MODERIBA 200 mg tab	4		PA
MODERIBA (1000 MG PACK) 400 & 600 mg tab pack	5		PA
MODERIBA (1200 MG PACK) 600 mg tab pack	5		PA
MODERIBA (600 MG PACK) 200 & 400 mg tab pack	5		PA
MODERIBA (800 MG PACK) 400 mg tab pack	5		PA
PEGASYS 180 mcg/0.5ml sc soln, 180 mcg/ml sc soln	5		PA
PEGASYS PROCLICK 135 mcg/0.5ml sc soln, 180 mcg/0.5ml sc soln	5		PA
PEGINTRON 50 mcg/0.5ml sc kit	5		PA
RIBASPHERE 200 mg cap, 200 mg tab	4		PA
RIBASPHERE 400 mg tab, 600 mg tab	5		PA
RIBASPHERE RIBAPAK (1000 PACK) 400 & 600 mg tab pack	5		PA
RIBASPHERE RIBAPAK (1200 PACK) 600 mg tab pack	5		PA
RIBASPHERE RIBAPAK (600 PACK) 200 & 400 mg tab pack	5		PA
RIBASPHERE RIBAPAK (800 PACK) 400 mg tab pack	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
<b>Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]</b>			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % crm	1	ZOVIRAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>acyclovir 200 mg/5ml susp</i>	1	ZOVIRAX	
<i>acyclovir 5 % oint</i>	1	ZOVIRAX	QL(30 / 15)
DENAVIR 1 % crm	3		
<i>famciclovir 125 mg tab, 500 mg tab</i>	1	FAMVIR	QL(21 / 7)
<i>famciclovir 250 mg tab</i>	1	FAMVIR	QL(60 / 30)
<i>trifluridine 1 % ophth soln</i>	1	VIROPTIC	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	VALTREX	
ZOVIRAX 5 % crm	3		
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI) - Hiv Drugs [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI) - Medicamentos Para VIH]</b>			
BIKTARVY 50-200-25 mg tab	3		
GENVOYA 150-150-200-10 mg tab	3		
ISENTRESS 100 mg pkt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		
ISENTRESS HD 600 mg tab	2		
JULUCA 50-25 mg tab	2		
STRIBILD 150-150-200-300 mg tab	3		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	2		
TRIUMEQ 600-50-300 mg tab	2		
VITEKTA 150 mg tab, 85 mg tab	3		
<b>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]</b>			
COMPLERA 200-25-300 mg tab	3		
DELSTRIGO 100-300-300 mg tab	3		
EDURANT 25 mg tab	2		
<i>efavirenz 200 mg cap, 50 mg cap, 600 mg tab</i>	1	SUSTIVA	
INTELENCE 100 mg tab, 200 mg tab, 25 mg tab	2		PA
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	
<i>nevirapine 50 mg/5ml susp</i>	1	VIRAMUNE	
<i>nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr</i>	1	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	3		
RESCRIPTOR 100 mg tab, 200 mg tab	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
SYMFI 600-300-300 mg tab	3		
SYMFI LO 400-300-300 mg tab	3		
SYMTUZA 800-150-200-10 mg tab	3		
<b>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]</b>			
<i>abacavir sulfate 300 mg tab</i>	1	ZIAGEN	
<i>abacavir sulfate 20 mg/ml soln</i>	1	ZIAGEN	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	EPZICOM	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	1	TRIZIVIR	
CIMDUO 300-300 mg tab	3		
DESCOVY 200-25 mg tab	2		PA
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	1	VIDEX	
EMTRIVA 200 mg cap	2		
EMTRIVA 10 mg/ml soln	2		
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	COMBIVIR	
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	VIREAD	PA
TRUVADA 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	2		
TRUVADA 200-300 mg tab	2		PA
VIDEX 2 gm soln, 4 gm soln	2		
VIDEX EC 125 mg cap dr	2		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
<i>zidovudine 100 mg cap, 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
<b>Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH]</b>			
FUZEON 90 mg sc soln	5		PA
SELZENTRY 150 mg tab, 25 mg tab, 300 mg tab, 75 mg tab	2		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
SELZENTRY 20 mg/ml soln	2		PA
TROGARZO 200 mg/1.33ml iv soln	5		PA
TYBOST 150 mg tab	2		
<b>Anti-HIV Agents, Protease Inhibitors - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Proteasa - Medicamentos Para VIH]</b>			
APTIVUS 250 mg cap	2		PA
APTIVUS 100 mg/ml soln	2		PA
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	1	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	2		
EVOTAZ 300-150 mg tab	2		
<i>fosamprenavir calcium 700 mg tab</i>	1	LEXIVA	
INVIRASE 200 mg cap, 500 mg tab	2		
KALETRA 100-25 mg tab, 200-50 mg tab	2		
LEXIVA 50 mg/ml susp	3		
<i>lopinavir-ritonavir 400-100 mg/5ml soln</i>	1	KALETRA	
NORVIR 100 mg cap, 100 mg pckt, 100 mg tab	3		
NORVIR 80 mg/ml soln	3		
PREZCOBIX 800-150 mg tab	2		
PREZISTA 150 mg tab, 600 mg tab, 75 mg tab, 800 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt, 150 mg cap, 200 mg cap, 300 mg cap	3		
<i>ritonavir 100 mg tab</i>	1	NORVIR	
VIRACEPT 250 mg tab, 625 mg tab	2		
<b>Anti-Influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]</b>			
<i>oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap</i>	1	TAMIFLU	
<i>oseltamivir phosphate 6 mg/ml susp</i>	1	TAMIFLU	
RELENZA DISKHALER 5 mg/blister inh aer pwrdr br act	3		
<i>rimantadine hcl 100 mg tab</i>	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 2 x 20 mg tab pack	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
XOFLUZA (80 MG DOSE) 2 x 40 mg tab pack	3		
<b>ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]</b>			
<b>Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]</b>			
<i>buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	BUSPAR	
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1		
<b>Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]</b>			
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	XANAX	
<i>alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	XANAX XR	
<i>chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap</i>	1	LIBRIUM	
<i>clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab</i>	1	TRANXENE	
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	QL(30 / 30)
<i>lorazepam 2 mg/ml inj soln, 4 mg/ml inj soln</i>	1		
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 2 mg/ml syr, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln</i>	1		
<i>midazolam hcl (pf) 10 mg/2ml inj soln, 2 mg/2ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln</i>	1		
<i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i>	1	SERAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]</b>			
<b>Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]</b>			
<i>lithium 8 meq/5ml soln</i>	1		
<i>lithium carbonate 150 mg cap, 300 mg tab, 600 mg cap</i>	1		
<i>lithium carbonate 300 mg cap</i>	1	ESKALITH	
<i>lithium carbonate er 450 mg tab er</i>	1	ESKALITH CR	
<i>lithium carbonate er 300 mg tab er</i>	1	LITHOBID	
<b>BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]</b>			
<b>Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]</b>			
<i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i>	1	PRECOSE	
ACTOPLUS MET XR 15-1000 mg tab er 24 hr, 30-1000 mg tab er 24 hr	3		ST
BYDUREON 2 mg sc pen-inj, 2 mg sc susp er	2		ST
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	2		ST
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	2		ST
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	2		ST
<i>chlorpropamide 100 mg tab, 250 mg tab</i>	1	DIABINESE	
FARXIGA 10 mg tab, 5 mg tab	2		
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
GLUCOVANCE 2.5-500 mg tab, 5-500 mg tab	3		
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		ST
JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		ST
JARDIANCE 10 mg tab, 25 mg tab	2		ST
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE	
<i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	FORTAMET	ST
<i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	GLYSET	ST
<i>nateglinide 120 mg tab, 60 mg tab</i>	1	STARLIX	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml sc soln pen-inj	2		QL(1.5 / 28), ST
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i>	1	DUETACT	ST
<i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i>	1	ACTOPLUS MET	ST
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	ST
RIOMET ER 500 mg/5 ml er susp	3		
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		ST
TRADJENTA 5 mg tab	2		ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 12.5-2.5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj	2		ST
VICTOZA 18 mg/3ml sc soln pen-inj	2		ST
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	2		
<b>Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]</b>			
<i>diazoxide 50 mg/ml susp</i>	1	PROGLYCEM	
GLUCAGON EMERGENCY 1 mg inj kit	3		
<b>Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]</b>			
HUMALOG 100 unit/ml sc soln, 100 unit/ml sc soln cart	2		
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	2		
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	2		
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	2		
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		
HUMULIN N 100 unit/ml sc susp	2		
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		
HUMULIN R 100 unit/ml inj soln	2		
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	2		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		
LANTUS 100 unit/ml sc soln	2		
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		
<b>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]</b>			
<b>Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]</b>			
ELIQUIS 2.5 mg tab, 5 mg tab	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab	2		
<i>enoxaparin sodium 100 mg/ml sc soln, 120 mg/0.8ml sc soln, 150 mg/ml sc soln, 30 mg/0.3ml sc soln, 300 mg/3ml inj soln, 40 mg/0.4ml sc soln, 60 mg/0.6ml sc soln, 80 mg/0.8ml sc soln</i>	1	LOVENOX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i>	1	ARIXTRA	
FRAGMIN 10000 unit/ml sc soln, 12500 unit/0.5ml sc soln, 15000 unit/0.6ml sc soln, 18000 unit/0.72ml sc soln, 2500 unit/0.2ml sc soln, 5000 unit/0.2ml sc soln, 7500 unit/0.3ml sc soln, 95000 unit/3.8ml sc soln	3		
<i>heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln</i>	1		
PRADAXA 110 mg cap, 150 mg cap, 75 mg cap	2		
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 20 mg tab	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
<b>Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]</b>			
<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	1	AGRYLIN	
EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	5		PA
FULPHILA 6 mg/0.6ml sc soln pfs	4		
NEULASTA 6 mg/0.6ml sc soln pfs	5		
NEULASTA ONPRO 6 mg/0.6ml sc pfs kit	5		
NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln			
PROCRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln	4		PA
PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs	5		
<b>Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]</b>			
ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA, SL
<i>adynovate 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln, 750 unit iv soln</i>	5		PA, SL
AFSTYLA 1000 unit iv kit, 1500 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 2500 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
ALPHANATE/VWF COMPLEX/HUMAN 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
ALPHANINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
ALPROLIX 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln	5		PA, SL
AMICAR 1000 mg tab, 500 mg tab	3		
<i>aminocaproic acid 1000 mg tab, 500 mg tab</i>	1		
BEBULIN 200-1200 unit iv soln	5		PA, SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
COAGADDEX 250 unit iv soln, 500 unit iv soln	5		PA, SL
CYKLOKAPRON 1000 mg/10ml iv soln	5		
ELOCTATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA, SL
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	4		PA, SL
HELIXATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
HEMLIBRA 105 mg/0.7ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 60 mg/0.4ml sc soln	5		PA, SL
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA, SL
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA, SL
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	4		PA, SL
KOATE 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
KOATE-DVI 1000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
KOGENATE FS 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
KOGENATE FS BIO-SET 1000 unit iv kit, 2000 unit iv kit, 3000 unit iv kit	5		PA, SL
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA, SL
MONOCLATE-P 1000 unit iv kit, 1500 unit iv kit	5		PA, SL
MONONINE 1000 unit iv soln	5		PA, SL
NOVOEIGHT 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA, SL
NOVOSEVEN RT 1 mg iv soln, 2 mg iv soln, 5 mg iv soln, 8 mg iv soln	5		PA, SL
NUWIQ 1000 unit iv kit, 1000 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 unit iv soln, 4000 unit iv kit, 4000 unit iv soln, 500 unit iv kit, 500 unit iv soln	5		PA, SL
<i>obizur 500 unit iv soln</i>	5		PA, SL
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
PROFILNINE SD 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
REBINYN 1000 unit iv soln, 2000 unit iv soln, 500 unit iv soln	5		PA, SL
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA, SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln</i>	5		PA, SL
<i>tranexamic acid 1000 mg/10ml iv soln</i>	4	CYKLOKAPRON	
VONVENDI 1300 unit iv soln, 650 unit iv soln	5		PA, SL
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	4		PA, SL
XYNTHA 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 500 unit iv kit	5		PA, SL
XYNTHA SOLOFUSE 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, SL
<b>Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]</b>			
<i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i>	1	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	2		
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PERSANTINE	
<i>prasugrel hcl 10 mg tab, 5 mg tab</i>	1	EFFIENT	
<b>CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]</b>			
<b>Alpha-Adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>			
<i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i>	1		
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
<i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROAMATINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>			
<i>phenoxybenzamine hcl 10 mg cap</i>	1	DIBENZYLINE	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MINIPRESS	
<b>Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]</b>			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	ST
EDARBI 40 mg tab, 80 mg tab	3		ST
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i>	1	BENICAR	ST
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MICARDIS	ST
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
<b>Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (ECA) - Medicamentos Para La Presión Sanguínea]</b>			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	CAPOTEN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]</b>			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>amiodarone hcl 100 mg tab, 400 mg tab</i>	1	PACERONE	
<i>disopyramide phosphate 100 mg cap, 150 mg cap</i>	1	NORPACE	
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	1	TIKOSYN	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MEXITIL	
MULTAQ 400 mg tab	3		ST
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	3		
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i>	1	RYTHMOL	
<i>quinidine gluconate er 324 mg tab er</i>	1		
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
<i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i>	1	BETAPACE AF	
<b>Beta-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]</b>			
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
BYSTOLIC 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	COREG CR	ST
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	CORGARD	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	
<i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	BLOCADREN	
<b>Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]</b>			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>diltiazem cd 180 mg cap er 24 hr</i>	1		
<i>diltiazem cd 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i>	1	CARDIZEM	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er beads 180 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 180 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1		
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	PLENDIL	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	1	DYNACIRC	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	CARDENE	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>nimodipine 30 mg cap</i>	1	NIMOTOP	
<i>nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr</i>	1	SULAR	
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1	VERELAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]</b>			
ALDACTAZIDE 50-50 mg tab	3		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	1	TEKTURNA	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>	1	LOTREL	
<i>amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab</i>	1	EXFORGE	ST
<i>amlodipine-atorvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab</i>	1	CADUET	
<i>amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab</i>	1	AZOR	ST
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab</i>	1	EXFORGE HCT	ST
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i>	1	LOTENSIN HCT	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i>	1	ATACAND HCT	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i>	1	CAPOZIDE	
DEMSEER 250 mg cap	3		
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 0.05 mg/ml soln</i>	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		ST
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	2		PA
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
LANOXIN 187.5 mcg tab, 62.5 mcg tab, 125 mcg tab, 250 mcg tab	3		
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i>	1	BENICAR HCT	ST
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	
<i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i>	1	INDERIDE	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
RANEXA 1000 mg tab er 12 hr, 500 mg tab er 12 hr	2		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i>	1	RANEXA	PA
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
TEKTURNA 150 mg tab, 300 mg tab	2		
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
<i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i>	1	MICARDIS-HCT	ST
<i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i>	1	TARKA	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
<b>Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]</b>			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>bumetanide 0.25 mg/ml inj soln</i>	1	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln</i>	1	LASIX	
<i>toremide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
<b>Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]</b>			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>eplerenone 25 mg tab, 50 mg tab</i>	1	INSPRA	ST
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
<b>Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]</b>			
<i>chlorothiazide 250 mg tab, 500 mg tab</i>	1	DIURIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
<b>Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]</b>			
ANTARA 30 mg cap, 90 mg cap	3		
<i>fenofibrate 150 mg cap, 50 mg cap</i>	1	LIPOFEN	
<i>fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La HMG CoA Reductasa - Medicamentos Para Control Del Colesterol]</b>			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		ST
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	LESCOL	
<i>fluvastatin sodium er 80 mg tab er 24 hr</i>	1	LESCOL XL	
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		ST
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ZOCOR	
<i>simvastatin 80 mg tab</i>	1	ZOCOR	ST
<b>Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]</b>			
<i>cholestyramine 4 gm pckt</i>	1		
<i>cholestyramine 4 gm/dose oral pwr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm pckt</i>	1	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose oral pwr</i>	1	QUESTRAN LIGHT	
<i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i>	1	WELCHOL	
<i>colestipol hcl 5 gm pckt</i>	1		
<i>colestipol hcl 1 gm tab</i>	1	COLESTID	
<i>colestipol hcl 5 gm oral gr</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	ST
<i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i>	1	VYTORIN	ST
<i>niacin (antihyperlipidemic) 500 mg tab</i>	1		
<i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i>	1	NIASPAN	
NIACOR 500 mg tab	3		
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
<i>triklo 1 gm cap</i>	1	LOVAZA	
VASCEPA 0.5 gm cap, 1 gm cap	3		
WELCHOL 3.75 gm pckt, 625 mg tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Vasodilators, Direct-Acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]</b>			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
<b>Vasodilators, Direct-Acting Arterial/Venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]</b>			
<i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ISORDIL	
<i>isosorbide dinitrate er 40 mg tab er</i>	1	ISORDIL	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
NITRO-BID 2 % td oint	3		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr, 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr	3		
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray tl soln</i>	1	NITROLINGUAL	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
<i>nitroglycerin er 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er</i>	1		
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para ADHD]</b>			
ADZENYS XR-ODT 12.5 mg Oral Tablet Extended Release Disintegrating, 15.7 mg Oral Tablet Extended Release Disintegrating, 18.8 mg Oral Tablet Extended	3		ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
Release Disintegrating, 3.1 mg Oral Tablet Extended Release Disintegrating, 6.3 mg Oral Tablet Extended Release Disintegrating, 9.4 mg Oral Tablet Extended Release Disintegrating			
<i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	ADDERALL XR	QL(30 / 30), ST
<i>amphetamine-dextroamphetamine 30 mg cap er 24 hr</i>	1	ADDERALL XR	QL(90 / 30), ST
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	ADDERALL	QL(30 / 30)
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	QL(90 / 30)
<i>dextroamphetamine sulfate 5 mg tab</i>	1	DEXEDRINE	QL(90 / 30)
<i>dextroamphetamine sulfate 10 mg tab</i>	1	DEXEDRINE	QL(120 / 30)
<i>dextroamphetamine sulfate er 5 mg cap er 24 hr</i>	1	DEXEDRINE	QL(90 / 30)
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr</i>	1	DEXEDRINE	QL(120 / 30)
DYANAVEL XR 2.5 mg/ml susp er	3		QL(240 / 30), ST
VYVANSE 10 mg cap, 10 mg tab chew, 20 mg cap, 20 mg tab chew, 30 mg cap, 30 mg tab chew, 40 mg cap, 40 mg tab chew, 50 mg cap, 50 mg tab chew, 60 mg cap, 60 mg tab chew, 70 mg cap	2		QL(30 / 30), ST
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines - ADHD Drugs</b> <b>[Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para ADHD]</b>			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	PA, AL, ST
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	QL(120 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
COTEMPLA XR-ODT 8.6 mg Oral Tablet Extended Release Disintegrating	3		QL(30 / 30), ST
COTEMPLA XR-ODT 17.3 mg Oral Tablet Extended Release Disintegrating, 25.9 mg Oral Tablet Extended Release Disintegrating	3		QL(60 / 30), ST
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	QL(60 / 30)
<i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	QL(30 / 30)
<i>guanfacine hcl er 4 mg tab er 24 hr</i>	1	INTUNIV	QL(60 / 30)
<i>guanfacine hcl er 1 mg tab er 24 hr, 3 mg tab er 24 hr</i>	1	INTUNIV	QL(90 / 30)
<i>guanfacine hcl er 2 mg tab er 24 hr</i>	1	INTUNIV	QL(120 / 30)
METADATE ER 20 mg tab er	1		QL(30 / 30)
<i>methylphenidate hcl 5 mg/5ml soln</i>	1	METHYLIN	QL(90 / 30)
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	QL(90 / 30)
<i>methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr, 72 mg tab er</i>	1		QL(30 / 30)
<i>methylphenidate hcl er 18 mg tab er, 27 mg tab er, 54 mg tab er</i>	1	CONCERTA	QL(30 / 30)
<i>methylphenidate hcl er 36 mg tab er</i>	1	CONCERTA	QL(60 / 30)
<i>methylphenidate hcl er 10 mg tab er</i>	1	METADATE	QL(30 / 30)
<i>methylphenidate hcl er 20 mg tab er</i>	1	RITALIN SR	QL(30 / 30)
<i>methylphenidate hcl er (cd) 30 mg cap er, 50 mg cap er, 60 mg cap er</i>	1	METADATE	QL(30 / 30)
<i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er</i>	1	METADATE CD	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>methylphenidate hcl er (la) 30 mg cap er 24 hr</i>	1		QL(30 / 30)
<i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i>	1	RITALIN LA	QL(30 / 30)
<b>Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]</b>			
QSYMIA 11.25-69 mg cap er 24 hr, 15-92 mg cap er 24 hr, 3.75-23 mg cap er 24 hr, 7.5-46 mg cap er 24 hr	3		PA
<i>riluzole 50 mg tab</i>	4	RILUTEK	PA
<b>Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]</b>			
LYRICA 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	2		ST
LYRICA 20 mg/ml soln	2		ST
LYRICA CR 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	3		
<i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i>	1	LYRICA	ST
<i>pregabalin 20 mg/ml soln</i>	1	LYRICA	ST
SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	3		
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
<b>Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]</b>			
AUBAGIO 14 mg tab, 7 mg tab	4		PA
AVONEX 30 mcg im kit	4		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
BETASERON 0.3 mg sc kit	4		PA
<i>dalfampridine er 10 mg tab er 12 hr</i>	4	AMPYRA	PA
GILENYA 0.25 mg cap, 0.5 mg cap	4		PA
<i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i>	4	COPAXONE	PA
MAYZENT 0.25 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
PLEGRIDY 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA
TECFIDERA 120 & 240 mg oral misc, 120 mg cap dr, 240 mg cap dr	4		PA
TYSABRI 300 mg/15ml iv conc	4		PA
<b>DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]</b>			
<b>Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]</b>			
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIOGARD	
<i>lidocaine viscous 2 % m/t soln</i>	1	XYLOCAINE	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
<b>DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]</b>			
<b>Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]</b>			
ABSORICA 25 mg cap, 35 mg cap, 10 mg cap	3		
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	1	SORIATANE	
ACZONE 7.5 % gel	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i>	1	DIFFERIN	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	EPIDUO	
<i>ammonium lactate 12 % crm, 12 % lot</i>	1	LAC-HYDRIN	
ANALPRAM-HC 2.5-1 % lot	3		
<i>azelaic acid 15 % gel</i>	1	FINACEA	
AZELEX 20 % crm	3		
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	BENZAMYCIN	
<i>bp 10-1 10-1 % ext emul</i>	1		
<i>calcipotriene 0.005 % crm</i>	1	DOVONEX	
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>calcitriol 3 mcg/gm oint</i>	1	VECTICAL	
CEM-UREA 45 % ext soln	3		
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1		
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	1	ACANYA	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	DUAC	
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	1	ZIANA	
CONDYLOX 0.5 % gel	3		
COSENTYX 150 mg/ml sc soln pfs	5		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		PA
COSENTYX SENSOREADY PEN 150 mg/ml sc soln auto-inj	5		PA
<i>dapsone 5 % gel, 7.5 % gel</i>	1	ACZONE	
<i>doxycycline 40 mg cap dr</i>	1		
ELIDEL 1 % crm	3		ST
EPIDUO FORTE 0.3-2.5 % gel	3		
FINACEA 15 % foam	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1		
<i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i>	1		
ILUMYA 100 mg/ml sc soln pfs	5		PA
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	CLARAVIS	
<i>ivermectin 1 % crm</i>	1		
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1		
<i>lidocaine-hydrocortisone ace 2-2 % rect kit, 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit</i>	1		
<i>lidocaine-hydrocortisone ace 3-0.5 % rect crm</i>	1		
<i>methoxsalen rapid 10 mg cap</i>	1	OXSORALEN-ULTRA	
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 1 % gel</i>	1	METROGEL	
<i>metronidazole 0.75 % lot</i>	1	METROLOTION	
MIRVASO 0.33 % gel	2		
<i>pimecrolimus 1 % crm</i>	1	ELIDEL	ST
<i>podofilox 0.5 % ext soln</i>	1	CONDYLOX	
PROCORT 1.85-1.15 % crm	3		
PROCTOFOAM HC 1-1 % foam	3		
RECTIV 0.4 % rect oint	3		
REGRANEX 0.01 % gel	5		PA
SANTYL 250 unit/gm oint	3		
<i>selenium sulfide 2.5 % lot</i>	1	SELSUN	
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	4		PA
SOOLANTRA 1 % crm	2		
STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs	5		PA
<i>sulfacetamide sodium-sulfur 10-2 % ext liq, 10-5 % crm, 10-5 % ext emul, 10-5 % ext susp, 10-5 % lot</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>sulfacetamide sodium-sulfur 8-4 % ext susp</i>	1		
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	ST
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA
<i>tazarotene 0.1 % crm</i>	1	TAZORAC	PA
TAZORAC 0.05 % crm, 0.05 % gel, 0.1 % gel	3		PA
TREMFYA 100 mg/ml sc soln pen-inj, 100 mg/ml sc soln pfs	5		PA
<i>tretinoin 0.05 % gel</i>	1	ATRALIN	AL
<i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i>	1	RETIN-A	AL
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	AL
<i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i>	1	RETIN-A	AL
<i>urea 39 % crm, 40 % crm, 40 % lot</i>	1		
<i>urea 40 % lot</i>	1		
<i>urea nail 45 % gel</i>	1		
<i>urea-c40 40 % lot</i>	1		
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]</b>			
<b>Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]</b>			
<i>effervescent pot chloride 25 meq tab eff</i>	1		
<i>ferocon cap</i>	1		
<i>ferotinsic cap</i>	1		
FERROCITE PLUS 106-1 mg tab	1		
FERRO-PLEX HEMATINIC 115-1 mg tab	3		
<i>foltrin cap</i>	1		
FUSION PLUS cap	3		
<i>hematinic plus vit/minerals 106-1 mg tab</i>	1		
<i>hematinic/folic acid 324-1 mg tab</i>	1		

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROKIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
PROFERRIN-FORTE 12-1 mg tab	3		
PROTECTIRON 60-1 mg tab	3		
<i>purefe plus 106-1 mg cap</i>	3		
<i>ringers iv soln</i>	1		
<i>se-tan plus 162-115.2-1 mg cap</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1		
<i>sodium chloride 0.45 % iv soln, 0.9 % inj soln, 0.9 % iv soln, 2.5 meq/ml inj soln</i>	1		
<i>sodium chloride (pf) 0.9 % inj soln</i>	1		
TANDEM F 162-115.2-1 mg cap	3		
<b>Electrolyte/Mineral/Metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]</b>			
CHEMET 100 mg cap	3		
<i>deferasirox 360 mg tab</i>	4		PA
<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	EXJADE	PA
<i>deferasirox 180 mg tab, 90 mg tab</i>	4	JADENU	PA
DEPEN TITRATABS 250 mg tab	3		
EXJADE 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	5		PA
FERRIPROX 500 mg tab	5		PA
FERRIPROX 100 mg/ml soln	5		PA
JADENU 180 mg tab, 360 mg tab, 90 mg tab	5		PA
JADENU SPRINKLE 180 mg pckt, 360 mg pckt, 90 mg pckt	5		PA
KIONEX 15 gm/60ml susp	1		
<i>penicillamine 250 mg tab</i>	1	DEPEN TITRATABS	
<i>sodium polystyrene sulfonate 30 gm/120ml Rectal Suspension, 50 gm/200ml Rectal Suspension</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
<b>Phosphate Binders - Phosphate-Removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]</b>			
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	
FOSRENOL 1000 mg pckt, 750 mg pckt	3		PA
<i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i>	1	FOSRENOL	PA
RENAGEL 800 mg tab	3		PA
<i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i>	1	RENVELA	PA
<i>sevelamer hcl 800 mg tab</i>	1	RENAGEL	PA
VELPHORO 500 mg tab chew	2		PA
<b>Vitamins [Vitaminas]</b>			
ABANEU-SL 600-600 mcg tab subl	1		
AIRAVITE 2.5-25-1 mg tab	1		
<i>aminobenzoate potassium 2 gm pckt</i>	1		
AQUASOL A 15 mg/ml im soln	3		
<i>ascorbic acid 500 mg/ml inj soln</i>	1		
ATABEX EC 29-1 mg tab dr	3		
<i>av-vite fb 2.5-25-1 mg tab</i>	1		
<i>b-plex tab</i>	1		
CONCEPT DHA 53.5-38-1 mg cap	3		
CONCEPT OB 130-92.4-1 mg cap	3		
CORVITA 1.25 mg tab	1		
<i>cyanocobalamin 1000 mcg/ml inj soln</i>	1		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE/ZINC tab	3		
<i>ergocal 62.5 MCG (2500 ut) cap</i>	3		
<i>folbee plus tab</i>	1		
FOLBEE PLUS CZ 5 mg tab	3		
<i>folic acid 1 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>folic acid 5 mg/ml inj soln</i>	1		
FOLIVANE-OB 130-92.4-1 mg cap	3		
<i>hydroxocobalamin acetate 1000 mcg/ml im soln</i>	1		
INFUVITE PEDIATRIC iv soln	3		
M.V.I. ADULT iv inj	3		
M.V.I. PEDIATRIC iv soln	3		
<i>m-natal plus 27-1 mg tab</i>	3		
<i>multi-vit/fluoride 0.25 mg/ml soln</i>	1		
<i>multi-vit/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multivitamin/fluoride 0.25 mg/ml soln</i>	1		
<i>multi-vitamin/fluoride 0.25 mg/ml soln</i>	1		
<i>multivitamin/fluoride/iron 0.25-10 mg/ml soln</i>	1		
<i>multivitamins/fluoride 0.5 mg tab chew</i>	1		
<i>mynate 90 plus tab er</i>	3		
<i>mynephrocaps 1 mg cap</i>	1		
NATALVIT tab	3		
NEPHRONEX tab	1		
<i>neurin-sl 600-600 mcg tab subl</i>	3		
NUTRIVIT liq	3		
OBSTETRIX DHA 29-1 & 387 mg oral misc	3		
OBSTETRIX EC 29-1 mg tab	3		
<i>phytonadione 5 mg tab</i>	1		
<i>phytonadione 1 mg/0.5ml inj soln</i>	1		
<i>pnv folic acid + iron 27-1 mg tab</i>	3		
POTABA 500 mg cap	3		
PRENATABS RX 29-1 mg tab	3		
<i>prenatal 27-1 mg tab</i>	3		
<i>prenatal 19 tab, tab chew, 29-1 mg tab, 29-1 mg tab chew</i>	3		
<i>pretab 29-1 mg tab</i>	3		
PROVIDA OB 20-20-1.25 mg cap	3		
<i>pyridoxine hcl 100 mg/ml inj soln</i>	1		

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RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		
SUPERVITE liq	3		
support liq	3		
SUPPORT-500 cap	3		
thiamine hcl 100 mg/ml inj soln	1		
thrivite rx 29-1 mg tab	3		
TL G-FOL OS 500-1.1 mg tab	3		
trinatal rx 1 60-1 mg tab	3		
tri-vit/fluoride/iron 0.25-10 mg/ml soln	3		
tri-vitamin/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln	1		
urosex tab	1		
VITAL-D RX 1 mg tab	3		
vitamin b complex 100 inj	1		
vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap	1		
vitamin k1 1 mg/0.5ml inj soln, 10 mg/ml inj soln	1		
<b>GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]</b>			
<b>Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]</b>			
atropine sulfate (pf) 0.4 mg/0.5ml inj soln	1		
chlordiazepoxide-clidinium 5-2.5 mg cap	1		
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	
dicyclomine hcl 10 mg/5ml soln	1	BENTYL	
glycopyrrolate 1 mg tab, 2 mg tab	1	ROBINUL	
hyoscyamine sulfate 0.125 mg tab, 0.125 mg tab subl	1		
hyoscyamine sulfate er 0.375 mg tab er 12 hr	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>hyoscyamine sulfate sl 0.125 mg tab subl</i>	1		
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	PAMINE	
SYMAX DUOTAB 0.375 mg tab er	3		
<b>Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]</b>			
<i>cromolyn sodium 100 mg/5ml oral conc</i>	1	GASTROCROM	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liq</i>	1	LOMOTIL	
<i>loperamide hcl 2 mg cap</i>	1	IMODIUM	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
MYTESI 125 mg tab dr	5		PA
PYLERA 140-125-125 mg cap	3		
SYMPROIC 0.2 mg tab	2		PA, QL(30 / 30)
TALICIA 250-12.5-10 mg cap dr	3		
<i>ursodiol 300 mg cap</i>	1	ACTIGALL	
<i>ursodiol 250 mg tab, 500 mg tab</i>	1	URSO	
<b>Histamine2 (H2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]</b>			
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	TAGAMET	
<i>cimetidine hcl 300 mg/5ml soln</i>	1	TAGAMET	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	PEPCID	
<i>famotidine 20 mg/2ml iv soln, 40 mg/5ml susp</i>	1	PEPCID	
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	AXID	
<i>ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap, 300 mg tab</i>	1	ZANTAC	
<i>ranitidine hcl 15 mg/ml syr, 150 mg/10ml syr, 150 mg/6ml inj soln, 50 mg/2ml inj soln, 75 mg/5ml syr</i>	1	ZANTAC	
<b>Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		QL(30 / 30)
<b>Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]</b>			
GAVILYTE-C 240 gm soln	1		QL(4000 / 15)
GAVILYTE-G 236 gm soln	1		QL(4000 / 15)
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	1		QL(4000 / 15)
<i>generlac 10 gm/15ml soln</i>	1		
GOLYTELY 227.1 gm soln	3		QL(1 / 15)
<i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i>	1	CONSTULOSE	
<i>lactulose encephalopathy 10 gm/15ml soln</i>	1		
<i>peg 3350/electrolytes 240 gm soln</i>	1		QL(4000 / 15)
<i>peg 3350-kcl-na bicarb-nacl 420 gm soln</i>	1	NULYTELY	QL(4000 / 15)
<i>peg-3350/electrolytes 236 gm soln</i>	1	GOLYTELY	QL(4000 / 15)
PEGYLAX 17 gm/scoop oral pwdr	1		
<i>polyethylene glycol 3350 17 gm pckt</i>	1		
<i>polyethylene glycol 3350 17 gm/scoop oral pwdr</i>	1	MIRALAX	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
TRILYTE 420 gm soln	1		QL(4000 / 15)
<b>Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]</b>			
CARAFATE 1 gm/10ml susp	3		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	CYTOTEC	
<i>sucralfate 1 gm/10ml susp</i>	1	CARAFATE	
<i>sucralfate 1 gm tab</i>	1	CARAFATE	
<b>Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]</b>			
DEXILANT 30 mg cap dr, 60 mg cap dr	2		ST
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	NEXIUM	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating</i>	1	PREVACID	ST
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	1	PREVACID	
NEXIUM 10 mg pckt, 2.5 mg pckt, 20 mg pckt, 40 mg pckt, 5 mg pckt	3		ST
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	PRILOSEC	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap</i>	1	ZEGERID	ST
<i>pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg tab dr</i>	1	PROTONIX	
PROTONIX 40 mg pckt	3		ST
<i>rabeprazole sodium 20 mg tab dr</i>	1	ACIPHEX	ST
<b>GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]</b>			
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Genético O Enzimático: Reemplazo, Modificadores, Tratamiento]</b>			
ADAGEN 250 unit/ml im soln	5		PA
ALDURAZYME 2.9 mg/5ml iv soln	5		PA
CERDELGA 84 mg cap	5		PA
CEREZYME 400 unit iv soln	5		PA
CHOLBAM 250 mg cap, 50 mg cap	5		PA
CREON 12000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000 unit cap dr prt, 6000 unit cap dr prt	2		
CYSTADANE oral pwdr	5		PA
CYSTAGON 150 mg cap, 50 mg cap	5		PA
ELELYSO 200 unit iv soln	5		PA
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		PA
KUVAN 100 mg pckt, 100 mg tab sol, 500 mg pckt	5		PA
MEPSEVII 10 mg/5ml iv soln	5		PA
<i>miglustat 100 mg cap</i>	4	ZAVESCA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
NAGLAZYME 1 mg/ml iv soln	5		PA
<i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i>	4		PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	5		PA
ORFADIN 4 mg/ml susp	5		PA
<i>sodium phenylbutyrate 500 mg tab</i>	4	BUPHENYL	PA
<i>sodium phenylbutyrate 3 gm/tsp oral pwr</i>	4	BUPHENYL	PA
VPRIV 400 unit iv soln	5		PA
ZAVESCA 100 mg cap	5		PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 3000-14000 unit cap dr prt	2		
<b>GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]</b>			
<b>Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]</b>			
<i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i>	1	ENABLEX	
<i>flavoxate hcl 100 mg tab</i>	1		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	2		ST
<i>oxybutynin chloride 5 mg tab</i>	1	DITROPAN	
<i>oxybutynin chloride 5 mg/5ml syr</i>	1	DITROPAN	
<i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	DITROPAN	
PHOSPHASAL 81.6 mg tab	1		
<i>solifenacin succinate 10 mg tab, 5 mg tab</i>	1	VESICARE	
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	DETROL	
<i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i>	1	DETROL	
TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
URETRON D/S tab	1		
<i>uro-mp 118 mg cap</i>	1		
VESICARE 10 mg tab, 5 mg tab	2		
<b>Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]</b>			
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
CIALIS 2.5 mg tab, 5 mg tab	3		PA, QL(30 / 30), AL
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>dutasteride 0.5 mg cap</i>	1	AVODART	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	1	JALYN	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
RAPAFLO 4 mg cap, 8 mg cap	3		
<i>silodosin 4 mg cap, 8 mg cap</i>	1	RAPAFLO	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	1		PA, QL(30 / 30), AL
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]</b>			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
CIALIS 10 mg tab, 20 mg tab	3		QL(6 / 30), AL
ELMIRON 100 mg cap	3		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1		
RIMSO-50 50 % i-vesic soln	3		
<i>sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	VIAGRA	QL(6 / 30), AL
<i>tadalafil 10 mg tab, 20 mg tab</i>	1		QL(6 / 30), AL
<i>vardeafil hcl 10 mg tab disint</i>	1		QL(4 / 30), AL
<i>vardeafil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1		QL(6 / 30), AL
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
APEXICON E 0.05 % crm	3		AL
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	AL
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	AL
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	AL
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	AL
<i>betamethasone sod phos &amp; acet 6 (3-3) mg/ml inj susp</i>	1		
<i>betamethasone valerate 0.1 % crm</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % oint</i>	1	BETA-VAL	AL
<i>betamethasone valerate 0.12 % foam</i>	1	LUXIQ	AL
CAPEX 0.01 % shampoo	3		
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clobetasol propionate 0.05 % crm</i>	1		AL
<i>clobetasol propionate 0.05 % oint</i>	1	CLOBEX	AL
<i>clobetasol propionate 0.05 % ext soln</i>	1	CLOBEX	AL
<i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i>	1	CLODAN	AL
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	AL
<i>clobetasol propionate 0.05 % gel</i>	1	TEMOVATE	AL
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	AL
<i>clocortolone pivalate 0.1 % crm</i>	1		
<i>cortisone acetate 25 mg tab</i>	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desonide 0.05 % lot</i>	1	DESOWEN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint</i>	1	TOPICORT	AL
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
<i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i>	1		
<i>dexamethasone sodium phosphate 10 mg/ml inj soln</i>	1	HEXADROL	
<i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i>	1	PSORCON	AL
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	AL
<i>fluocinolone acetonide body 0.01 % ext oil</i>	1	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp 0.01 % ext oil</i>	1		
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	AL
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	AL
<i>fluocinonide 0.1 % crm</i>	1	VANOS	AL
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	AL
<i>flurandrenolide 0.05 % crm</i>	1	CORDRAN	
<i>flurandrenolide 0.05 % lot</i>	1	CORDRAN	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>fluticasone propionate 0.05 % lot</i>	1	CUTIVATE	
<i>halcinonide 0.1 % crm</i>	1	HALOG	AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	AL
HALOG 0.1 % oint	3		AL
<i>hydrocortisone 1 % crm, 1 % oint</i>	1	ALA-CORT	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone butyr lipo base 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % crm</i>	1	LOCOID LIPOCREAM	
<i>hydrocortisone valerate 0.2 % crm, 0.2 % oint</i>	1	WESTCORT	
KENALOG 10 mg/ml inj susp	3		
MEDROL 2 mg tab	3		
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>methylprednisolone acetate 50 mg/ml inj susp</i>	1		
<i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i>	1	DEPO-MEDROL	
<i>methylprednisolone sodium succ 500 mg inj soln</i>	1		
<i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln</i>	1	SOLU-MEDROL	
MILLIPRED 5 mg tab	3		
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
PANDEL 0.1 % crm	3		AL
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>prednisolone sodium phosphate 25 mg/5ml soln</i>	1		
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>prednisone 5 mg/5ml soln</i>	1		
PREDNISON INTENSOL 5 mg/ml oral conc	3		
<i>scalacort 2 % lot</i>	1		
SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln, 500 mg inj soln	3		
TEXACORT 2.5 % ext soln	3		
<i>triamcinolone acetonide 0.05 % oint</i>	1		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i>	1	KENALOG	
<i>triamcinolone acetonide 0.5 % oint</i>	1	KENALOG	AL
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm</i>	1	TRIDERM	
<i>triamcinolone acetonide 0.5 % crm</i>	1	TRIDERM	AL
TRIANEX 0.05 % oint	3		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
<i>chorionic gonadotropin 10000 unit im soln</i>	4	PREGNYL	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
DDAVP RHINAL TUBE 0.01 % nasal soln	3		
<i>desmopressin ace spray refrig 0.01 % nasal soln</i>	1	MINIRIN	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	
<i>desmopressin acetate 4 mcg/ml inj soln</i>	1	DDAVP	
<i>desmopressin acetate spray 0.01 % nasal soln</i>	1		
GENOTROPIN 12 mg sc soln, 5 mg sc soln	4		PA
GENOTROPIN MINIQUICK 0.2 mg sc soln, 0.4 mg sc soln, 0.6 mg sc soln, 0.8 mg sc soln, 1 mg sc soln, 1.2 mg sc soln, 1.4 mg sc soln, 1.6 mg sc soln, 1.8 mg sc soln, 2 mg sc soln	4		PA
INCRELEX 40 mg/4ml sc soln	5		PA
STIMATE 1.5 mg/ml nasal soln	5		PA
ZOMACTON 5 mg sc soln	4		PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
KORLYM 300 mg tab	5		PA
<b>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]</b>			
<b>Anabolic Steroids - Hormone Replacement/Modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
<i>oxandrolone 10 mg tab, 2.5 mg tab</i>	1	OXANDRIN	
<b>Androgens - Hormone Replacement/Modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ANDROGEL 20.25 MG/1.25GM (1.62%) td gel	3		QL(37.5 / 30)
ANDROGEL 40.5 MG/2.5GM (1.62%) td gel	3		QL(75 / 30)
ANDROGEL PUMP 20.25 MG/ACT (1.62%) td gel	3		QL(75 / 30)
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
testosterone 20.25 MG/1.25GM (1.62%) td gel	1		QL(37.5 / 30)
testosterone 40.5 MG/2.5GM (1.62%) td gel	1		QL(75 / 30)
testosterone 25 MG/2.5GM (1%) td gel	1	ANDROGEL	QL(2.5 / 30)
testosterone 50 MG/5GM (1%) td gel	1	ANDROGEL	QL(150 / 30)
testosterone 20.25 MG/ACT (1.62%) td gel	1	ANDROGEL PUMP	QL(75 / 30)
testosterone 30 mg/act td soln	1	AXIRON	
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	
testosterone 12.5 MG/ACT (1%) td gel	1	VOGELXO	QL(150 / 30)
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO- TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	
<b>Estrogens - Hormone Replacement/Modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab	3		
CLIMARA PRO 0.045-0.015 mg/day tdkw patch	2		
COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch	3		
DUAVEE 0.45-20 mg tab	2		
est estrogens-methyltest 1.25-2.5 mg tab	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>est estrogens-methyltest ds 1.25-2.5 mg tab</i>	1		
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	1		
<i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i>	1	CLIMARA	
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ESTRACE	
<i>estradiol 0.1 mg/gm vag crm</i>	1	ESTRACE	
<i>estradiol 10 mcg vag tab</i>	1	VAGIFEM	
<i>estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch</i>	1	VIVELLE-DOT	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab</i>	1	ACTIVELLA	
ESTRING 2 mg vag ring	3		
ESTROGEL 0.75 MG/1.25 GM (0.06%) td gel	3		
<i>estropipate 0.75 mg tab, 1.5 mg tab</i>	1	OGEN	
<i>MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab</i>	2		
<i>PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab</i>	2		
PREMARIN 0.625 mg/gm vag crm	3		
PREMPHASE 0.625-5 mg tab	2		
<i>PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab</i>	2		
<b>Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
CRINONE 4 % vag gel	3		QL(6.75 / 15)
CRINONE 8 % vag gel	3		QL(16.86 / 15)
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp</i>	1	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone micronized 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	
<b>Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]</b>			
OSPHENA 60 mg tab	3		
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS]</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides]</b>			
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants [Agentes Hormonales, Supresores (Adrenales) - Supresores De Hormonas]</b>			
LYSODREN 500 mg tab	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]</b>			
<b>Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]</b>			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
<i>leuprolide acetate 1 mg/0.2ml inj kit</i>	4	LUPRON	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	4		PA
<i>octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln</i>	4	SANDOSTATIN	PA
<i>octreotide acetate 1000 mcg/ml inj soln</i>	4	SANDOSTATIN	PA
ORLISSA 150 mg tab, 200 mg tab	3		
SANDOSTATIN 100 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	4		PA
SANDOSTATIN 1000 mcg/ml inj soln	5		PA
SOMATULINE DEPOT 120 mg/0.5ml sc soln, 60 mg/0.2ml sc soln, 90 mg/0.3ml sc soln	5		PA
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA
SYNAREL 2 mg/ml nasal soln	5		PA

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
GENGRAF 100 mg cap, 25 mg cap	1		
GENGRAF 100 mg/ml soln	1		
HUMIRA 10 mg/0.1ml sc pfs kit, 10 mg/0.2ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEDIATRIC CROHNS START 40 mg/0.8ml sc pfs kit, 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	4		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 40 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	4		PA
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml sc pen-inj kit, 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	4		PA
INFLECTRA 100 mg iv soln	5		PA
<i>methotrexate 2.5 mg tab</i>	1		
<i>methotrexate sodium 2.5 mg tab</i>	1		
<i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i>	4		
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	CELLCEPT	
<i>mycophenolate mofetil 200 mg/ml susp</i>	1	CELLCEPT	
<i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i>	1	MYFORTIC	
OLUMIANT 2 mg tab	5		PA
ORENCIA 250 mg iv soln	5		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA
REMICADE 100 mg iv soln	4		PA
RENFLEXIS 100 mg iv soln	5		PA
RINVOQ 15 mg tab er 24 hr	4		PA
SIMPONI 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs, 50 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln pfs	5		PA
SIMPONI ARIA 50 mg/4ml iv soln	5		PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
<b>Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]</b>			
CARIMUNE NF 12 gm iv soln, 6 gm iv soln	5		
CUVITRU 1 gm/5ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
CYTOGAM 50 mg/ml iv inj	5		
FLEBOGAMMA DIF 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
FLEBOGAMMA DIF 0.5 gm/10ml iv soln, 10 gm/200ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln	5		
GAMASTAN im inj	5		
GAMMAGARD 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln	5		
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	4		
GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln	5		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		
GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	5		
HEPAGAM B inj soln	5		
HIZENTRA 1 gm/5ml sc soln, 10 gm/50ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
HYPERHEP B S/D im soln	5		
HYPERRAB S/D 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs	3		
HYQVIA 10 gm/100ml sc kit, 2.5 gm/25ml sc kit, 20 gm/200ml sc kit, 30 gm/300ml sc kit, 5 gm/50ml sc kit	5		
IMOGAM RABIES-HT 1500 unit/10ml inj soln, 300 unit/2ml inj soln	5		
OCTAGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		
OCTAGAM 1 gm/20ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 25 gm/500ml iv soln, 5 gm/100ml iv soln	5		
PRIVIGEN 20 gm/200ml iv soln, 40 gm/400ml iv soln	5		
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
unit/2.2ml inj soln, 5000 unit/4.4ml inj soln			
<b>Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]</b>			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	5		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	5		PA
ARCALYST 220 mg sc soln	5		PA
ENTYVIO 300 mg iv soln	5		PA
KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab	5		PA
RIDAURA 3 mg cap	3		
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
<b>Vaccines [Vacunas]</b>			
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp	3		
AFLURIA im susp	3		
AFLURIA PRESERVATIVE FREE 0.5 ml im susp pfs	3		
AFLURIA QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
<i>bcg vaccine inj</i>	1		
BEXSERO im susp pfs	3		
BIOTHRAX im susp	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		
DAPTACEL 23-15-5 im susp	3		
<i>diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im susp</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ENGERIX-B 10 mcg/0.5ml im inj, 10 mcg/0.5ml inj susp, 20 mcg/ml im inj, 20 mcg/ml inj susp	3		
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUBLOK im soln	3		
FLUCELVAX QUADRIVALENT 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT im susp, 0.5 ml im susp pfs	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUVIRIN im susp, 0.5 ml im susp pfs	3		
FLUZONE HIGH-DOSE 0.5 ml im susp pfs	3		
FLUZONE QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp, 0.5 ml im susp pfs, 9 mcg/strain i-dermal susp pen-inj	3		
GARDASIL 9 im susp, im susp pfs	3		
HAVRIX 1440 el u/ml im susp, 720 el u/0.5ml im susp	3		
HEPLISAV-B 20 mcg/0.5ml im soln, 20 mcg/0.5ml im soln pfs	3		
HIBERIX 10 mcg inj soln	3		
HYPERTET S/D 250 unit/ml im inj	5		
IMOVAX RABIES 2.5 unit/ml im inj	3		
INFANRIX 25-58-10 im susp	3		
IPOL inj	3		
IXIARO im susp	3		
KINRIX im susp	3		
MENACTRA im inj	3		
MENVEO im soln	3		
M-M-R II inj soln	3		
PEDIARIX im susp	3		
PEDVAX HIB 7.5 mcg/0.5ml im susp	3		
PENTACEL im susp	3		
PNEUMOVAX 23 25 mcg/0.5ml inj	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PREVNAR 13 im susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp	3		
RABAVERT im susp	3		
RECOMBIVAX HB 10 mcg/ml inj susp, 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp	3		
ROTARIX susp	3		
ROTATEQ soln	3		
TDVAX 2-2 lf/0.5ml im susp	3		
TENIVAC 5-2 lfu im inj	3		
TRUMENBA im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		
TYPHIM VI 25 mcg/0.5ml im soln	3		
VAQTA 25 unit/0.5ml im susp, 50 unit/ml im susp	3		
VARIVAX 1350 pfu/0.5ml sc inj	3		
VARIZIG 125 unit/1.2ml im soln	5		
VIVOTIF cap dr	3		
YF-VAX sc inj	3		
ZOSTAVAX 19400 unt/0.65ml sc susp	3		
<b>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]</b>			
<b>Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino]</b>			
APRISO 0.375 gm cap er 24 hr	2		
<i>balsalazide disodium 750 mg cap</i>	1	COLAZAL	
CANASA 1000 mg rect supp	3		
LIALDA 1.2 gm tab dr	2		
<i>mesalamine 4 gm rect enema</i>	1		
<i>mesalamine 800 mg tab dr</i>	1	ASACOL HD	
<i>mesalamine 1000 mg rect supp</i>	1	CANASA	
<i>mesalamine 1.2 gm tab dr</i>	1	LIALDA	
<i>mesalamine er 0.375 gm cap er 24 hr</i>	1		
<i>mesalamine-cleanser 4 gm rect kit</i>	1	ROWASA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
PENTASA 250 mg cap er, 500 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
<b>Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]</b>			
<i>budesonide 3 mg cap dr prt</i>	1	ENTOCORT	PA
<i>budesonide er 9 mg tab er 24 hr</i>	1		PA
COLOCORT 100 mg/60ml rect enema	1		
CORTIFOAM 10 % foam	3		
<i>hydrocortisone 100 mg/60ml rect enema</i>	1	CORTENEMA	
UCERIS 2 mg/act rect foam	3		
UCERIS 9 mg tab er 24 hr	3		PA
<b>Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]</b>			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
<b>METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]</b>			
<b>Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]</b>			
<i>alendronate sodium 10 mg tab, 35 mg tab, 40 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>alendronate sodium 70 mg/75ml soln</i>	1	FOSAMAX	ST
<i>calcitonin (salmon) 200 unit/act nasal soln</i>	1	MIACALCIN	QL(3.7 / 30)
<i>calcitriol 1 mcg/ml iv soln</i>	1	CALCIJEX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>calcitriol 1 mcg/ml soln</i>	1	ROCALTROL	
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	1	SENSIPAR	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	1	HECTOROL	PA
<i>etidronate disodium 200 mg tab, 400 mg tab</i>	1	DIDRONEL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
FORTEO 600 mcg/2.4ml sc soln pen-inj	4		PA, QL(2.4 / 30)
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		ST
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	ST
<i>ibandronate sodium 3 mg/3ml iv soln</i>	4	BONIVA	PA
MIACALCIN 200 unit/ml inj soln	3		
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	ZEMPLAR	PA
<i>paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln</i>	1	ZEMPLAR	PA
PROLIA 60 mg/ml sc soln pfs	5		PA, QL(1 / 180)
<i>risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab</i>	1	ACTONEL	ST
<i>risedronate sodium 35 mg tab dr</i>	1	ATELVIA	ST
SENSIPAR 30 mg tab, 60 mg tab, 90 mg tab	3		PA
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(2.4 / 30)
<i>zoledronic acid 5 mg/100ml iv soln</i>	4	RECLAST	PA, QL(100 / 365)
<b>MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]</b>			
<b>Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]</b>			
ANASCORP iv soln	5		
<i>antivenin latrodectus mactans inj kit</i>	4		
<i>antivenin micrurus fulvius iv soln</i>	4		
ARGYLE STERILE SALINE 0.9 % irrig soln	1		
CARNITOR 200 mg/ml iv soln	3		
CROFAB iv soln	5		
<i>deferoxamine mesylate 500 mg inj soln</i>	4	DESFERAL	PA
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>levocarnitine 1 gm/10ml soln</i>	1	CARNITOR	
<i>methylergonovine maleate 0.2 mg tab</i>	1	METHERGINE	
<i>sodium chloride 0.9 % irrig soln</i>	1		
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]</b>			
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
NEOSPORIN 1.75-10000-.025 ophth soln	3		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
RESTASIS 0.05 % ophth emul	2		PA
RESTASIS MULTIDOSE 0.05 % ophth emul	2		PA
XIIDRA 5 % ophth soln	3		PA
<b>Ophthalmic Anti-Allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]</b>			
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	ST
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
EMADINE 0.05 % ophth soln	3		ST
LASTACAFT 0.25 % ophth soln	3		ST
<i>olopatadine hcl 0.2 % ophth soln</i>	1	PATADAY	ST
<i>olopatadine hcl 0.1 % ophth soln</i>	1	PATANOL	
<b>Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]</b>			
<i>bacitracin 500 unit/gm ophth oint</i>	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
<i>gatifloxacin 0.5 % ophth soln</i>	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth oint</i>	1	GENTAK	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>levofloxacin 0.5 % ophth soln</i>	1	QUIXIN	
MOXEZA 0.5 % ophth soln	2		
<i>moxifloxacin hcl 0.5 % ophth soln</i>	1	VIGAMOX	
<i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i>	1	MOXEZA	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
<i>tobramycin 0.3 % ophth soln</i>	1	TOBEX	
TOBEX 0.3 % ophth oint	3		
<b>Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]</b>			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
ALPHAGAN P 0.1 % ophth soln	2		
AZOPT 1 % ophth susp	2		ST
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
BETIMOL 0.25 % ophth soln, 0.5 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
<i>brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
COMBIGAN 0.2-0.5 % ophth soln	2		
COSOPT PF 22.3-6.8 mg/ml ophth soln	3		
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i>	1	COSOPT	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i>	1		
IOPIDINE 1 % ophth soln	3		
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	NEPTAZANE	
<i>metipranolol 0.3 % ophth soln</i>	1	OPTIPRANOLOL	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTOCARPINE	
SIMBRINZA 1-0.2 % ophth susp	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>timolol maleate 0.25 % ophth gfs, 0.25 % ophth soln, 0.5 % ophth gfs, 0.5 % ophth soln</i>	1	TIMOPTIC	
<b>Ophthalmic Anti-Inflammatories - Allergy, Infection And Inflammation Drugs</b> <b>[Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]</b>			
ACUVAIL 0.45 % ophth soln	3		
ALREX 0.2 % ophth susp	3		
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
DUREZOL 0.05 % ophth emul	3		
FLAREX 0.1 % ophth susp	3		
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>flurbiprofen sodium 0.03 % ophth soln</i>	1	OCUFEN	
FML 0.1 % ophth oint	2		
<i>ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln</i>	1	ACULAR	
LOTEMAX 0.5 % ophth gel, 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
<i>loteprednol etabonate 0.5 % ophth susp</i>	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
PRED MILD 0.12 % ophth susp	2		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
<i>prednisolone sodium phosphate 1 % ophth soln</i>	1		
PROLENSA 0.07 % ophth soln	2		
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
<b>Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]</b>			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
LUMIGAN 0.01 % ophth soln	2		
<i>travoprost (bak free) 0.004 % ophth soln</i>	1	TRAVATAN Z	
<b>OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]</b>			
<b>Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]</b>			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
CIPRO HC 0.2-1 % otic susp	3		
CIPRODEX 0.3-0.1 % otic susp	2		
<i>ciprofloxacin hcl 0.2 % otic soln</i>	1		
COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp	3		
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
<b>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]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<b>Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]</b>			
<i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i>	1	ASTELIN	
<i>azelastine hcl 0.15 % nasal soln</i>	1	ASTEPRO	
<i>azelastine-fluticasone 137-50 mcg/act nasal susp</i>	1	DYMISTA	
<i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i>	1	ZYRTEC	ST
CLARINEX 0.5 mg/ml syr	3		ST
<i>cyproheptadine hcl 4 mg tab</i>	1	PERIACTIN	
<i>cyproheptadine hcl 2 mg/5ml syr</i>	1	PERIACTIN	
<i>desloratadine 2.5 mg tab disint, 5 mg tab disint, 5 mg tab</i>	1	CLARINEX	ST
<i>diphenhydramine hcl 50 mg/ml inj soln</i>	1	BENADRYL	
DYMISTA 137-50 mcg/act nasal susp	2		
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml syr</i>	1	ATARAX	
<i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i>	1	VISTARIL	
<i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i>	1	VISTARIL	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	ST
<i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i>	1	XYZAL	ST
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
XYZAL 2.5 mg/5ml soln	3		ST
<b>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]</b>			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i>	1	PULMICORT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>budesonide 32 mcg/act nasal susp</i>	1	RHINOCORT	
FLOVENT DISKUS 100 mcg/blist inh aer pwr br act, 250 mcg/blist inh aer pwr br act, 50 mcg/blist inh aer pwr br act	2		
FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer	2		
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	
<i>mometasone furoate 50 mcg/act nasal susp</i>	1	NASONEX	ST
QNASL 80 mcg/act nasal aer soln	3		ST
QNASL CHILDRENS 40 mcg/act nasal aer soln	3		ST
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	1	NASACORT	
<b>Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]</b>			
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
<i>zafirlukast 10 mg tab, 20 mg tab</i>	1	ACCOLATE	
<b>Bronchodilators, Anticholinergic - Asthma/Lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]</b>			
ATROVENT HFA 17 mcg/act inh aer soln	3		
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		
<i>ipratropium bromide 0.02 % inh soln, 0.03 % nasal soln, 0.06 % nasal soln</i>	1	ATROVENT	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	
SPIRIVA HANDIHALER 18 mcg inh cap	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		
<b>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]</b>			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	
<i>albuterol sulfate 2 mg tab, 2.5 mg/0.5ml inh neb soln, 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i>	1	PROVENTIL	
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	VENTOLIN	
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	
<i>epinephrine 0.3 mg/0.3ml inj soln auto-inj</i>	1	ADRENACLICK	QL(2 / 365)
<i>epinephrine 0.15 mg/0.3ml inj soln auto-inj</i>	1	EPIPEN JR	QL(2 / 365)
<i>levalbuterol hcl 1.25 mg/0.5ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	
SEREVENT DISKUS 50 mcg/dose inh aer pwdr br act	2		
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	BRETHINE	
VENTOLIN HFA 108 (90 Base) mcg/act inh aer soln	2		
<b>Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]</b>			
BETHKIS 300 mg/4ml inh neb soln	5		PA
PULMOZYME 1 mg/ml inh soln	5		PA
TOBI 300 mg/5ml inh neb soln	4		PA
TOBI PODHALER 28 mg inh cap	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>tobramycin 300 mg/5ml inh neb soln</i>	4	TOBI	PA
<b>Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]</b>			
<i>cromolyn sodium 20 mg/2ml inh neb soln</i>	1	INTAL	
<b>Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]</b>			
DIFIL-G FORTE 100-100 mg/5ml liq	1		
ELIXOPHYLLIN 80 mg/15ml oral elix	3		
THEO-24 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 400 mg cap er 24 hr	3		
<i>theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr</i>	1	THEO-DUR	
<i>theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	UNIPHYL	
<b>Pulmonary Antihypertensives - Asthma/Lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón]</b>			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4		PA
<i>ambrisentan 10 mg tab, 5 mg tab</i>	4	LETAIRIS	PA
<i>bosentan 125 mg tab, 62.5 mg tab</i>	4	TRACLEER	PA
<i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i>	4		PA
OPSUMIT 10 mg tab	4		PA
REMODULIN 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	5		PA
<i>sildenafil citrate 20 mg tab</i>	4	REVATIO	PA
<i>tadalafil (pah) 20 mg tab</i>	4	ADCIRCA	PA
<i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i>	4	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
TYVASO REFILL 0.6 mg/ml inh soln	5		PA
TYVASO STARTER 0.6 mg/ml inh soln	5		PA
VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln	5		PA
<b>Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar]</b>			
ESBRIET 267 mg tab, 801 mg tab	5		PA
OFEV 100 mg cap, 150 mg cap	5		PA
<b>Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]</b>			
<i>acetylcysteine 10 % inh soln, 20 % inh soln</i>	1	MUCOMYST	
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		
ANORO ELLIPTA 62.5-25 mcg/inh inh aer pwdr br act	2		
ARALAST NP 1000 mg iv soln, 500 mg iv soln	5		PA
<i>benzonatate 100 mg cap, 200 mg cap</i>	1		
<i>biotuss 10-15-300 mg/5ml liq</i>	1		
BIOTUSS PEDIATRIC 2.5-5-50 mg/ml liq	1		
BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act	2		
BROMFED DM 30-2-10 mg/5ml syr	1		
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		ST
DECON-A 2-5 mg/5ml oral elix	3		
ESBRIET 267 mg cap	5		PA
<i>fluticasone-salmeterol 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act</i>	1	ADVAIR DISKUS	
GILPHEX TR 10-388 mg tab	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
GILTUSS 10-28-388 mg/5ml liq	3		
GILTUSS PEDIATRIC 2.5-7.5-88 mg/ml liq	1		
GILTUSS TR 10-28-388 mg tab	3		
GLASSIA 1000 mg/50ml iv soln	5		PA
<i>hydrocod polst-cpm polst er 10-8 mg/5ml susp er</i>	1		AL
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
<i>nortuss-ex 20-200 mg/5ml liq</i>	3		
<i>promethazine vc/codeine 6.25-5-10 mg/5ml syr</i>	1		AL
<i>promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr</i>	1		AL
<i>promethazine-dm 6.25-15 mg/5ml syr</i>	1		
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr</i>	1		AL
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syr</i>	1		
<i>ribavirin 6 gm inh soln</i>	4	VIRAZOLE	
SEMPREX-D 8-60 mg cap	3		
<i>sodium chloride 0.9 % inh neb soln</i>	1		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	2		
TRELEGY ELLIPTA 100-62.5-25 mcg/inh inh aer pwdr br act	2		QL(60 / 30)
WIXELA INHUB 100-50 mcg/dose inh aer pwdr br act, 250-50 mcg/dose inh aer pwdr br act, 500-50 mcg/dose inh aer pwdr br act	1		QL(60 / 30)
XOLAIR 150 mg sc soln	5		PA
<b>SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO]</b>			
<b>Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]</b>			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
METAXALL 800 mg tab	1		
<i>metaxalone 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>orphenadrine citrate 30 mg/ml inj soln</i>	1	NORFLEX	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
<b>SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]</b>			
<b>Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]</b>			
<i>dexmedetomidine hcl 200 mcg/2ml iv soln</i>	1		
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	1	LUNESTA	QL(30 / 30)
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	QL(30 / 30)
<i>temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap</i>	1	RESTORIL	QL(30 / 30)
<i>triazolam 0.125 mg tab</i>	1	HALCION	QL(30 / 30)
<i>triazolam 0.25 mg tab</i>	1	HALCION	QL(60 / 30)
<i>zaleplon 5 mg cap</i>	1	SONATA	QL(30 / 30)
<i>zaleplon 10 mg cap</i>	1	SONATA	QL(60 / 30)
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	QL(30 / 30)
<i>zolpidem tartrate 1.75 mg tab sub, 3.5 mg tab sub</i>	1	INTERMEZZO	QL(30 / 30)
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	QL(30 / 30), ST
<b>Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]</b>			
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	SILENOR	QL(30 / 30)
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	PA
<i>ramelteon 8 mg tab</i>	1	ROZEREM	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits <sup>1</sup> [Requisitos/Límites]
ROZEREM 8 mg tab	3		QL(30 / 30)
SILENOR 3 mg tab, 6 mg tab	3		QL(30 / 30)
XYREM 500 mg/ml soln	5		PA

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**APÉNDICE I – TERAPIAS ESCALONADAS / APPENDIX I – STEP THERAPIES**

<b>ST Description</b>	<b>System will search use of Step 1 drugs for</b>	<b>STEP</b>	<b>Drugs</b>
ADHD - Non Stimulant	30 days in 365 days	STEP 1	Dexmethylphenidate
			Methylphenidate
		STEP 2	Atomoxetine / Strattera
ADHD - Stimulants	30 days in 365 days	STEP 1	Amphetamine-Dextroamphetamine IR/Adderall
			Dexmethylphenidate
			Dextroamphetamine
			Methylphenidate
		STEP 2	Amphetamine-Dextroamphetamine ER
			Amphetamine ER Dispersible Tablet / Adzenys XR-ODT
			Methylphenidate ER Dispersible Tablet / Cotempla XR-ODT
Amphetamine ER Susp / Dyanavel XR	Lisdexamfetamine Dimesylate / Vyvanse	STEP 1	ACE Inhibitors
			Angiotensin II Receptor Antagonists
			Dihydropyridine CCB
Diuretics	STEP 2	Amlodipine-Olmesartan / Azor	Amlodipine-Valsartan / Exforge
			Amlodipine-Valsartan-Hydrochlorothiazide / Exforge HCT
			ARB
Losartan +/- htcz			
Valsartan +/- htcz			
STEP 2	Azilsartan / Edarbi		
	Azilsartan-Chlorthalidone / Edarbyclor		
	Candesartan / Atacand		
	Candesartan-Hydrochlorothiazide / Atacand HCT		
	Olmesartan / Benicar		

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Olmesartan-Hydrochlorothiazide / Benicar HCT
			Telmisartan / Micardis
			Telmisartan-Hydrochlorothiazide / Micardis HCT
Brinzolamide	15 days in 365 days	STEP 1	Dorzolamide
		STEP 2	Brinzolamide / Azopt
Carvedilol SR	30 days in 365 days	STEP 1	Carvedilol IR
		STEP 2	Carvedilol Phosphate Cap SR / Coreg CR
Celecoxib	15 days in 365 days	STEP 1	Nonsteroidal Anti-Inflammatory Agents (Nsaids)**
		STEP 2	Celecoxib / Celebrex
Desvenlafaxine	30 days in 365 days	STEP 1	Duloxetine
			Venlafaxine
		STEP 2	Desvenlafaxine Succinate Tab SR / Pristiq
			Desvenlafaxine Tab SR / Khedezla
DPP-4	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Linagliptin / Tradjenta
			Linagliptin-Metformin / Jentadueto / Jentadueto XR
			Sitagliptin / Januvia
			Sitagliptin-Metformin / Janumet / Janumet XR
DPP-4 & SGLT-2	60 days in 365 days	STEP 1	DPP-4 (eg. Empagliflozin)
			SGLT-2 (eg. Linagliptin)
		STEP 2	Empagliflozin-Linagliptin / Glyxambi
			Empagliflozin-Linagliptin-Metformin / Trijardy XR
Dronedarone	30 days in 365 days	STEP 1	Amiodarone
		STEP 2	Dronedarone / Multaq
Eplerenone	30 days in 365 days	STEP 1	Spironolactone
			Spironolactone & Hydrochlorothiazide
		STEP 2	Eplerenone / Inspra

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
Ezetimibe	60 days in 365 days	STEP 1	Statins (eg. atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin)
		STEP 2	Ezetimibe / Zetia
Fluoxetine DR	30 days in 365 days	STEP 1	Fluoxetine
		STEP 2	Fluoxetine HCl Cap Delayed Release / Prozac Weekly
Glitazones	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
		STEP 2	Pioglitazone / Actos
			Pioglitazone HCl-Glimepiride / Duetact Pioglitazone HCl-Metformin / Actoplus met / Actoplus met XT
GLP-1	60 days in 365 days	STEP 1	Biguanides
			Glitazones
			Sulfonylureas
		STEP 2	Dulaglutide / Trulicity
			Exenatide Extended Release / Bydureon
			Exenatide / Byetta
			Semaglutide / Ozempic Liraglutide / Victoza
Levetiracetam (SR)	30 days in 365 days	STEP 1	Levetiracetam
		STEP 2	Levetiracetam Tab ER / Keppra XR/ Roweepra
Long Acting Opioids	7 days in 15 days	STEP 1	Short Acting opioids
		STEP 2	Fentanyl TD Patch / Duragesic
Memantine SR	30 days in 365 days	STEP 1	Memantine
		STEP 2	Memantine HCl Cap SR / Namenda XR
Metformin Osmotic /Modified Release	30 days in 365 days	STEP 1	Metformin
		STEP 2	Metformin HCl Tab SR 24HR Osmotic / Fortamet
Miglitol	60 days in 365 days	STEP 1	Acarbose
		STEP 2	Miglitol / Glyset
Mirabegron	30 days in 365 days	STEP 1	Urinary Antispasmodic - Antimuscarinics (Oxybutynin, Tolterodine)

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



ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Risedronate / Actonel
			Risedronate / Atelvia
Paliperidone palmitate (Trinza)	120 days in 365 days	STEP 1	Paliperidone Palmitate IM / Invega Sustenna
		STEP 2	Paliperidone Palmitate IM / Invega Trinza
Pimecrolimus/ Tacrolimus	15 days in 365 days	STEP 1	Corticosteroids - Topical**
			Lactic Acid (Ammonium Lactate)
		STEP 2	Pimecrolimus / Elidel
			Tacrolimus / Protopic
PPIs	30 days in 365 days	STEP 1	Lansoprazole Rx
			Omeprazole Rx
			Pantoprazole RX
			OTCs (Lansoprazole / Prevacid OTC, Omeprazole /Prilosec OTC, Esomeprazole / Nexium OTC, Omeprazole-Sodium Bicarbonate / Zegerid OTC)
		STEP 2	Dexlansoprazole C/ Dexilant
			Esomeprazole / Nexium
			Lansoprazole / Prevacid SoluTab
			Omeprazole-Sodium Bicarbonate / Zegerid
			Pantoprazole / Protonix Oral Pack
			Rabeprazole / Aciphex
Pregabalin	30 days in 365 days	STEP 1	Anticonvulsants
			Duloxetine
			Tricyclic antidepressants
		STEP 2	Pregabalin / Lyrica
Quetiapine SR	30 days in 365 days	STEP 1	Quetiapine
		STEP 2	Quetiapine Fumarate Tab SR / Seroquel XR
Rasagiline	30 days in 365 days	STEP 1	Selegiline
		STEP 2	Rasagiline Mesylate / Azilect
Repaglinide	60 days in 365 days	STEP 1	Nateglinide
		STEP 2	Repaglinide Tab

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
Ropinirole SR	30 days in 365 days	STEP 1	Ropinirole
		STEP 2	Ropinirole Hydrochloride Tab SR / Requip XL
Rotigotine	30 days in 365 days	STEP 1	Pramipexole
			Ropinirole
		STEP 2	Rotigotine TD Patch / REQUIP XL
SGLT-2 Inhibitors	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
			Empagliflozin / Jardiance
			Empagliflozin-Metformin / Synjardy / Synjardy XR
Simvastatin 80 mg	360 days in 365 days	STEP 1	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
		STEP 2	Ezetimibe-Simvastatin Tab 10-80 MG
			Simvastatin Tab 80 MG
Statins	60 days in 365 days	STEP 1	Atorvastatin
			Lovastatin Tab IR
			Pravastatin
			Rosuvastatin
			Simvastatin
		STEP 2	Ezetimibe-Simvastatin / Vytorin
			Lovastatin Tab SR / Altoprev
			Pitavastatin Calcium / Livalo
Triptans	30 days in 365 days	STEP 1	Sumatriptan
		STEP 2	Eletriptan / Relpax
Zolpidem	60 days in 365 days	STEP 1	Zaleplon
			Zolpidem
		STEP 2	Zolpidem Tartrate Tab CR / Ambien CR

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

<b>Drug Name (Nombre del Medicamento)</b>	<b>Specialty Limit (Límite de Especialidad)</b>
<p>The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them.</p> <p>(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.)</p>	
<b>ANTIHEMOPHILIC &amp; COAGULATION FACTORS</b>	Hematólogo /Hematologist

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

Los siguientes medicamentos están cubiertos a través del beneficio de la Ley de Protección al Paciente y Cuidado de Salud Asequible (PPACA por sus siglas en inglés), *Health Care and Education Reconciliation Act (HCERA)*, y están sujetos 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)
<b>Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer (Uso de Aspirina para Prevenir Enfermedades Cardiovasculares y Cáncer Colorectal)</b>	
Low-Dose Aspirin (Aspirina en Dosis Baja)	
aspirin chewable tablet 81 mg	QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
aspirin delayed release oral tablet 81 mg	QL (30 tablets per 30 days); AL (greater than or equal to 50 years up to patients less than or equal to 59 years)
<b>Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)</b>	
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
<b>Contraceptive Methods (Métodos Anticonceptivos)</b>	
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)	

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CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
ECONTRA EZ ORAL TABLET 1.5 MG	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	
FALLBACK SOLO ORAL TABLET 1.5.MG	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE ORAL TABLET 1.5MG	
MY WAY ORAL TABLET 1.5 MG	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	
NEW DAY ORAL TABLET 1.5 MG	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
PREVENTEZA ORAL TABLET 1.5 MG	
REACT ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	

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FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
HIV Preexposure Prophylaxis (Profilaxis de Pre-exposición)	
TRUVADA 200-300 mg tab	PA
DESCOVY 200-25 mg tab	PA
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 1825 days)
Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada))	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1/20 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)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

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DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel -ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol 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)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
GIANVI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 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)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
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)

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LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 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)
MONONESSA 0.25-35 MG-MCG TAB	QL (28 tablets per 28 days)
MYZILRA ORAL TABLET	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)
NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NIKKI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)

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norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
RAJANI ORAL TABLET 3-0.02-0.451 MG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SOLIA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
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)

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TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
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)
ZARAH 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)
QUASENSE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) (Anticonceptivos Orales (Minipíldora Sólo Progestina))	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)

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JENCYCLA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
LYZA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYROC ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
TULANA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
<b>Patch (Parche)</b>	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
<b>Spermicide (Espermicida)</b>	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE GEL 3%	QL (81GM per 30 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%	QL (24 applicators per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	QL (25.5GM per 30 days)
<b>Sponge with Spermicide (Esponja con Espermicida)</b>	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
<b>Subdermal Implant (Implante Subdermal)</b>	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
<b>Ulipristal Acetate (Acetato de Ulipristal)</b>	
ELLA TABLET 30MG	
<b>Vaginal Ring (Anillo Vaginal)</b>	
Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24 HR	QL (1EA per 28 days)
EluRyng Vaginal Ring 0.12-0.015 MG/24 HR	QL (1EA per 28 days)
<b>Dental Caries Prevention (Prevención de Caries Dental)</b>	

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FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	AL (patients less than or equal to 5 years)
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
FLUORITAB ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	AL (patients less than or equal to 5 years)
LUDENT ORAL CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	AL (patients less than or equal to 5 years)
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 0.275 (0.125 F) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 F) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
<b>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)</b>	
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)
<b>Iron Supplementation (Suplementación con Hierro)</b>	
ferrous sulfate oral elixir 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (51ml/30 days)
ferrous sulfate oral liquid 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (51ml/30 days)
ferrous sulfate oral solution 75 (15 Fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years); QL (18ml/30 days)
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)

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<b>Statin Preventive Medication (Medicación Preventiva con Estatinas)</b>	
<b>Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)</b>	
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)
<b>Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)</b>	
<b>Smoking Cessation Medications (Medicamentos para Dejar de Fumar)</b>	
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.
<b>Colorectal Cancer Screening (Detección de Cáncer Colorrectal)</b>	
<b>Laxatives (Laxantes)</b>	
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 with Flavor Pack Oral Solution Reconstituted 420 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL

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

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
<b>OVER THE COUNTER (OTC) COVERED DRUG LIST</b> (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)	
<b>GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]</b>	
<b>Gastrointestinal Agents (Combination Product) [Agentes Gastrointestinales (Productos En Combinación)]</b>	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	ZEGERID
<b>Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]</b>	
<i>esomeprazole magnesium 20 mg cap dr</i>	NEXIUM
<i>lansoprazole 15 mg cap dr</i>	PREVACID
NEXIUM 24HR 20 mg cap dr, 20 mg tab dr	
NEXIUM 24HR CLEAR MINIS 20 mg cap dr	
<i>omeprazole 20 mg tab dr</i>	
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	
PREVACID 24HR 15 mg cab dr	
PRILOSEC OTC 20 mg tab dr	
<b>OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]</b>	
<b>Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos]</b>	
ALAWAY 0.025 % ophth soln	
<i>ketotifen fumarate 0.025 % ophth soln</i>	
<b>RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]</b>	
<b>Antihistamines [Antihistamínicos]</b>	
ALLEGRA ALLERGY CHILDRENS 30 mg tab, 30 mg tab disint	
<i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i>	
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	ZYRTEC
<i>cetirizine hcl childrens 1 mg/ml soln</i>	ZYRTEC
CLARITIN 10 mg tab, 5 mg tab chew	
CLARITIN ALLERGY CHILDRENS 5 mg/5ml syr	
CLARITIN CHILDRENS 5 mg tab chew	
CLARITIN REDITABS 5 mg tab disint	
<i>fexofenadine hcl 180 mg tab, 60 mg tab</i>	
<i>fexofenadine hcl childrens 30 mg/5ml susp</i>	
<i>levocetirizine dihydrochloride 5 mg tab</i>	XYZAL
<i>loratadine 10 mg cap, 10 mg tab</i>	

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
<i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i>	
XYZAL ALLERGY 24HR 5 mg tab	
XYZAL ALLERGY 24HR CHILDRENS 2.5 mg/5ml soln	
ZYRTEC ALLERGY 10 mg tab disint	
ZYRTEC ALLERGY CHILDRENS 10 mg tab disint	
<b>Anti-Inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]</b>	
<i>budesonide 32 mcg/act nasal susp</i>	RHINOCORT
FLONASE ALLERGY RELIEF 50 mcg/act nasal susp	
FLONASE SENSIMIST 27.5 mcg/spray nasal susp	
<i>fluticasone propionate 50 mcg/act nasal susp</i>	FLONASE
RHINOCORT ALLERGY 32 mcg/act nasal susp	
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	NASACORT
<b>Respiratory Tract/Pulmonary Agents (Combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]</b>	
<i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>	
<i>fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr</i>	
<i>loratadine-d 12hr 5-120 mg tab er 12 hr</i>	
<i>loratadine-d 24hr 10-240 mg tab er 24 hr</i>	



**APÉNDICE V- SOLICITUD DE EXCEPCIÓN MÉDICA / APPENDIX V – MEDICAL EXCEPTION APPLICATION**

Nombre del Paciente y Representante Personal (si aplica):

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Núm. Contrato \_\_\_\_\_ Núm. de Grupo: \_\_\_\_\_

Se solicita la aprobación de:

- Medicamento no está incluido en el formulario
- Cubierta continuada para medicamento que se descontinuar
- Excepción a un procedimiento de manejo de medicamento (ei, terapia escalonada)
- Excepción a un procedimiento de limitación de dosis

Razones para la solicitud de excepción médica:

- En el formulario no figura un medicamento clínicamente aceptable para tratar la condición del paciente.
- El medicamento que procede conforme a la terapia escalonada es ineficaz para la condición o el paciente, es probable que cause daño al paciente o y ya el paciente se encontraba en un nivel más avanzado bajo otro plan médico.
- La dosis disponible para medicamento probablemente es ineficaz para la condición o el paciente.

Historial breve del paciente:

Diagnóstico primario relacionado con el medicamento de receta objeto de la solicitud (incluya código y descripción):

Descripción de la necesidad médica de medicamento para el cual se solicita la excepción:  
*(Incluya hoja adicional de ser necesario)*

\_\_\_\_\_  
Nombre de la Persona que expide la receta

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# de Proveedor (NPI)

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Firma

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## Índice / Index

### A

<i>abacavir sulfate</i> .....	63	AFINITOR DISPERZ.....	53
<i>abacavir sulfate-lamivudine</i> .....	63	AFLURIA.....	115
<i>abacavir-lamivudine-zidovudine</i> .....	63	AFLURIA PRESERVATIVE FREE.....	115
ABANEU-SL.....	94	AFLURIA QUADRIVALENT.....	115
ABILIFY MAINTENA.....	58	AFSTYLA.....	71
<i>abiraterone acetate</i> .....	51	AIRAVITE.....	94
ABSORICA.....	88	AKYNZEO.....	45
<i>acamprosate calcium</i> .....	34	Alaway.....	150
<i>acarbose</i> .....	66	<i>albendazole</i> .....	55
Acarbose.....	134	ALBENZA.....	55
ACE Inhibitors.....	132	<i>albuterol sulfate</i> .....	126
<i>acebutolol hcl</i> .....	76	<i>albuterol sulfate hfa</i> .....	126
<i>acetaminophen-codeine</i> .....	31	Alcaftadine.....	135
<i>acetaminophen-codeine #2</i> .....	31	<i>alclometasone dipropionate</i> .....	102
<i>acetaminophen-codeine #3</i> .....	31	ALDACTAZIDE.....	79
<i>acetaminophen-codeine #4</i> .....	31	ALDURAZYME.....	99
<i>acetazolamide</i> .....	121	ALECENSA.....	53
<i>acetic acid</i> .....	123	Alendronate.....	135
<i>acetylcysteine</i> .....	128	<i>alendronate sodium</i> .....	118
Acifex.....	136	<i>alfuzosin hcl er</i> .....	101
<i>acitretin</i> .....	88	ALINIA.....	55
ACTEMRA.....	115	<i>aliskiren fumarate</i> .....	79
ACTEMRA ACTPEN.....	115	Allegra.....	135
ACTHIB.....	115	Allegra Allergy Childrens.....	150
Actonel.....	136	Allegra-D.....	135
Actoplus met.....	134	allopurinol.....	5, 16, 48
ACTOPLUS MET XR.....	66	<i>almotriptan malate</i> .....	49
Actos.....	134	<i>alozetron hcl</i> .....	98
ACUVAIL.....	122	ALPHAGAN P.....	121
<i>acyclovir</i> .....	61, 62	ALPHANATE/VWF COMPLEX/HUMAN.....	71
ACZONE.....	88	ALPHANINE SD.....	71
ADACEL.....	115	<i>alprazolam</i> .....	65
ADAGEN.....	99	<i>alprazolam er</i> .....	65
<i>adapalene</i> .....	89	<i>alprazolam xr</i> .....	65
<i>adapalene-benzoyl peroxide</i> .....	89	ALPROLIX.....	71
Adderall XR.....	132	ALREX.....	122
ADEMPAS.....	127	ALTAVERA.....	141
ADVAIR HFA.....	128	Altoprev.....	137
ADVATE.....	71	ALTOPREV.....	82
<i>adynovate</i> .....	71	ALUNBRIG.....	53
ADZENYS XR-ODT.....	84	<i>amantadine hcl</i> .....	56
AFINITOR.....	53	Ambien.....	137
		Ambien CR.....	137

<i>ambrisentan</i> .....	127	<i>aprepitant</i> .....	46
AMICAR .....	71	APRI .....	141
<i>amiloride hcl</i> .....	81	APRISO.....	117
<i>amiloride-hydrochlorothiazide</i> .....	79	APTIVUS.....	64
<i>aminobenzoate potassium</i> .....	94	AQUASOL A .....	94
<i>aminocaproic acid</i> .....	71	ARALAST NP .....	128
Amiodarone.....	133	ARCALYST .....	115
<i>amiodarone hcl</i> .....	76	ARGYLE STERILE SALINE .....	119
<i>amitriptyline hcl</i> .....	45	<i>aripiprazole</i> .....	59
Amlodipine .....	132	ARNUITY ELLIPTA .....	124
<i>amlodipine besy-benazepril hcl</i> .....	79	<i>ascorbic acid</i> .....	94
<i>amlodipine besylate</i> .....	77	aspirin chewable .....	139
<i>amlodipine besylate-valsartan</i> .....	79	aspirin delayed release .....	139
<i>amlodipine-atorvastatin</i> .....	79	<i>aspirin-dipyridamole er</i> .....	74
<i>amlodipine-olmesartan</i> .....	79	ATABEX EC .....	94
Amlodipine-Olmesartan .....	132	Atacand .....	132
Amlodipine-Valsartan.....	132	Atacand HCT.....	132
<i>amlodipine-valsartan-hctz</i> .....	79	<i>atazanavir sulfate</i> .....	64
Amlodipine-Valsartan-Hydrochlorothiazide .	132	Atelvia .....	136
<i>ammonium lactate</i> .....	89	<i>atenolol</i> .....	76
Ammonium Lactate .....	136	<i>atenolol-chlorthalidone</i> .....	79
<i>amoxapine</i> .....	45	Atomoxetine .....	132
<i>amoxicillin</i> .....	37	<i>atomoxetine hcl</i> .....	85
<i>amoxicillin-pot clavulanate</i> .....	37	Atorvastatin .....	137
<i>amoxicillin-pot clavulanate er</i> .....	37	<i>atorvastatin calcium</i> .....	82
Amphetamine.....	132	<i>atovaquone</i> .....	55
<i>amphetamine-dextroamphet er</i> .....	85	<i>atovaquone-proguanil hcl</i> .....	55
<i>amphetamine-dextroamphetamine</i> .....	85	<i>atropine sulfate (pf)</i> .....	96
Amphetamine-Dextroamphetamine .....	132	ATROVENT HFA.....	125
Amphetamine-Dextroamphetamine IR.....	132	AUBAGIO .....	87
<i>ampicillin</i> .....	37	AUBRA.....	141
<i>ampicillin sodium</i> .....	37	AUGMENTIN.....	37
<i>anagrelide hcl</i> .....	70	AVIANE .....	141
ANALPRAM-HC.....	89	AVONEX .....	87
ANASCORP.....	119	AVONEX PEN.....	87
<i>anastrozole</i> .....	53	AVONEX PREFILLED.....	87
ANDRODERM .....	106	<i>av-vite fb</i> .....	94
ANDROGEL.....	107	<i>azathioprine</i> .....	111
ANDROGEL PUMP .....	107	<i>azelaic acid</i> .....	89
ANGELIQ.....	107	Azelastine.....	135
ANORO ELLIPTA .....	128	<i>azelastine hcl</i> .....	120, 124
ANTARA .....	82	<i>azelastine-fluticasone</i> .....	124
<i>antivenin latrodectus mactans</i> .....	119	AZELEX .....	89
<i>antivenin micrurus fulvius</i> .....	119	Azilect.....	136
ANZEMET.....	46	Azilsartan .....	132
APEXICON E .....	102	Azilsartan-Chlorthalidone .....	132
APOKYN.....	56	<i>azithromycin</i> .....	38

Azopt.....	133
AZOPT .....	121
Azor .....	132
AZURETTE .....	141
<b>B</b>	
<i>bacitracin</i> .....	120
<i>bacitracin-polymyxin b</i> .....	120
<i>bacitra-neomycin-polymyxin-hc</i> .....	122
<i>baclofen</i> .....	60
<i>balsalazide disodium</i> .....	117
BANZEL.....	41
BARACLUDE .....	60
<i>bcg vaccine</i> .....	115
BEBULIN.....	71
Beclomethasone .....	135
BEKYREE .....	141
<i>benazepril hcl</i> .....	75
<i>benazepril-hydrochlorothiazide</i> .....	79
BENEFIX.....	72
Benicar.....	132, 133
Benicar HCT .....	133
BENLYSTA .....	111
<i>benzonatate</i> .....	128
<i>benzoyl peroxide-erythromycin</i> .....	89
<i>benztropine mesylate</i> .....	56
BESIVANCE .....	120
<i>betamethasone dipropionate</i> .....	102
<i>betamethasone dipropionate aug</i> .....	102
<i>betamethasone sod phos &amp; acet</i> .....	102
<i>betamethasone valerate</i> .....	102
BETASERON.....	88
<i>betaxolol hcl</i> .....	76, 121
<i>bethanechol chloride</i> .....	101
BETHKIS.....	126
BETIMOL .....	121
BETOPTIC-S .....	121
<i>bexarotene</i> .....	55
BEXSERO.....	115
<i>bicalutamide</i> .....	51
BICILLIN C-R .....	37
BICILLIN C-R 900/300 .....	37
BICILLIN L-A.....	38
Biguanides .....	133, 134, 137
BIKTARVY .....	62
<i>bio-statin</i> .....	46
BIOTHRAX.....	115

<i>biotuss</i> .....	128
BIOTUSS PEDIATRIC .....	128
<i>bisoprolol fumarate</i> .....	76
<i>bisoprolol-hydrochlorothiazide</i> .....	79
<i>bleomycin sulfate</i> .....	52
BLEPHAMIDE .....	122
BLEPHAMIDE S.O.P.....	122
Boniva .....	135
BOOSTRIX.....	115
<i>bosentan</i> .....	127
BOSULIF .....	53
<i>bp 10-1</i> .....	89
<i>b-plex</i> .....	94
BRAFTOVI .....	53
BREO ELLIPTA.....	128
BRILINTA .....	74
<i>brimonidine tartrate</i> .....	121
Brinzolamide .....	133
BROMFED DM.....	128
<i>bromocriptine mesylate</i> .....	56
BUCALSEP .....	35
<i>budesonide</i> .....	118, 124, 125
Budesonide .....	135, 151
<i>budesonide er</i> .....	118
<i>bumetanide</i> .....	81
<i>buprenorphine</i> .....	31
<i>buprenorphine hcl</i> .....	34
<i>buprenorphine hcl-naloxone hcl</i> .....	34
<i>bupropion hcl</i> .....	43
<i>bupropion hcl er (sr)</i> .....	43
<i>bupropion hcl er (xl)</i> .....	43
<i>bupirone hcl</i> .....	65
<i>butalbital-acetaminophen</i> .....	29
<i>butalbital-apap-caff-cod</i> .....	31
<i>butalbital-apap-caffeine</i> .....	29
<i>butalbital-asa-caff-codeine</i> .....	32
<i>butalbital-aspirin-caffeine</i> .....	29
<i>butorphanol tartrate</i> .....	32
Bydureon.....	134
BYDUREON.....	66
BYDUREON BCISE .....	66
Byetta .....	134
BYETTA 10 MCG PEN.....	66
BYETTA 5 MCG PEN.....	66
Bystolic.....	135
BYSTOLIC .....	76

**C**

<i>cabergoline</i> .....	110
CABOMETYX .....	53
<i>calcipotriene</i> .....	89
<i>calcitonin (salmon)</i> .....	118
<i>calcitriol</i> .....	89, 118
<i>calcium acetate (phos binder)</i> .....	94
CALQUENCE.....	53
CANASA .....	117
Candesartan .....	132
<i>candesartan cilexetil</i> .....	75
<i>candesartan cilexetil-hctz</i> .....	79
Candesartan-Hydrochlorothiazide.....	132
<i>capecitabine</i> .....	51
CAPEX.....	102
CAPRELSA.....	53
<i>captopril</i> .....	75
<i>captopril-hydrochlorothiazide</i> .....	80
CARAFATE .....	98
<i>carbamazepine</i> .....	41
<i>carbamazepine er</i> .....	41
<i>carbidopa</i> .....	57
<i>carbidopa-levodopa</i> .....	57
<i>carbidopa-levodopa er</i> .....	57
<i>carbidopa-levodopa-entacapone</i> .....	57
CARIMUNE NF.....	113
<i>carisoprodol</i> .....	130
CARNITOR .....	119
<i>carteolol hcl</i> .....	121
<i>carvedilol</i> .....	77
Carvedilol.....	133
Carvedilol IR .....	133
<i>carvedilol phosphate er</i> .....	77
CAYA CONTOURED DIAPHRAGM .....	140
<i>cefaclor</i> .....	36
<i>cefadroxil</i> .....	36
<i>cefdinir</i> .....	36
<i>cefditoren pivoxil</i> .....	36
<i>cefpodoxime proxetil</i> .....	36
<i>cefprozil</i> .....	36
<i>ceftibuten</i> .....	36
CEFTIN .....	36
<i>ceftriaxone sodium</i> .....	36
<i>cefuroxime axetil</i> .....	37
Celebrex.....	133
<i>celecoxib</i> .....	29
Celecoxib .....	133

CEM-UREA .....	89
<i>cephalexin</i> .....	37
CERDELGA .....	99
CEREZYME .....	99
Cetirizine .....	135
<i>cetirizine hcl</i> .....	124
Cetirizine HCl .....	150
Cetirizine HCl Allergy Child .....	150
Cetirizine HCl Childrens .....	150
Cetirizine-Pseudoephedrine ER .....	151
<i>cevimeline hcl</i> .....	88
CHATEAL.....	141
CHEMET .....	93
<i>chlordiazepoxide hcl</i> .....	65
<i>chlordiazepoxide-amitriptyline</i> .....	45
<i>chlordiazepoxide-clidinium</i> .....	96
<i>chlorhexidine gluconate</i> .....	88
<i>chloroquine phosphate</i> .....	55
<i>chlorothiazide</i> .....	81
<i>chlorpromazine hcl</i> .....	57, 58
<i>chlorpropamide</i> .....	66
<i>chlorthalidone</i> .....	82
<i>chlorzoxazone</i> .....	130
CHOLBAM .....	99
<i>cholestyramine</i> .....	83
<i>cholestyramine light</i> .....	83
<i>chorionic gonadotropin</i> .....	105
CIALIS.....	101
<i>ciclopirox</i> .....	46
<i>ciclopirox olamine</i> .....	46
<i>cilostazol</i> .....	74
CILOXAN .....	120
CIMDUO.....	63
<i>cimetidine</i> .....	97
<i>cimetidine hcl</i> .....	97
CIMZIA .....	111
CIMZIA PREFILLED.....	111
CIMZIA STARTER KIT.....	111
<i>cinacalcet hcl</i> .....	118
CIPRO HC.....	123
CIPRODEX .....	123
<i>ciprofloxacin</i> .....	39
<i>ciprofloxacin hcl</i> .....	39, 120, 123
<i>ciprofloxacin-ciproflox hcl er</i> .....	39
<i>citalopram hydrobromide</i> .....	43
CLARAVIS .....	89
Clarinx .....	135

CLARINEX.....	124	CONCEPT DHA .....	94
CLARINEX-D 12 HOUR.....	128	CONCEPT OB .....	94
<i>clarithromycin</i> .....	38	CONDYLOX .....	89
<i>clarithromycin er</i> .....	38	Coreg .....	133
Claritin.....	135, 150	Coreg CR .....	133
Claritin Allergy Childrens.....	150	CORTIFOAM.....	118
Claritin Childrens.....	150	<i>cortisone acetate</i> .....	102
Claritin Reditabs.....	150	CORTISPORIN .....	35
CLEOCIN .....	35	CORVITA .....	94
CLIMARA PRO .....	107	COSENTYX .....	89
<i>clindamycin hcl</i> .....	35	COSENTYX (300 MG DOSE) .....	89
<i>clindamycin palmitate hcl</i> .....	35	COSENTYX SENSOREADY (300 MG).....	89
<i>clindamycin phos-benzoyl perox</i> .....	89	COSENTYX SENSOREADY PEN .....	89
<i>clindamycin phosphate</i> .....	35	COSOFT PF .....	121
<i>clindamycin-tretinoin</i> .....	89	COTEMPLA XR-ODT.....	86
<i>clobetasol prop emollient base</i> .....	102	CREON .....	99
<i>clobetasol propionate</i> .....	102	CRESEMBA .....	47
<i>clobetasol propionate e</i> .....	102	CRINONE.....	108
<i>clocortolone pivalate</i> .....	102	CRIXIVAN .....	64
<i>clomipramine hcl</i> .....	45	CROFAB .....	119
<i>clonazepam</i> .....	40	<i>cromolyn sodium</i> .....	97, 120, 127
<i>clonidine</i> .....	74	CRYSELLE-28 .....	141
<i>clonidine hcl</i> .....	74	CUVITRU .....	113
<i>clonidine hcl er</i> .....	85	<i>cyanocobalamin</i> .....	94
<i>clopidogrel bisulfate</i> .....	74	<i>cyclobenzaprine hcl</i> .....	130
<i>clorazepate dipotassium</i> .....	65	<i>cycloserine</i> .....	50
<i>clotrimazole</i> .....	46	<i>cyclosporine</i> .....	111
<i>clotrimazole-betamethasone</i> .....	46	<i>cyclosporine modified</i> .....	111
<i>clozapine</i> .....	60	CYKLOKAPRON.....	72
COAGADEx.....	72	<i>cyproheptadine hcl</i> .....	124
COARTEM.....	55	CYRED.....	141
<i>codeine sulfate</i> .....	32	CYSTADANE .....	99
colchicine .....	5, 16, 48	CYSTAGON .....	99
colchicine-probenecid .....	5, 16, 48	CYTOGAM .....	113
Colcrys.....	5, 16	<b>D</b>	
<i>colesevelam hcl</i> .....	83	<i>dacarbazine</i> .....	50
<i>colestipol hcl</i> .....	83	<i>dalfampridine er</i> .....	88
<i>colistimethate sodium (cba)</i> .....	35	<i>danazol</i> .....	107
COLOCORT.....	118	<i>dantrolene sodium</i> .....	60
COLY-MYCIN S .....	123	<i>dapsone</i> .....	50, 89
COMBIGAN .....	121	DAPTACEL .....	115
COMBIPATCH.....	107	DARAPRIM .....	55
COMBIVENT RESPIMAT .....	125	<i>darifenacin hydrobromide er</i> .....	100
COMETRIQ (100 MG DAILY DOSE) .....	53	DDAVP RHINAL TUBE .....	106
COMETRIQ (140 MG DAILY DOSE) .....	53	DECON-A.....	128
COMETRIQ (60 MG DAILY DOSE) .....	53	<i>deferasirox</i> .....	93
COMPLERA.....	62		

<i>deferoxamine mesylate</i> .....	119	<i>didanosine</i> .....	63
DELSTRIGO .....	62	DIFIL-G FORTE .....	127
DELYLA .....	142	<i>diflorasone diacetate</i> .....	103
DEMEROL .....	32	<i>diflunisal</i> .....	29
DEMSER.....	80	<i>digoxin</i> .....	80
DENAVIR.....	62	<i>digoxin</i> .....	80
DEPEN TITRATABS .....	93	<i>dihydroergotamine mesylate</i> .....	49
DEPO-MEDROL .....	102	Dihydropyridine CCB.....	132
DERMACINRX EMPRICAINE.....	33	DILANTIN.....	41
DESCOVY .....	63	<i>diltiazem cd</i> .....	77
<i>desipramine hcl</i> .....	45	<i>diltiazem hcl</i> .....	77
<i>desloratadine</i> .....	124	<i>diltiazem hcl er</i> .....	77, 78
Desloratadine.....	135	<i>diltiazem hcl er beads</i> .....	78
<i>desmopressin ace spray refrig</i> .....	106	<i>diltiazem hcl er coated beads</i> .....	78
<i>desmopressin acetate</i> .....	106	<i>diphenhydramine hcl</i> .....	124
<i>desmopressin acetate spray</i> .....	106	<i>diphenoxylate-atropine</i> .....	97
Desogestrel-Ethinyl Estradiol.....	142	<i>diphtheria-tetanus toxoids dt</i> .....	115
<i>desonide</i> .....	102	<i>dipyridamole</i> .....	74
<i>desoximetasone</i> .....	103	<i>disopyramide phosphate</i> .....	76
Desvenlafaxine .....	133	<i>disulfiram</i> .....	34
<i>desvenlafaxine er</i> .....	43	DIURIL .....	82
<i>desvenlafaxine succinate er</i> .....	44	<i>divalproex sodium</i> .....	40
Desvenlafaxine Tab SR .....	133	<i>divalproex sodium er</i> .....	40
<i>dexamethasone</i> .....	103	<i>docetaxel</i> .....	52
DEXAMETHASONE INTENSOL.....	103	<i>dofetilide</i> .....	76
<i>dexamethasone sodium phosphate</i> ...	103, 122	<i>donepezil hcl</i> .....	42
Dexilant.....	136	Dorzolamide .....	133
DEXILANT .....	98	<i>dorzolamide hcl</i> .....	121
Dexlansoprazole .....	136	<i>dorzolamide hcl-timolol mal</i> .....	121
<i>dexmedetomidine hcl</i> .....	65, 130	<i>dorzolamide hcl-timolol mal pf</i> .....	121
Dexmethylphenidate .....	132	<i>doxazosin mesylate</i> .....	101
<i>dexmethylphenidate hcl</i> .....	86	<i>doxepin hcl</i> .....	45, 130
<i>dexmethylphenidate hcl er</i> .....	86	<i>doxercalciferol</i> .....	118
<i>dextroamphetamine sulfate</i> .....	85	<i>doxorubicin hcl</i> .....	52
<i>dextroamphetamine sulfate er</i> .....	85	<i>doxycycline</i> .....	89
DIALYVITE 3000.....	94	<i>doxycycline hyclate</i> .....	39
DIALYVITE 5000.....	94	<i>doxycycline monohydrate</i> .....	39
DIALYVITE/ZINC .....	94	<i>dronabinol</i> .....	46
<i>diazepam</i> .....	40, 65	Dronedarone .....	133
<i>diazoxide</i> .....	68	Drospiren-Eth Estrad-Levomefol .....	142
<i>diclofenac epolamine</i> .....	29	Drospirenone-Ethinyl Estradiol.....	142
<i>diclofenac potassium</i> .....	29	DROXIA .....	51
<i>diclofenac sodium</i> .....	29, 122	DUAVEE .....	107
<i>diclofenac sodium er</i> .....	29	Duetact.....	134
<i>diclofenac-misoprostol</i> .....	29	Dulaglutide .....	134
<i>dicloxacillin sodium</i> .....	38	Duloxetine .....	133, 136
<i>dicyclomine hcl</i> .....	96	<i>duloxetine hcl</i> .....	44

Duragesic.....	134
DUREZOL.....	122
<i>dutasteride</i> .....	101
<i>dutasteride-tamsulosin hcl</i> .....	101
DYANAVEL XR.....	85
DYMISTA.....	124

**E**

<i>econazole nitrate</i> .....	47
Edarbi.....	132
EDARBI.....	75
Edarbyclor.....	132
EDARBYCLOR.....	80
EDURANT.....	62
<i>efavirenz</i> .....	62
<i>effervescent pot chloride</i> .....	91
ELELYSO.....	99
Eletriptan.....	137
<i>eletriptan hydrobromide</i> .....	49
Elidel.....	136
ELIDEL.....	89
ELINEST.....	142
ELIQUIS.....	69
ELIQUIS DVT/PE STARTER PACK.....	69
ELIXOPHYLLIN.....	127
ELLA TABLET 30MG.....	146
ELMIRON.....	101
ELOCTATE.....	72
eluryng vaginal ring 0.12-0.015 MG/24 HR.....	146
Emadine.....	135
EMADINE.....	120
EMCYT.....	51
Emedastine.....	135
EMOQUETTE.....	142
Empagliflozin.....	133, 137
Empagliflozin-Linagliptin.....	133
Empagliflozin-Metformin.....	137
EMSAM.....	43
EMTRIVA.....	63
EMVERM.....	55
<i>enalapril maleate</i> .....	75
<i>enalapril-hydrochlorothiazide</i> .....	80
ENBREL.....	111
ENBREL MINI.....	111
ENBREL SURECLICK.....	111
ENCARE VAGINAL SUPPOSITORY 100MG.....	146

ENGERIX-B.....	116
<i>enoxaparin sodium</i> .....	69
Enpresse-28.....	142
ENSKYCE.....	142
<i>entacapone</i> .....	56
<i>entecavir</i> .....	60
ENTRESTO.....	80
ENTYVIO.....	115
EPIDUO FORTE.....	89
<i>epinephrine</i> .....	126
<i>eplerenone</i> .....	81
Eplerenone.....	133
EPOGEN.....	70
<i>epoprostenol sodium</i> .....	127
<i>ergocal</i> .....	94
<i>ergoloid mesylates</i> .....	42
ERGOMAR.....	49
<i>ergotamine-caffeine</i> .....	49
ERIVEDGE.....	53
ERLEADA.....	51
<i>erlotinib hcl</i> .....	53
<i>ertapenem sodium</i> .....	37
ERYPED 400.....	38
ERY-TAB.....	38
ERYTHROCIN STEARATE.....	38
<i>erythromycin</i> .....	38, 120
<i>erythromycin base</i> .....	38
<i>erythromycin ethylsuccinate</i> .....	38, 39
ESBRIET.....	128
<i>escitalopram oxalate</i> .....	44
Esomeprazole.....	136
<i>esomeprazole magnesium</i> .....	98
Esomeprazole Magnesium.....	150
<i>est estrogens-methyltest</i> .....	107
<i>est estrogens-methyltest ds</i> .....	108
<i>est estrogens-methyltest hs</i> .....	108
ESTARYLLA.....	142
<i>estazolam</i> .....	65
<i>estradiol</i> .....	108
<i>estradiol-norethindrone acet</i> .....	108
ESTRING.....	108
ESTROGEL.....	108
<i>estropipate</i> .....	108
<i>eszopiclone</i> .....	130
<i>ethambutol hcl</i> .....	50
<i>ethyl chloride</i> .....	33
<i>etidronate disodium</i> .....	118



<i>etodolac</i> .....	29	<i>finasteride</i> .....	101
<i>etodolac er</i> .....	30	FIRVANQ .....	35
etonogestrel-etinyl vaginal ring 0.12-0.015 MG/24 HR .....	146	FLAREX .....	122
<i>etoposide</i> .....	53	<i>flavoxate hcl</i> .....	100
<i>everolimus</i> .....	53	FLEBOGAMMA DIF .....	113
EVOTAZ.....	64	<i>flecainide acetate</i> .....	76
EXELDERM .....	47	FLECTOR .....	30
Exenatide .....	134	Flonase .....	135
Exforge .....	132	Flonase Allergy .....	135
Exforge HCT .....	132	Flonase Allergy Relief .....	151
EXJADE .....	93	Flonase Sensimist.....	151
EXODERM.....	47	Flonase Sensymist .....	135
<i>ezetimibe</i> .....	83	FLOVENT DISKUS .....	125
Ezetimibe .....	134, 137	FLOVENT HFA .....	125
<i>ezetimibe-simvastatin</i> .....	83	FLUARIX QUADRIVALENT .....	116
Ezetimibe-Simvastatin .....	137	FLUBLOK.....	116
<b>F</b>		FLUCELVAX QUADRIVALENT .....	116
FABRAZYME .....	99	<i>fluconazole</i> .....	47
FALMINA .....	142	<i>flucytosine</i> .....	47
<i>famciclovir</i> .....	62	<i>fludrocortisone acetate</i> .....	103
<i>famotidine</i> .....	97	FLULAVAL QUADRIVALENT .....	116
FARESTON .....	51	<i>flumazenil</i> .....	34
FARXIGA .....	66	FLUMIST QUADRIVALENT .....	116
FC FEMALE CONDOM.....	141	<i>flunisolide</i> .....	125
<i>febuxostat</i> .....	48	Flunisolide .....	135
FEIBA .....	72	<i>fluocinolone acetonide</i> .....	103, 123
<i>felodipine er</i> .....	78	<i>fluocinolone acetonide body</i> .....	103
FEMCAP CERVICAL CAP 26MM .....	139	<i>fluocinolone acetonide scalp</i> .....	103
FEMYNOR.....	142	<i>fluocinonide</i> .....	103
<i>fenofibrate</i> .....	82	<i>fluocinonide emulsified base</i> .....	103
<i>fenofibrate micronized</i> .....	82	<i>fluorometholone</i> .....	122
<i>fenofibric acid</i> .....	82	<i>fluorouracil</i> .....	51
<i>fentanyl</i> .....	31	Fluoxetine.....	134
<i>fentanyl citrate (pf)</i> .....	32	<i>fluoxetine hcl</i> .....	44
Fentanyl TD Patch .....	134	Fluoxetine HCl Cap Delayed Release .....	134
<i>ferocon</i> .....	91	<i>fluphenazine decanoate</i> .....	58
<i>ferottrinsic</i> .....	91	<i>fluphenazine hcl</i> .....	58
FERRIPROX .....	93	<i>flurandrenolide</i> .....	103
FERROCITE PLUS.....	91	<i>flurazepam hcl</i> .....	130
FERRO-PLEX HEMATINIC .....	91	<i>flurbiprofen</i> .....	30
Fexofenadine .....	135	<i>flurbiprofen sodium</i> .....	122
Fexofenadine HCl .....	150	<i>flutamide</i> .....	51
Fexofenadine HCl Childrens .....	150	Fluticasone .....	135
Fexofenadine-Pseudoephed ER .....	151	<i>fluticasone propionate</i> .....	103, 125
FINACEA .....	89	Fluticasone Propionate.....	151
		<i>fluticasone-salmeterol</i> .....	128
		<i>fluvastatin sodium</i> .....	82

<i>fluvastatin sodium er</i> .....	82
FLUVIRIN.....	116
<i>fluvoxamine maleate</i> .....	44
FLUZONE HIGH-DOSE.....	116
FLUZONE QUADRIVALENT.....	116
FML.....	122
<i>folbee plus</i> .....	94
FOLBEE PLUS CZ.....	94
<i>folic acid</i> .....	94, 95
FOLIVANE-OB.....	95
<i>foltrin</i> .....	91
<i>fondaparinux sodium</i> .....	70
FORTAZ.....	37
FORTEO.....	119
Fosamax.....	135
Fosamax Plus D.....	135
FOSAMAX PLUS D.....	119
<i>fosamprenavir calcium</i> .....	64
FOSCAVIR.....	60
<i>fosinopril sodium</i> .....	75
<i>fosinopril sodium-hctz</i> .....	80
FOSRENOL.....	94
FRAGMIN.....	70
<i>frovatriptan succinate</i> .....	49
FULPHILA.....	70
<i>furosemide</i> .....	81
FUSION PLUS.....	91
FUZEON.....	63

**G**

<i>gabapentin</i> .....	40
<i>galantamine hydrobromide</i> .....	42
<i>galantamine hydrobromide er</i> .....	42
GAMASTAN.....	113
GAMMAGARD.....	113
GAMMAGARD S/D LESS IGA.....	113
GAMMAKED.....	113
GAMMAPLEX.....	114
GAMUNEX-C.....	114
GARDASIL 9.....	116
<i>gatifloxacin</i> .....	120
<i>gavilyte-c</i> .....	148
GAVILYTE-C.....	98
<i>gavilyte-g</i> .....	148
GAVILYTE-G.....	98
GAVILYTE-N WITH FLAVOR PACK.....	98
<i>gemfibrozil</i> .....	82

<i>generlac</i> .....	98
GENGRAF.....	112
GENOTROPIN.....	106
GENOTROPIN MINIQUICK.....	106
GENTAK.....	120
<i>gentamicin sulfate</i> .....	35, 120
GENVOYA.....	62
GILENYA.....	88
GILPHEX TR.....	128
GILTUSS.....	129
GILTUSS PEDIATRIC.....	129
GILTUSS TR.....	129
GLASSIA.....	129
<i>glatiramer acetate</i> .....	88
GLEEVEC.....	53
GLEOSTINE.....	50
<i>glimepiride</i> .....	66
<i>glipizide</i> .....	66
<i>glipizide er</i> .....	66
<i>glipizide xl</i> .....	66
<i>glipizide-metformin hcl</i> .....	67
GLUCAGON EMERGENCY.....	68
GLUCOVANCE.....	67
Glumetza.....	134
<i>glyburide</i> .....	67
<i>glyburide micronized</i> .....	67
<i>glyburide-metformin</i> .....	67
<i>glycopyrrolate</i> .....	96
Glyset.....	134
Glyxambi.....	133
GLYXAMBI.....	67
GOLYTELY.....	98
<i>granisetron hcl</i> .....	46
<i>griseofulvin microsize</i> .....	47
<i>griseofulvin ultramicrosize</i> .....	47
<i>guanfacine hcl</i> .....	74
<i>guanfacine hcl er</i> .....	86
<i>guanidine hcl</i> .....	50

**H**

<i>halcinonide</i> .....	103
<i>halobetasol propionate</i> .....	104
HALOG.....	104
<i>haloperidol</i> .....	58
<i>haloperidol decanoate</i> .....	58
<i>haloperidol lactate</i> .....	58
HAVRIX.....	116

HELIXATE FS.....	72
<i>hematinic plus vit/minerals</i> .....	91
<i>hematinic/folic acid</i> .....	91
<i>hemetab</i> .....	92
HEMLIBRA.....	72
HEMOFIL M.....	72
HEPAGAM B.....	114
<i>heparin sodium (porcine)</i> .....	70
HEPLISAV-B.....	116
HERCEPTIN.....	55
HEXALEN.....	50
HIBERIX.....	116
HIZENTRA.....	114
HUMALOG.....	68
HUMALOG JUNIOR KWIKPEN.....	68
HUMALOG KWIKPEN.....	69
HUMALOG MIX 50/50.....	69
HUMALOG MIX 50/50 KWIKPEN.....	69
HUMALOG MIX 75/25.....	69
HUMALOG MIX 75/25 KWIKPEN.....	69
HUMATE-P.....	72
HUMIRA.....	112
HUMIRA PEDIATRIC CROHNS START.....	112
HUMIRA PEN.....	112
HUMIRA PEN-CD/UC/HS STARTER.....	112
HUMIRA PEN-PS/UV/ADOL HS START.....	112
HUMULIN 70/30.....	69
HUMULIN 70/30 KWIKPEN.....	69
HUMULIN N.....	69
HUMULIN N KWIKPEN.....	69
HUMULIN R.....	69
HUMULIN R U-500 (CONCENTRATED).....	69
HUMULIN R U-500 KWIKPEN.....	69
<i>hydralazine hcl</i> .....	84
<i>hydrochlorothiazide</i> .....	82
<i>hydrocod polst-cpm polst er</i> .....	129
<i>hydrocodone-acetaminophen</i> .....	32
<i>hydrocodone-ibuprofen</i> .....	32
<i>hydrocortisone</i> .....	104, 118
<i>hydrocortisone (perianal)</i> .....	48
<i>hydrocortisone ace-pramoxine</i> .....	48, 90
<i>hydrocortisone acetate</i> .....	48
<i>hydrocortisone butyr lipo base</i> .....	104
<i>hydrocortisone butyrate</i> .....	104
<i>hydrocortisone valerate</i> .....	104
<i>hydrocortisone-acetic acid</i> .....	123
<i>hydrocort-pramoxine (perianal)</i> .....	90

<i>hydromorphone hcl</i> .....	32
<i>hydroxocobalamin acetate</i> .....	95
<i>hydroxychloroquine sulfate</i> .....	55
<i>hydroxyurea</i> .....	52
<i>hydroxyzine hcl</i> .....	124
<i>hydroxyzine pamoate</i> .....	124
<i>hyoscyamine sulfate</i> .....	96
<i>hyoscyamine sulfate er</i> .....	96
<i>hyoscyamine sulfate sl</i> .....	97
HYPERHEP B S/D.....	114
HYPERRAB S/D.....	114
HYPERRHO S/D.....	114
HYPERTET S/D.....	116
HYQVIA.....	114

## I

Ibandronate.....	135
<i>ibandronate sodium</i> .....	119
IBRANCE.....	53
IBU.....	30
<i>ibuprofen</i> .....	30
ICLUSIG.....	53
IDELVION.....	72
IFEREX 150 FORTE.....	92
ILUMYA.....	90
<i>imatinib mesylate</i> .....	54
IMBRUVICA.....	54
<i>imipramine hcl</i> .....	45
<i>imipramine pamoate</i> .....	45
<i>imiquimod</i> .....	90
IMOGAM RABIES-HT.....	114
IMOVAX RABIES.....	116
INCRELEX.....	106
<i>indapamide</i> .....	82
<i>indomethacin</i> .....	30
<i>indomethacin er</i> .....	30
INFANRIX.....	116
INFED.....	92
INFLECTRA.....	112
INFUVITE PEDIATRIC.....	95
INLYTA.....	54
Inspra.....	133
INTEGRA F.....	92
INTEGRA PLUS.....	92
INTELENCE.....	62
INTRON A.....	60
Invega.....	136

Invega Sustenna .....	136
INVEGA SUSTENNA .....	59
Invega Trinza .....	136
INVEGA TRINZA .....	59
INVIRASE .....	64
<i>iodoquinol-hc-aloe polysacch</i> .....	47
IOPIDINE .....	121
IPOL.....	116
<i>ipratropium bromide</i> .....	125
<i>ipratropium-albuterol</i> .....	125
<i>irbesartan</i> .....	75
Irbesartan.....	132
<i>irbesartan-hydrochlorothiazide</i> .....	80
ISENTRESS.....	62
ISENTRESS HD .....	62
ISIBLOOM.....	142
<i>isoniazid</i> .....	50
<i>isosorbide dinitrate</i> .....	84
<i>isosorbide dinitrate er</i> .....	84
<i>isosorbide mononitrate</i> .....	84
<i>isosorbide mononitrate er</i> .....	84
<i>isotretinoin</i> .....	90
<i>isradipine</i> .....	78
<i>itraconazole</i> .....	47
<i>ivermectin</i> .....	55, 90
IXIARO.....	116
IXINITY .....	72

**J**

JADENU.....	93
JADENU SPRINKLE .....	93
JAKAFI.....	54
Janumet .....	133
JANUMET .....	67
Janumet XR .....	133
JANUMET XR .....	67
Januvia .....	133
JANUVIA.....	67
Jardiance .....	137
JARDIANCE.....	67
Jentadueto .....	133
JENTADUETO .....	67
Jentadueto XR .....	133
JENTADUETO XR .....	67
JIVI.....	72
JULEBER.....	142
JULUCA.....	62

**K**

KALETRA.....	64
KARIVA .....	142
<i>k-effervescent</i> .....	92
KENALOG .....	104
Keppra.....	134
Keppra XR.....	134
<i>ketoconazole</i> .....	47
<i>ketoprofen</i> .....	30
<i>ketoprofen er</i> .....	30
<i>ketorolac tromethamine</i> .....	30, 122
Ketotifen .....	135
Ketotifen Fumarate.....	150
KEVZARA .....	115
KIMIDESS .....	142
KINRIX .....	116
KIONEX.....	93
KISQALI (200 MG DOSE) .....	52
KISQALI (400 MG DOSE) .....	52
KISQALI (600 MG DOSE) .....	52
KISQALI FEMARA (400 MG DOSE) .....	52
KISQALI FEMARA (600 MG DOSE) .....	52
KISQALI FEMARA(200 MG DOSE) .....	52
KLOR-CON .....	92
KLOR-CON 10 .....	92
KLOR-CON M10 .....	92
KLOR-CON M15 .....	92
KLOR-CON M20 .....	92
KLOR-CON SPRINKLE.....	92
KOATE .....	72
KOATE-DVI.....	73
KOGENATE FS.....	73
KOGENATE FS BIO-SET .....	73
KORLYM.....	106
KOVALTRY .....	73
K-PHOS NO 2 .....	92
K-TAN PLUS .....	92
KURVELO .....	142
KUVAN.....	99

**L**

<i>labetalol hcl</i> .....	77
<i>lactated ringers</i> .....	92
Lactic Acid.....	136
<i>lactulose</i> .....	98
<i>lactulose encephalopathy</i> .....	98
<i>lamivudine</i> .....	63

<i>lamivudine-zidovudine</i> .....	63	<i>lidocaine viscous</i> .....	88
<i>lamotrigine</i> .....	41	<i>lidocaine-hydrocort (perianal)</i> .....	90
<i>lamotrigine er</i> .....	41	<i>lidocaine-hydrocortisone ace</i> .....	90
LANOXIN .....	80	<i>lidocaine-prilocaine</i> .....	33
<i>lansoprazole</i> .....	99	LILLOW .....	143
Lansoprazole .....	136, 150	Linagliptin .....	133
Lansoprazole Rx .....	136	Linagliptin-Metformin .....	133
<i>lanthanum carbonate</i> .....	94	<i>lincomycin hcl</i> .....	35
LANTUS.....	69	<i>lindane</i> .....	56
LANTUS SOLOSTAR .....	69	<i>linezolid</i> .....	35
LARISSIA.....	142	LINZESS .....	98
Lastacft .....	135	<i>liothyronine sodium</i> .....	109
LASTACAFT .....	120	Liraglutide.....	134
<i>latanoprost</i> .....	123	Lisdexamfetamine Dimesylate .....	132
LATUDA.....	59	<i>lisinopril</i> .....	75
<i>leflunomide</i> .....	115	<i>lisinopril-hydrochlorothiazide</i> .....	80
LESSINA.....	143	<i>lithium</i> .....	66
<i>letrozole</i> .....	53	<i>lithium carbonate</i> .....	66
<i>leucovorin calcium</i> .....	52	<i>lithium carbonate er</i> .....	66
LEUKERAN.....	51	Livalo.....	137
<i>leuprolide acetate</i> .....	110	LIVALO.....	82
<i>levabuterol hcl</i> .....	126	LONSURF .....	52
<i>levabuterol tartrate</i> .....	126	<i>loperamide hcl</i> .....	97
<i>levetiracetam</i> .....	40	<i>lopinavir-ritonavir</i> .....	64
Levetiracetam .....	134	Loratadine .....	135, 150
<i>levetiracetam er</i> .....	40	Loratadine Childrens .....	151
<i>levobunolol hcl</i> .....	121	Loratadine-D 12HR .....	151
<i>levocarnitine</i> .....	119	Loratadine-D 24HR .....	151
Levocetirizine .....	135	<i>lorazepam</i> .....	65
<i>levocetirizine dihydrochloride</i> .....	124	Losartan .....	132
Levocetirizine Dihydrochloride .....	150	<i>losartan potassium</i> .....	75
<i>levofloxacin</i> .....	39, 121	<i>losartan potassium-hctz</i> .....	80
<i>levoleucovorin calcium pf</i> .....	52	LOTEMAX .....	122
Levonest .....	143	LOTEMAX SM.....	122
levonorgestrel - ethinyl estradiol (91-day) tablet 0.15-0.03 mg .....	145	<i>loteprednol etabonate</i> .....	122
levonorgestrel tablet 1.5 mg.....	140	<i>lovastatin</i> .....	82
Levonorgestrel-Ethinyl Estrad.....	143	Lovastatin.....	137
Levonorg-Eth Estrad Triphasic.....	143	Lovastatin Tab IR .....	137
LEVORA 0.15/30 (28) .....	143	LOW-OGESTREL .....	143
<i>levothyroxine sodium</i> .....	109	<i>loxapine succinate</i> .....	58
LEXIVA .....	64	LUMIGAN.....	123
<i>lidocaine</i> .....	33	LUPRON DEPOT (1-MONTH) .....	110
<i>lidocaine hcl</i> .....	33	LUPRON DEPOT (3-MONTH) .....	110
<i>lidocaine hcl (pf)</i> .....	33	LUPRON DEPOT (4-MONTH) .....	110
<i>lidocaine hcl urethral/mucosal</i> .....	33	LUPRON DEPOT (6-MONTH) .....	110
<i>lidocaine pak</i> .....	33	LUPRON DEPOT-PED (1-MONTH).....	110
		LUPRON DEPOT-PED (3-MONTH).....	110

LUTERA.....	143
LYNPARZA.....	54
Lyrica.....	136
LYRICA.....	87
LYRICA CR.....	87
LYSODREN.....	109

**M**

M.V.I. ADULT.....	95
M.V.I. PEDIATRIC.....	95
<i>mafenide acetate</i> .....	35
<i>maprotiline hcl</i> .....	44
MARPLAN.....	43
MATULANE.....	51
MAVYRET.....	61
MAXIDEX.....	122
MAYZENT.....	88
MAYZENT STARTER PACK.....	88
<i>meclizine hcl</i> .....	45
<i>meclofenamate sodium</i> .....	30
MEDROL.....	104
<i>medroxyprogesterone acetate</i> .....	108
medroxyprogesterone acetate intramuscular suspension 150 mg/ml.....	141
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml ..	141
<i>mefenamic acid</i> .....	30
<i>mefloquine hcl</i> .....	55
<i>megestrol acetate</i> .....	109
MEKINIST.....	54
MEKTOVI.....	54
<i>meloxicam</i> .....	30
<i>melphalan</i> .....	51
Memantine.....	134
<i>memantine hcl</i> .....	42
<i>memantine hcl er</i> .....	43
MENACTRA.....	116
MENEST.....	108
MENTAX.....	47
MENVEO.....	116
<i>meperidine hcl</i> .....	32
MEPSEVII.....	99
<i>mercaptopurine</i> .....	52
<i>mesalamine</i> .....	117
<i>mesalamine er</i> .....	117
<i>mesalamine-cleanser</i> .....	117
MESNEX.....	55

MESTINON.....	50
METADATE ER.....	86
METAXALL.....	130
<i>metaxalone</i> .....	130
Metformin.....	134
<i>metformin hcl</i> .....	67
<i>metformin hcl er</i> .....	67
<i>metformin hcl er (osm)</i> .....	67
Methamphetamine.....	132
<i>methazolamide</i> .....	121
<i>methenamine hippurate</i> .....	35
<i>methimazole</i> .....	111
<i>methocarbamol</i> .....	130
<i>methotrexate</i> .....	112
<i>methotrexate sodium</i> .....	112
<i>methotrexate sodium (pf)</i> .....	112
<i>methoxsalen rapid</i> .....	90
<i>methscopolamine bromide</i> .....	97
<i>methyl dopa</i> .....	74
<i>methylergonovine maleate</i> .....	119
Methylphenidate.....	132
<i>methylphenidate hcl</i> .....	86
<i>methylphenidate hcl er</i> .....	86
<i>methylphenidate hcl er (cd)</i> .....	86
<i>methylphenidate hcl er (la)</i> .....	87
<i>methylprednisolone</i> .....	104
<i>methylprednisolone acetate</i> .....	104
<i>methylprednisolone sodium succ</i> .....	104
<i>metipranolol</i> .....	121
<i>metoclopramide hcl</i> .....	97
<i>metolazone</i> .....	82
<i>metoprolol succinate er</i> .....	77
<i>metoprolol tartrate</i> .....	77
<i>metoprolol-hydrochlorothiazide</i> .....	80
<i>metronidazole</i> .....	35, 90
<i>mexiletine hcl</i> .....	76
MIACALCIN.....	119
Micardis.....	133
Micardis HCT.....	133
<i>midazolam hcl</i> .....	65
<i>midazolam hcl (pf)</i> .....	65
<i>midodrine hcl</i> .....	74
MIGERGOT.....	49
<i>miglitol</i> .....	67
Miglitol.....	134
<i>miglustat</i> .....	99
MILLIPRED.....	104

<i>minocycline hcl</i> .....	39, 40
<i>minoxidil</i> .....	84
Mirabegron.....	135
MIRENA INTRAUTERINE DEVICE 20MCG/24HR.....	141
<i>mirtazapine</i> .....	43
MIRVASO.....	90
<i>misoprostol</i> .....	98
<i>mitoxantrone hcl</i> .....	52
M-M-R II.....	116
<i>m-natal plus</i> .....	95
<i>modafinil</i> .....	130
MODERIBA.....	61
MODERIBA (1000 MG PACK).....	61
MODERIBA (1200 MG PACK).....	61
MODERIBA (600 MG PACK).....	61
MODERIBA (800 MG PACK).....	61
Mometasone.....	135
<i>mometasone furoate</i> .....	104, 125
MONOCLATE-P.....	73
MONO-LINYAH.....	143
MONONESSA.....	143
MONONINE.....	73
<i>montelukast sodium</i> .....	125
MONUROL.....	35
<i>morphine sulfate</i> .....	32
<i>morphine sulfate (concentrate)</i> .....	32
<i>morphine sulfate er</i> .....	31
MOXEZA.....	121
<i>moxifloxacin hcl</i> .....	39, 121
<i>moxifloxacin hcl (2x day)</i> .....	121
Multaq.....	133
MULTAQ.....	76
MULTIGEN.....	92
MULTIGEN PLUS.....	92
<i>multi-vit/fluoride</i> .....	95
<i>multi-vit/fluoride/iron</i> .....	95
<i>multivitamin/fluoride</i> .....	95
<i>multi-vitamin/fluoride</i> .....	95
<i>multivitamin/fluoride/iron</i> .....	95
<i>multivitamins/fluoride</i> .....	95
<i>mupirocin</i> .....	36
<i>mupirocin calcium</i> .....	36
<i>mycophenolate mofetil</i> .....	112
<i>mycophenolate sodium</i> .....	112
<i>mynate 90 plus</i> .....	95
<i>mynephrocaps</i> .....	95

Myrbetriq.....	135
MYRBETRIQ.....	100
MYTESI.....	97
Myzilra.....	143

## N

<i>na ferric gluc cplx in sucrose</i> .....	92
<i>nabumetone</i> .....	30
<i>nadolol</i> .....	77
<i>nafcillin sodium</i> .....	38
<i>naftifine hcl</i> .....	47
NAFTIN.....	47
NAGLAZYME.....	100
<i>naloxone hcl</i> .....	34
<i>naltrexone hcl</i> .....	34
Namenda.....	134
Namenda XR.....	134
NAMENDA XR.....	43
NAMENDA XR TITRATION PACK.....	43
NAMZARIC.....	42
<i>naproxen</i> .....	30
<i>naproxen dr</i> .....	30
<i>naproxen sodium</i> .....	30
<i>naratriptan hcl</i> .....	49
Nasacort.....	135
Nasonex.....	135
NATACYN.....	47
NATALVIT.....	95
NATAZIA.....	143
<i>nateglinide</i> .....	67
Nateglinide.....	136
Nebivolol.....	135
NEBUPENT.....	55
NECON 0.5/35 (28).....	143
<i>nefazodone hcl</i> .....	44
<i>neomycin sulfate</i> .....	35
<i>neomycin-bacitracin zn-polymyx</i> .....	120
<i>neomycin-polymyxin-dexameth</i> .....	122
<i>neomycin-polymyxin-gramicidin</i> .....	120
<i>neomycin-polymyxin-hc</i> .....	122, 123
NEO-POLYCIN.....	120
NEOSPORIN.....	120
NEOTUSS PLUS.....	129
NEPHRONEX.....	95
NEULASTA.....	70
NEULASTA ONPRO.....	70
NEUPOGEN.....	70

Neupro .....	137
NEUPRO.....	56
<i>neurin-sl</i> .....	95
<i>nevirapine</i> .....	62
<i>nevirapine er</i> .....	62
NEXAVAR.....	54
Nexium.....	136
NEXIUM.....	99
NexIUM 24HR.....	150
NexIUM 24HR Clear Minis.....	150
Nexium OTC.....	136
NEXPLANON SUBDERMAL IMPLANT 68MG .....	146
<i>niacin (antihyperlipidemic)</i> .....	83
<i>niacin er (antihyperlipidemic)</i> .....	83
NIACOR.....	83
<i>nicardipine hcl</i> .....	78
<i>nifedipine</i> .....	78
<i>nifedipine er</i> .....	78
<i>nifedipine er osmotic release</i> .....	78
<i>nilutamide</i> .....	51
<i>nimodipine</i> .....	78
NINLARO.....	54
<i>nisoldipine er</i> .....	78
<i>nitisinone</i> .....	100
NITRO-BID.....	84
NITRO-DUR.....	84
<i>nitrofurantoin</i> .....	36
<i>nitrofurantoin macrocrystal</i> .....	36
<i>nitrofurantoin monohyd macro</i> .....	36
<i>nitroglycerin</i> .....	84
<i>nitroglycerin er</i> .....	84
NITYR.....	100
<i>nizatidine</i> .....	97
<i>norethindrone acetate</i> .....	109
<i>norethindrone tablet 0.35 mg</i> .....	146
<i>Norgestimate-Eth Estradiol</i> .....	144
NORPACE CR.....	76
NORTREL 0.5/35 (28).....	144
<i>nortriptyline hcl</i> .....	45
<i>nortuss-ex</i> .....	129
NORVIR.....	64
NOVOEIGHT.....	73
NOVOSEVEN RT.....	73
NOXAFIL.....	47
NUTRIVIT.....	95
NUWIQ.....	73

NYAMYC.....	47
<i>nystatin</i> .....	47
<i>nystatin-triamcinolone</i> .....	47
<b>O</b>	
<i>obizur</i> .....	73
OBSTETRIX DHA.....	95
OBSTETRIX EC.....	95
OCREVUS.....	88
OCTAGAM.....	114
<i>octreotide acetate</i> .....	110
ODEFSEY.....	62
OFEV.....	128
<i>ofloxacin</i> .....	121, 123
<i>olanzapine</i> .....	59
<i>olanzapine-fluoxetine hcl</i> .....	44
Olmesartan.....	132, 133
<i>olmesartan medoxomil</i> .....	75
<i>olmesartan medoxomil-hctz</i> .....	80
Olmesartan-Hydrochlorothiazide.....	133
Olopatadine.....	135
<i>olopatadine hcl</i> .....	120, 124
OLUMIANT.....	112
<i>omega-3-acid ethyl esters</i> .....	83
<i>omeprazole</i> .....	99
Omeprazole.....	136, 150
Omeprazole Magnesium.....	150
Omeprazole Rx.....	136
<i>omeprazole-sodium bicarbonate</i> .....	99
Omeprazole-Sodium Bicarbonate.....	136, 150
OMNIFLEX DIAPHRAGM.....	140
<i>ondansetron</i> .....	46
<i>ondansetron hcl</i> .....	46
OPANA.....	32
OPSUMIT.....	127
OPTIONS GYNOL II CONTRACEPTIVE GEL .....	146
Optivar.....	135
ORACIT.....	92
ORENCIA.....	112
ORENCIA CLICKJECT.....	113
ORFADIN.....	100
ORILISSA.....	110
<i>orphenadrine citrate</i> .....	130
<i>orphenadrine citrate er</i> .....	130
<i>oseltamivir phosphate</i> .....	64
OSPHENA.....	109



OTEZLA.....	115
<i>oxaliplatin</i> .....	52
<i>oxandrolone</i> .....	106
<i>oxaprozin</i> .....	30
<i>oxazepam</i> .....	65
<i>oxcarbazepine</i> .....	41
<i>oxiconazole nitrate</i> .....	47
OXISTAT.....	48
Oxybutynin.....	134
<i>oxybutynin chloride</i> .....	100
<i>oxybutynin chloride er</i> .....	100
<i>oxycodone hcl</i> .....	32, 33
<i>oxycodone hcl er</i> .....	31
<i>oxycodone-acetaminophen</i> .....	33
<i>oxymorphone hcl</i> .....	33
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	67
OZEMPIC (1 MG/DOSE).....	67

**P**

<i>paliperidone er</i> .....	59
Paliperidone Palmitate.....	136
PANDEL.....	104
PANRETIN.....	55
Pantoprazole.....	136
Pantoprazole RX.....	136
<i>pantoprazole sodium</i> .....	99
PARAGARD INTRAUTERINE COPPER ....	139
<i>paricalcitol</i> .....	119
<i>paromomycin sulfate</i> .....	35
<i>paroxetine hcl</i> .....	44
<i>paroxetine hcl er</i> .....	44
PASER.....	50
PAXIL.....	44
PEDIARIX.....	116
PEDVAX HIB.....	116
<i>peg 3350/electrolytes</i> .....	98
<i>peg 3350-kcl-na bicarb-nacl</i> .....	98
<i>peg-3350/electrolytes</i> .....	98
PEGASYS.....	61
PEGASYS PROCLICK.....	61
PEGINTRON.....	61
PEGYLAX.....	98
<i>penicillamine</i> .....	93
<i>penicillin g procaine</i> .....	38
<i>penicillin v potassium</i> .....	38
PENTACEL.....	116
PENTAM.....	55

<i>pentamidine isethionate</i> .....	56
PENTASA.....	118
<i>pentoxifylline er</i> .....	80
PERJETA.....	55
<i>permethrin</i> .....	56
<i>perphenazine</i> .....	58
<i>perphenazine-amitriptyline</i> .....	45
<i>phenazopyridine hcl</i> .....	101
<i>phenelzine sulfate</i> .....	43
<i>phenobarbital</i> .....	40
<i>phenoxybenzamine hcl</i> .....	75
<i>phenytoin</i> .....	41
PHENYTOIN INFATABS.....	41
<i>phenytoin sodium</i> .....	42
<i>phenytoin sodium extended</i> .....	42
PHOSPHA 250 NEUTRAL.....	92
PHOSPHASAL.....	100
PHOSPHOLINE IODIDE.....	121
<i>phytonadione</i> .....	95
<i>pilocarpine hcl</i> .....	88, 121
<i>pimecrolimus</i> .....	90
Pimecrolimus.....	136
<i>pimozide</i> .....	58
PIMTREA.....	144
<i>pindolol</i> .....	77
Pioglitazone.....	134
<i>pioglitazone hcl</i> .....	67
<i>pioglitazone hcl-glimepiride</i> .....	68
Pioglitazone HCl-Glimepiride.....	134
Pioglitazone HCl-Metformin.....	134
<i>pioglitazone hcl-metformin hcl</i> .....	68
<i>piroxicam</i> .....	30
Pitavastatin Calcium.....	137
PLEGRIDY.....	88
PLEGRIDY STARTER PACK.....	88
PNEUMOVAX 23.....	116
<i>pnv folic acid + iron</i> .....	95
<i>podofilox</i> .....	90
POLYCIN.....	120
<i>polyethylene glycol 3350</i> .....	98
<i>polymyxin b-trimethoprim</i> .....	120
POMALYST.....	51
<i>posaconazole</i> .....	48
<i>pot bicarb-pot chloride</i> .....	92
POTABA.....	95
<i>potassium bicarbonate</i> .....	92
<i>potassium chloride</i> .....	92

<i>potassium chloride crys er</i> .....	92	probenecid .....	5, 16, 48
<i>potassium chloride er</i> .....	92, 93	<i>prochlorperazine</i> .....	58
<i>potassium citrate er</i> .....	93	<i>prochlorperazine edisylate</i> .....	58
<i>potassium citrate-citric acid</i> .....	93	<i>prochlorperazine maleate</i> .....	58
PRADAXA.....	70	PROCORT .....	90
Pramipexole .....	137	PROCRIT .....	71
<i>pramipexole dihydrochloride</i> .....	56	PROCTOFOAM HC .....	90
<i>pramipexole dihydrochloride er</i> .....	57	PROFERRIN-FORTE .....	93
PRAMOSONE.....	48	PROFILNINE.....	73
PRAMOSONE E .....	48	PROFILNINE SD.....	73
<i>prasugrel hcl</i> .....	74	<i>progesterone micronized</i> .....	109
Pravastatin .....	137	PROLENSA.....	123
<i>pravastatin sodium</i> .....	82	PROLIA .....	119
<i>praziquantel</i> .....	55	PROMACTA.....	71
<i>prazosin hcl</i> .....	75	<i>promethazine hcl</i> .....	45, 46
PRED MILD .....	122	<i>promethazine vc/codeine</i> .....	129
PRED-G .....	122	<i>promethazine-codeine</i> .....	129
PRED-G S.O.P. ....	122	<i>promethazine-dm</i> .....	129
<i>prednicarbate</i> .....	104	<i>promethazine-phenyleph-codeine</i> .....	129
<i>prednisolone</i> .....	104	<i>propafenone hcl</i> .....	76
<i>prednisolone acetate</i> .....	123	<i>propafenone hcl er</i> .....	76
<i>prednisolone sodium phosphate</i> .....	105, 123	<i>propranolol hcl</i> .....	77
<i>prednisone</i> .....	105	<i>propranolol hcl er</i> .....	77
PREDNISONNE INTENSOL .....	105	<i>propranolol-hctz</i> .....	80
<i>pregabalin</i> .....	87	<i>propylthiouracil</i> .....	111
Pregabalin.....	136	PROQUAD .....	117
PREMARIN .....	108	PROTECTIRON .....	93
PREMPHASE .....	108	PROTONIX .....	99
PREMPRO.....	108	Protopic .....	136
PRENATABS RX .....	95	<i>protriptyline hcl</i> .....	45
<i>prenatal</i> .....	95	PROVIDA OB.....	95
<i>prenatal 19</i> .....	95	<i>pseudoeph-bromphen-dm</i> .....	129
<i>pretab</i> .....	95	PULMOZYME .....	126
Prevacid .....	136	<i>purefe plus</i> .....	93
PREVACID 24HR .....	150	PYLERA.....	97
Prevacid OTC .....	136	<i>pyrazinamide</i> .....	50
Prevacid SoluTab.....	136	<i>pyridostigmine bromide</i> .....	50
PREVNAR 13.....	117	<i>pyridostigmine bromide er</i> .....	50
PREZCOBIX .....	64	<i>pyridoxine hcl</i> .....	95
PREZISTA .....	64	<i>pyrimethamine</i> .....	56
PRIFTIN .....	50	<b>Q</b>	
PriLOSEC OTC.....	136	Qnasl.....	135
PriLOSEC OTC.....	150	QNASL .....	125
<i>primaquine phosphate</i> .....	56	QNASL CHILDRENS .....	125
<i>primidone</i> .....	40	QSYMIA .....	87
Pristiq.....	133	QUADRACEL.....	117
PRIVIGEN.....	114		

Quetiapine.....	136
<i>quetiapine fumarate</i> .....	59
<i>quetiapine fumarate er</i> .....	59
<i>quinapril hcl</i> .....	75
<i>quinapril-hydrochlorothiazide</i> .....	80
<i>quinidine gluconate er</i> .....	76
<i>quinidine sulfate</i> .....	76
<i>quinine sulfate</i> .....	56

**R**

RABAVERT.....	117
Rabeprazole.....	136
<i>rabeprazole sodium</i> .....	99
<i>raloxifene hcl</i> .....	109
<i>ramelteon</i> .....	130
<i>ramipril</i> .....	75
RANEXA .....	80
<i>ranitidine hcl</i> .....	97
<i>ranolazine er</i> .....	81
RAPAFLO .....	101
Rasagiline .....	136
<i>rasagiline mesylate</i> .....	57
REBINYN.....	73
RECOMBINATE.....	73
RECOMBIVAX HB.....	117
RECTIV.....	90
REGRANEX.....	90
RELAGARD .....	36
RELENZA DISKHALER .....	64
Relpax.....	137
REMICADE .....	113
REMODULIN .....	127
RENAGEL.....	94
RENATABS.....	96
RENATABS WITH IRON.....	96
RENFLEXIS.....	113
<i>repaglinide</i> .....	68
Repaglinide .....	136
REPATHA .....	83
REPATHA PUSHTRONEX SYSTEM .....	83
REPATHA SURECLICK .....	83
Requip .....	137
Requip XL.....	137
RESCRIPTOR .....	62
RESTASIS .....	120
RESTASIS MULTIDOSE .....	120
REVLIMID.....	51

REYATAZ.....	64
Rhinocort.....	135
Rhinocort Allergy .....	151
RHOGAM ULTRA-FILTERED PLUS.....	114
RHOPHYLAC.....	114
RIBASPHERE .....	61
RIBASPHERE RIBAPAK (1000 PACK).....	61
RIBASPHERE RIBAPAK (1200 PACK).....	61
RIBASPHERE RIBAPAK (600 PACK).....	61
RIBASPHERE RIBAPAK (800 PACK).....	61
<i>ribavirin</i> .....	61, 129
RIDAURA .....	115
<i>rifabutin</i> .....	50
RIFAMATE .....	50
<i>rifampin</i> .....	50
RIFATER.....	50
<i>riluzole</i> .....	87
<i>rimantadine hcl</i> .....	64
RIMSO-50 .....	101
<i>ringers</i> .....	93
RINVOQ.....	113
RIOMET ER).....	68
Risedronate.....	136
<i>risedronate sodium</i> .....	119
RISPERDAL CONSTA.....	59
<i>risperidone</i> .....	59, 60
<i>ritonavir</i> .....	64
<i>rivastigmine</i> .....	42
<i>rivastigmine tartrate</i> .....	42
<i>rixubis</i> .....	74
<i>rizatriptan benzoate</i> .....	49
Ropinirole .....	137
<i>ropinirole hcl</i> .....	57
<i>ropinirole hcl er</i> .....	57
Rosuvastatin .....	137
<i>rosuvastatin calcium</i> .....	83
ROTARIX .....	117
ROTATEQ.....	117
Rotigotine TD Patch .....	137
ROZEREM .....	131
RYBELSUS.....	68

**S**

SABRIL .....	41
<i>salsalate</i> .....	30
SANDOSTATIN.....	110
SANTYL .....	90

SAPHRIS .....	60	SOOLANTRA .....	90
SAVELLA .....	87	<i>sotalol hcl</i> .....	76
SAVELLA TITRATION PACK .....	87	<i>sotalol hcl (af)</i> .....	76
<i>scalacort</i> .....	105	SPIRIVA HANDIHALER .....	125
<i>scopolamine</i> .....	46	SPIRIVA RESPIMAT .....	126
Selegiline .....	136	<i>spironolactone</i> .....	81
<i>selegiline hcl</i> .....	57	Spironolactone .....	133
<i>selenium sulfide</i> .....	90	Spironolactone & Hydrochlorothiazide .....	133
SELZENTRY .....	63, 64	<i>spironolactone-hctz</i> .....	81
SEMPREX-D.....	129	SPORANOX .....	48
SENSIPAR.....	119	SPRYCEL .....	54
SEREVENT DISKUS .....	126	<i>stavudine</i> .....	63
Seroquel XR.....	136	STELARA.....	90
<i>sertraline hcl</i> .....	44	STIMATE .....	106
<i>se-tan plus</i> .....	93	STIOLTO RESPIMAT.....	129
<i>sevelamer carbonate</i> .....	94	STIVARGA .....	54
<i>sevelamer hcl</i> .....	94	Strattera .....	132
SFROWASA .....	118	STRIBILD .....	62
SHUR-SEAL CONTRACEPTIVE GEL 2%..	146	STRIVERDI RESPIMAT .....	126
<i>sildenafil citrate</i> .....	101, 127	SUBOXONE .....	34
SILENOR .....	131	<i>sucralfate</i> .....	98
SILIQ.....	90	<i>sulconazole nitrate</i> .....	48
<i>silodosin</i> .....	101	<i>sulfacetamide sodium (acne)</i> .....	39
<i>silver sulfadiazine</i> .....	36	<i>sulfacetamide sodium-sulfur</i> .....	90, 91
SIMBRINZA .....	121	<i>sulfacetamide-prednisolone</i> .....	123
SIMLIYA.....	144	<i>sulfadiazine</i> .....	39
SIMPONI.....	113	<i>sulfamethoxazole-trimethoprim</i> .....	39
SIMPONI ARIA .....	113	SULFAMYLON .....	36
<i>simvastatin</i> .....	83	<i>sulfasalazine</i> .....	118
Simvastatin .....	137	Sulfonylureas .....	133, 134, 137
SIRTURO.....	50	<i>sulindac</i> .....	30
Sitagliptin .....	133	<i>sumatriptan</i> .....	49
Sitagliptin-Metformin .....	133	Sumatriptan .....	137
SIVEXTRO.....	36	<i>sumatriptan succinate</i> .....	49
SKLICE .....	56	<i>sumatriptan succinate refill</i> .....	49
SKYRIZI (150 MG DOSE).....	90	<i>sumatriptan-naproxen sodium</i> .....	49
<i>sod citrate-citric acid</i> .....	93	SUPERVITE .....	96
<i>sodium chloride</i> .....	93, 119, 129	<i>support</i> .....	96
<i>sodium chloride (pf)</i> .....	93	SUPPORT-500.....	96
<i>sodium phenylbutyrate</i> .....	100	SUPREP BOWEL PREP KIT .....	98
<i>sodium polystyrene sulfonate</i> .....	93, 94	SUTENT .....	54
<i>sofosbuvir-velpatasvir</i> .....	61	SYLATRON.....	52
<i>solifenacin succinate</i> .....	100	SYMAX DUOTAB.....	97
SOLU-CORTEF .....	105	SYMBICORT .....	129
SOLU-MEDROL.....	105	SYMFI .....	63
SOMATULINE DEPOT .....	110	SYMFI LO .....	63
SOMAVERT .....	110	SYMPROIC .....	97

SYMTUZA.....	63
SYNAGIS.....	115
SYNAREL.....	110
Synjardy.....	137
SYNJARDY.....	68
Synjardy XR.....	137
SYNJARDY XR.....	68
SYNTHROID.....	109

**T**

TABLOID.....	52
<i>tacrolimus</i> .....	91
Tacrolimus.....	136
<i>tadalafil</i> .....	101
<i>tadalafil (pah)</i> .....	127
TAFINLAR.....	54
TALICIA.....	97
TALTZ.....	91
<i>tamoxifen citrate</i> .....	51
<i>tamsulosin hcl</i> .....	101
TANDEM F.....	93
Tanzeum.....	134
TARCEVA.....	54
TARGRETIN.....	55
TASIGNA.....	54
<i>tazarotene</i> .....	91
TAZORAC.....	91
TDVAX.....	117
TECFIDERA.....	88
TEKTURNA.....	81
TEKTURNA HCT.....	81
<i>telmisartan</i> .....	75
Telmisartan.....	133
<i>telmisartan-hctz</i> .....	81
Telmisartan-Hydrochlorothiazide.....	133
<i>temazepam</i> .....	130
<i>temozolomide</i> .....	51
TENIVAC.....	117
<i>tenofovir disoproxil fumarate</i> .....	63
<i>terazosin hcl</i> .....	101
<i>terbinafine hcl</i> .....	48
<i>terbutaline sulfate</i> .....	126
<i>terconazole</i> .....	48
<i>testosterone</i> .....	107
<i>testosterone cypionate</i> .....	107
<i>testosterone enanthate</i> .....	107
<i>tetracycline hcl</i> .....	40

TEXACORT.....	105
THALOMID.....	51
THEO-24.....	127
<i>theophylline er</i> .....	127
<i>thiamine hcl</i> .....	96
<i>thioridazine hcl</i> .....	58
<i>thiothixene</i> .....	58
<i>thrivite rx</i> .....	96
TIBSOVO.....	54
TIGAN.....	46
<i>timolol maleate</i> .....	77, 122
TIVICAY.....	62
<i>tizanidine hcl</i> .....	60
TL G-FOL OS.....	96
TOBI.....	126
TOBI PODHALER.....	126
TOBRADEX.....	123
TOBRADEX ST.....	123
<i>tobramycin</i> .....	121, 127
<i>tobramycin-dexamethasone</i> .....	123
TOBEX.....	121
TODAY SPONGE VAGINAL SPONGE 1000MG.....	146
<i>tolmetin sodium</i> .....	30
Tolterodine.....	134
<i>tolterodine tartrate</i> .....	100
<i>tolterodine tartrate er</i> .....	100
<i>topiramate</i> .....	41
<i>toremifene citrate</i> .....	51
<i>toremide</i> .....	81
TOVIAZ.....	100
Tradjenta.....	133
TRADJENTA.....	68
<i>tramadol hcl</i> .....	33
<i>tramadol hcl er</i> .....	31
<i>tramadol-acetaminophen</i> .....	33
<i>trandolapril</i> .....	75
<i>trandolapril-verapamil hcl er</i> .....	81
<i>tranexamic acid</i> .....	74
<i>tranylcypromine sulfate</i> .....	43
<i>travoprost (bak free)</i> .....	123
<i>trazodone hcl</i> .....	44
TRECTOR.....	50
TRELEGY ELLIPTA.....	129
TREMFYA.....	91
<i>treprostinil</i> .....	127
<i>tretinoin</i> .....	55, 91

<i>tretinoin microsphere</i> .....	91
<i>tretinoin microsphere pump</i> .....	91
TREXIMET .....	49
Triamcinolone .....	135
<i>triamcinolone acetonide</i> .....	88, 105, 125
Triamcinolone Acetonide.....	135, 151
<i>triamterene-hctz</i> .....	81
TRIANEX .....	105
<i>triazolam</i> .....	130
<i>trifluoperazine hcl</i> .....	58
<i>trifluridine</i> .....	62
<i>trihexyphenidyl hcl</i> .....	56
TRIJARDY XR .....	68
<i>triklo</i> .....	83
TRILYTE .....	149
TRILYTE .....	98
<i>trimethobenzamide hcl</i> .....	46
<i>trimethoprim</i> .....	36
<i>trinatal rx 1</i> .....	96
TRIPTODUR .....	111
TRIUMEQ .....	62
<i>tri-vit/fluoride/iron</i> .....	96
<i>tri-vitamin/fluoride</i> .....	96
TROGARZO.....	64
TRULICITY .....	68
TRUMENBA.....	117
TRUVADA.....	63
TWINRIX.....	117
TYBOST.....	64
TYKERB.....	54
TYMLOS .....	119
TYPHIM VI.....	117
TYSABRI.....	88
TYVASO .....	127
TYVASO REFILL .....	128
TYVASO STARTER.....	128

## U

UCERIS .....	118
ULORIC .....	5, 16, 48
<i>urea</i> .....	91
<i>urea nail</i> .....	91
<i>urea-c40</i> .....	91
URETRON D/S .....	101
<i>uro-mp</i> .....	101
<i>urosex</i> .....	96
<i>ursodiol</i> .....	97

## V

<i>valacyclovir hcl</i> .....	62
<i>valganciclovir hcl</i> .....	60
<i>valproate sodium</i> .....	41
<i>valproic acid</i> .....	41
<i>valsartan</i> .....	75
Valsartan .....	132
<i>valsartan-hydrochlorothiazide</i> .....	81
<i>vancomycin hcl</i> .....	36
VAQTA .....	117
<i>vardenafil hcl</i> .....	101
VARIVAX.....	117
VARIZIG.....	117
VASCEPA .....	83
VCF VAGINAL CONTRACEPTIVE FILM 28% .....	146
VCF VAGINAL CONTRACEPTIVE FOAM 12.5% .....	146
VELPHORO .....	94
VEMLIDY .....	60
VENCLEXTA.....	54
VENCLEXTA STARTING PACK .....	54
Venlafaxine .....	133
<i>venlafaxine hcl</i> .....	44
<i>venlafaxine hcl er</i> .....	44
VENTAVIS .....	128
VENTOLIN HFA .....	126
<i>verapamil hcl</i> .....	78
<i>verapamil hcl er</i> .....	78
VERZENIO.....	52
VESICARE .....	101
VIBRAMYCIN.....	40
Victoza .....	134
VICTOZA.....	68
VIDEX .....	63
VIDEX EC .....	63
<i>vigabatrin</i> .....	41
VIMPAT .....	42
<i>vinblastine sulfate</i> .....	52
VIORELE.....	145
VIRACEPT .....	64
VIREAD.....	63
VITAL-D RX .....	96
<i>vitamin b complex</i> .....	96
<i>vitamin d (ergocalciferol)</i> .....	96
<i>vitamin k1</i> .....	96
VITEKTA .....	62

VIVOTIF .....	117
VOLNEA .....	145
VONVENDI .....	74
<i>voriconazole</i> .....	48
VOTRIENT.....	54
VPRIV .....	100
Vytorin.....	137
VYVANSE .....	85

**W**

<i>warfarin sodium</i> .....	70
WELCHOL .....	83
WIDE-SEAL DIAPHRAGM 60 MM.....	140
WIDE-SEAL DIAPHRAGM 65 MM.....	140
WIDE-SEAL DIAPHRAGM 70 MM.....	140
WIDE-SEAL DIAPHRAGM 75 MM.....	140
WIDE-SEAL DIAPHRAGM 80 MM.....	140
WIDE-SEAL DIAPHRAGM 85 MM.....	140
WIDE-SEAL DIAPHRAGM 90 MM.....	140
WILATE.....	74
WINRHO SDF .....	114
WIXELA INHUB .....	129

**X**

XALKORI .....	54
XARELTO .....	70
XARELTO STARTER PACK.....	70
XELJANZ .....	113
XELJANZ XR .....	113
XIFAXAN.....	36
XIGDUO XR.....	68
XIIDRA .....	120
XOFLUZA (40 MG DOSE) .....	64
XOFLUZA (80 MG DOSE) .....	65
XOLAIR.....	129
XTANDI.....	51
XULANE TRANSDERMAL PATCH 0.53MG- 4.86 MG.....	146
XYNTHA .....	74
XYNTHA SOLOFUSE .....	74
XYREM .....	131
Xyzal .....	135

XYZAL.....	124
Xyzal Allergy 24HR .....	151
Xyzal Allergy 24HR Childrens .....	151

**Y**

YF-VAX .....	117
--------------	-----

**Z**

Zaditor .....	135
<i>zafirlukast</i> .....	125
<i>zaleplon</i> .....	130
Zaleplon .....	137
ZARXIO.....	71
ZAVESCA .....	100
Zegerid.....	136
Zegerid OTC .....	136
ZEJULA.....	54
ZELBORAF .....	54
ZENPEP.....	100
Zetia .....	134
<i>zidovudine</i> .....	63
ZINACEF .....	37
<i>ziprasidone hcl</i> .....	60
ZMAX .....	39
<i>zoledronic acid</i> .....	119
ZOLINZA .....	52
<i>zolmitriptan</i> .....	49
Zolpidem .....	137
<i>zolpidem tartrate</i> .....	130
<i>zolpidem tartrate er</i> .....	130
ZOMACTON.....	106
ZOMIG .....	49
ZOSTAVAX.....	117
ZOVIRAX .....	62
ZUBSOLV .....	34
ZYDELIG.....	53, 54
ZYKADIA.....	54
Zyloprim .....	5, 16
Zyrtec .....	135
ZyrTEC Allergy .....	151
ZyrTEC Allergy Childrens.....	151
ZYTIGA .....	51

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