

2023 DRUG LIST FOR FEDERAL EMPLOYEES & ANNUITANTS

LISTA DE MEDICAMENTOS PARA EMPLEADOS Y RETIRADOS FEDERALES



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

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

Lista de Medicamentos o Formulario Plan Federal 2023

*Drug List or Formulary
Federal Plan 2023*

TABLA DE CONTENIDO / TABLE OF CONTENTS

| | |
|---|----|
| Español | 4 |
| Introducción | 4 |
| Parte I – Diseño y Manejo de la Lista de Medicamentos | 5 |
| Presentación de la Lista de Medicamentos | 5 |
| ¿Cómo puedo usar mi Lista de Medicamentos? | 5 |
| ¿Cuánto voy a pagar por los medicamentos cubiertos? | 5 |
| ¿Qué son Medicamentos Genéricos (Nivel 1)? | 6 |
| ¿Qué son Medicamentos de Marca Preferidos (Nivel 2)? | 6 |
| ¿Qué son Medicamentos de Marca No Preferidos (Nivel 3)? | 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 | 8 |
| 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 |
| PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST | 30 |
| APÉNDICE I – TERAPIAS ESCALONADAS / APPENDIX I – STEP THERAPIES | 155 |
| APÉNDICE II – LÍMITES DE ESPECIALIDAD / APPENDIX II – SPECIALTY LIMITATIONS | 165 |
| APÉNDICE III – LISTA DE PREVENTIVOS / APPENDIX III -PREVENTIVE LIST . | 167 |
| APÉNDICE IV – LISTA DE MEDICAMENTOS OTC CUBIERTOS / APPENDIX IV - OVER THE COUNTER (OTC) COVERED DRUGS LIST..... | 180 |
| APÉNDICE V- SOLICITUD DE EXCEPCIÓN MÉDICA / APPENDIX V – MEDICAL EXCEPTION APPLICATION | 182 |
| Index / Índice..... | 183 |

Español

Introducción

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

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

La segunda parte tiene los medicamentos por clase terapéutica.

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

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

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

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

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

Parte I – Diseño y Manejo de la Lista de Medicamentos

Presentación de la Lista de Medicamentos

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

| Nombre del Medicamento | Referencia | Nivel | Instrucciones |
|---|------------|-------|---------------|
| 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 | |
| BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector | | 2 | ST |

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 183. 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 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 |

| Símbolos y Abreviaturas | Descripción |
|-------------------------|--------------------|
| 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 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 |
|--|-----------|-------|--------------|
| 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 | |
| BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector | | 2 | ST |

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 183. 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 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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Table of Contents / Tabla de Contenido

PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST 30

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES] 30

ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] 35

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]..... 35

ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] 37

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] 43

ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]..... 45

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] 46

ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] 50

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]..... 51

ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]..... 53

ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN].... 53

ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA] 53

| | |
|---|----|
| ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] | 55 |
| ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] ... | 55 |
| ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] | 56 |
| ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] | 61 |
| ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] | 62 |
| ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] | 64 |
| ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD] | 67 |
| ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES] | 67 |
| ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD] | 73 |
| BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] | 74 |
| BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE] | 74 |
| 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] | 78 |
| CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN] | 85 |

| | |
|---|------------|
| CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]..... | 96 |
| DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]..... | 101 |
| DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]..... | 101 |
| ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS] | 104 |
| GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO] | 111 |
| GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]..... | 115 |
| GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES] | 116 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]..... | 118 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]..... | 123 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | 124 |
| 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]..... | 124 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS] | 127 |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | 128 |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | 128 |
| HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS] | 129 |
| IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE] | 129 |
| 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] | 137 |
| METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS] | 138 |
| MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELANEOS]..... | 139 |
| OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS] | 140 |
| OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]..... | 145 |

RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]..... 146

SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] 153

SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] 153

PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST

Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

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

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>diclofenac sodium er 100 mg tab er 24 hr</i> | 1 | VOLTAREN XR | |
| <i>diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr</i> | 1 | ARTHROTEC | |
| <i>diflunisal 500 mg tab</i> | 1 | DOLOBID | |
| <i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i> | 1 | LODINE | |
| <i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i> | 1 | LODINE XL | |
| <i>flurbiprofen 100 mg tab, 50 mg tab</i> | 1 | ANSAID | |
| <i>IBU 400 mg tab, 600 mg tab, 800 mg tab</i> | 1 | | |
| <i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i> | 1 | MOTRIN | |
| <i>ibuprofen 100 mg/5ml susp</i> | 1 | MOTRIN CHILDRENS | |
| <i>indomethacin 25 mg cap, 50 mg cap</i> | 1 | INDOCIN | |
| <i>indomethacin er 75 mg cap er</i> | 1 | INDOCIN | |
| <i>ketoprofen 50 mg cap, 75 mg cap</i> | 1 | ORUDIS | |
| <i>ketoprofen er 200 mg cap er 24 hr</i> | 1 | ORUVAIL | |
| <i>ketorolac tromethamine 60 mg/2ml im soln</i> | 1 | | QL(20 / 5) |
| <i>ketorolac tromethamine 10 mg tab</i> | 1 | TORADOL | QL(20 / 5) |
| <i>ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln</i> | 1 | TORADOL | QL(20 / 5) |
| <i>meclofenamate sodium 100 mg cap, 50 mg cap</i> | 1 | MECLOMEN | |
| <i>mefenamic acid 250 mg cap</i> | 1 | PONSTEL | |
| <i>meloxicam 15 mg tab, 7.5 mg tab</i> | 1 | MOBIC | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>nabumetone 500 mg tab, 750 mg tab</i> | 1 | RELAFEN | |
| <i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i> | 1 | NAPROSYN | |
| <i>naproxen 125 mg/5ml susp</i> | 1 | NAPROSYN | |
| <i>naproxen sodium 275 mg tab</i> | 1 | ANAPROX | |
| <i>naproxen sodium 550 mg tab</i> | 1 | ANAPROX DS | |
| <i>oxaprozin 600 mg tab</i> | 1 | DAYPRO | |
| <i>piroxicam 10 mg cap, 20 mg cap</i> | 1 | FELDENE | |
| <i>salsalate 500 mg tab, 750 mg tab</i> | 1 | DISALCID | |
| <i>sulindac 150 mg tab, 200 mg tab</i> | 1 | CLINORIL | |
| <i>tolmetin sodium 200 mg tab</i> | 1 | | |
| <i>tolmetin sodium 400 mg cap, 600 mg tab</i> | 1 | TOLECTIN | |
| Opioid Analgesics, Long-Acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor] | | | |
| <i>buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch</i> | 1 | BUTRANS | QL(4 / 28) |
| <i>fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i> | 1 | DURAGESIC | QL(10 / 30), ST |
| <i>morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er</i> | 1 | MS CONTIN | QL(60 / 30) |
| <i>oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30</i> | 1 | OXYCONTIN | QL(60 / 30) |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>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> | | | |
| <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) |
| Opioid Analgesics, Short-Acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor] | | | |
| <i>acetaminophen-codeine 300-60 mg tab</i> | 1 | TYLENOL WITH CODEINE | QL(180 / 30), AL |
| <i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i> | 1 | TYLENOL WITH CODEINE | QL(360 / 30), AL |
| <i>acetaminophen-codeine 120-12 mg/5ml soln</i> | 1 | TYLENOL WITH CODEINE | QL(2700 / 30), AL |
| <i>acetaminophen-codeine #2 300-15 mg tab</i> | 1 | TYLENOL WITH CODEINE | QL(360 / 30), AL |
| <i>acetaminophen-codeine #3 300-30 mg tab</i> | 1 | TYLENOL WITH CODEINE | QL(360 / 30), AL |
| <i>acetaminophen-codeine #4 300-60 mg tab</i> | 1 | TYLENOL WITH CODEINE | QL(180 / 30), AL |
| <i>butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap</i> | 1 | FIORICET WITH CODEINE | QL(180 / 30), AL |
| <i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i> | 1 | FIORINAL WITH CODEINE | QL(180 / 30), AL |
| <i>butorphanol tartrate 10 mg/ml nasal soln</i> | 1 | STADOL | QL(150 / 30) |
| <i>codeine sulfate 60 mg tab</i> | 1 | | QL(180 / 30), AL |
| <i>codeine sulfate 30 mg tab</i> | 1 | | QL(360 / 30), AL |
| <i>codeine sulfate 15 mg tab</i> | 1 | | QL(720 / 30), AL |
| 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) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>hydrocodone-acetaminophen 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 | ROXANOL | QL(180 / 30) |
| <i>oxycodone hcl 5 mg cap</i> | 1 | OXYIR | QL(540 / 30) |
| <i>oxycodone hcl 100 mg/5ml oral conc</i> | 1 | ROXICODONE | QL(150 / 30) |
| <i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i> | 1 | ROXICODONE | QL(180 / 30) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>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) |
| ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] | | | |
| Local Anesthetics [Anestésicos Locales] | | | |
| <i>ethyl chloride ext aer</i> | 1 | | |
| <i>lidocaine 5 % oint</i> | 1 | | |
| <i>lidocaine 5 % patch</i> | 1 | LIDODERM | PA |
| <i>lidocaine hcl 3 % crm</i> | 1 | LIDAMANTLE | |
| <i>lidocaine hcl 3 % lot</i> | 1 | LIDAMANTLE | |
| <i>lidocaine hcl 1 % inj soln, 2 % inj soln, 4 % ext soln</i> | 1 | XYLOCAINE | |
| <i>lidocaine hcl (pf) 1 % inj soln, 2 % inj soln</i> | 1 | | |
| <i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i> | 1 | GLYDO | |
| <i>lidocaine hcl urethral/mucosal 2 % gel</i> | 1 | XYLOCAINE | |
| <i>lidocaine pak 5 % oint</i> | 1 | | |
| <i>lidocaine-prilocaine 2.5-2.5 % crm</i> | 1 | EMLA | |
| <i>lidocaine-prilocaine 2.5-2.5 % ext kit</i> | 1 | EMLA/TEGADERM | |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN] | | | |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln</i> | 1 | NARCAN | |
| ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] | | | |
| Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos] | | | |
| <i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i> | 1 | GARAMYCIN | |
| <i>gentamicin sulfate 40 mg/ml inj soln</i> | 1 | GENTAK | |
| <i>neomycin sulfate 500 mg tab</i> | 1 | | |
| <i>paromomycin sulfate 250 mg cap</i> | 1 | HUMATIN | |
| Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos] | | | |
| 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 | |
| <i>clindamycin phosphate 1 % swab</i> | 1 | CLEOCIN-T | |
| <i>clindamycin phosphate 1 % gel</i> | 1 | CLEOCIN-T | |
| <i>clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot</i> | 1 | CLEOCIN-T | |
| <i>colistimethate sodium (cba) 150 mg inj soln</i> | 1 | COLY-MYCIN | |
| CORTISPORIN 1 % oint, 3.5-10000-0.5 crm | 3 | | |
| FIRVANQ 25 mg/ml soln | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>fosfomycin tromethamine 3 gm pckt</i> | 1 | MONUROL | |
| <i>lincomycin hcl 300 mg/ml inj soln</i> | 1 | LINCOCIN | |
| <i>linezolid 600 mg tab</i> | 1 | ZYVOX | PA |
| <i>linezolid 100 mg/5ml susp</i> | 1 | ZYVOX | PA |
| <i>mafenide acetate 5 % ext pckt</i> | 1 | SULFAMYLON | |
| <i>methenamine hippurate 1 gm tab</i> | 1 | HIPREX | |
| <i>metronidazole 250 mg tab, 500 mg tab</i> | 1 | FLAGYL | |
| <i>metronidazole 0.75 % vag gel</i> | 1 | METROGEL | |
| <i>mupirocin 2 % oint</i> | 1 | BACTROBAN | |
| <i>mupirocin calcium 2 % crm</i> | 1 | BACTROBAN | |
| <i>nitrofurantoin 25 mg/5ml susp</i> | 1 | FURADANTIN | |
| <i>nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap</i> | 1 | MACRODANTIN | |
| <i>nitrofurantoin monohyd macro 100 mg cap</i> | 1 | MACROBID | |
| 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 250 mg/5ml soln</i> | 1 | FIRVANQ | |
| <i>vancomycin hcl 125 mg cap, 250 mg cap</i> | 1 | VANCOCIN | |
| Vandazole Vaginal Gel 0.75 % | 3 | | |
| XIFAXAN 200 mg tab, 550 mg tab | 3 | | PA |
| Beta-Lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos] | | | |
| <i>cefaclor 250 mg cap, 500 mg cap</i> | 1 | CECLOR | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>cefadroxil 1 gm tab, 500 mg cap</i> | 1 | DURICEF | |
| <i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i> | 1 | DURICEF | |
| <i>cefdinir 300 mg cap</i> | 1 | OMNICEF | |
| <i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i> | 1 | OMNICEF | |
| <i>cefditoren pivoxil 200 mg tab, 400 mg tab</i> | 1 | SPECTRACEF | |
| <i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i> | 1 | VANTIN | |
| <i>cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp</i> | 1 | VANTIN | |
| <i>cefprozil 250 mg tab, 500 mg tab</i> | 1 | CEFZIL | |
| <i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i> | 1 | CEFZIL | |
| 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 soln, 2 gm iv soln, 250 mg inj soln, 500 mg inj soln</i> | 1 | ROCEPHIN | |
| <i>cefuroxime axetil 250 mg tab, 500 mg tab</i> | 1 | CEFTIN | |
| <i>cephalexin 250 mg cap, 500 mg cap</i> | 1 | KEFLEX | |
| <i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i> | 1 | KEFLEX | |
| FORTAZ 500 mg inj soln | 3 | | |
| Beta-Lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos] | | | |
| <i>ertapenem sodium 1 gm inj soln</i> | 4 | INVANZ | |
| Beta-Lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos] | | | |
| <i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab</i> | 1 | AMOXIL | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>chew, 500 mg cap, 500 mg tab, 875 mg tab</i> | | | |
| <i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i> | 1 | AMOXIL | |
| <i>amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab</i> | 1 | AUGMENTIN | |
| <i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i> | 1 | AUGMENTIN | |
| <i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i> | 1 | AUGMENTIN XR | |
| <i>ampicillin 500 mg cap</i> | 1 | | |
| <i>ampicillin sodium 125 mg inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln</i> | 1 | | |
| <i>ampicillin sodium 1 gm inj soln</i> | 1 | TOTACILLIN-N | |
| AUGMENTIN 125-31.25 mg/5ml susp | 3 | | |
| BICILLIN C-R 1200000 unit/2ml im susp | 3 | | |
| BICILLIN C-R 900/300 900000-300000 unit/2ml im susp | 3 | | |
| BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp, 600000 unit/ml im susp pfs | 3 | | |
| <i>dicloxacillin sodium 250 mg cap, 500 mg cap</i> | 1 | DYCILL | |
| <i>naftillin sodium 10 gm iv soln</i> | 1 | | |
| <i>penicillin g procaine 600000 unit/ml im susp</i> | 1 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>penicillin v potassium 500 mg tab</i> | 1 | PEN-VEE K | |
| <i>penicillin v potassium 250 mg tab</i> | 1 | VEETIDS | |
| <i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i> | 1 | VEETIDS | |
| Macrolides - Antibiotics [Macrólidos - Antibióticos] | | | |
| <i>azithromycin 250 mg tab, 500 mg tab, 600 mg tab</i> | 1 | ZITHROMAX | |
| <i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i> | 1 | ZITHROMAX | |
| <i>clarithromycin 250 mg tab, 500 mg tab</i> | 1 | BIAXIN | |
| <i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i> | 1 | BIAXIN | |
| <i>clarithromycin er 500 mg tab er 24 hr</i> | 1 | BIAXIN XL | |
| Ery External Pad 2 % | 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</i> | 1 | | |
| <i>erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i> | 1 | ERY-TAB | |
| <i>erythromycin ethylsuccinate 400 mg tab</i> | 1 | E.E.S. | |
| <i>erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp</i> | 1 | ERYPED | |
| Quinolones - Antibiotics [Quinolonas - Antibióticos] | | | |
| <i>ciprofloxacin 500 MG/5ML (10%) susp</i> | 1 | CIPRO | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | |
| Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos] | | | |
| <i>sulfacetamide sodium (acne) 10 % lot</i> | 1 | KLARON | |
| <i>sulfadiazine 500 mg tab</i> | 1 | | |
| <i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i> | 1 | SEPTRA | |
| <i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i> | 1 | SEPTRA | |
| Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos] | | | |
| <i>doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 50 mg tab dr, 75 mg tab dr</i> | 1 | DORYX | |
| <i>doxycycline hyclate 20 mg tab</i> | 1 | PERIOSTAT | |
| <i>doxycycline hyclate 100 mg tab</i> | 1 | VIBRA-TABS | |
| <i>doxycycline hyclate 100 mg cap, 50 mg cap</i> | 1 | VIBRAMYCIN | |
| <i>doxycycline monohydrate 100 mg tab, 50 mg tab, 75 mg tab</i> | 1 | ADOXA | |
| <i>doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap</i> | 1 | MONODOX | |
| <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 ¹ [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 | | |
| ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] | | | |
| Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones] | | | |
| <i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i> | 1 | KEPPRA | |
| <i>levetiracetam 100 mg/ml soln</i> | 1 | KEPPRA | |
| <i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i> | 1 | KEPPRA XR | ST |
| <i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i> | 1 | | |
| Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones] | | | |
| <i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i> | 1 | KLONOPIN | |
| <i>diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel</i> | 1 | DIASTAT | |
| <i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i> | 1 | DEPAKOTE | |
| <i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i> | 1 | DEPAKOTE ER | |
| <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 | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i> | 1 | | |
| <i>primidone 250 mg tab, 50 mg tab</i> | 1 | MYSOLINE | |
| <i>valproic acid 250 mg cap</i> | 1 | DEPAKENE | |
| <i>valproic acid 250 mg/5ml soln</i> | 1 | DEPAKENE | |
| <i>vigabatrin 500 mg pckt, 500 mg tab</i> | 4 | SABRIL | PA |
| Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones] | | | |
| <i>lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint</i> | 1 | LAMICTAL | |
| <i>lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr</i> | 1 | LAMICTAL | |
| <i>topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab</i> | 1 | TOPAMAX | |
| Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones] | | | |
| <i>carbamazepine 100 mg tab chew, 200 mg tab</i> | 1 | TEGRETOL | |
| <i>carbamazepine 100 mg/5ml susp</i> | 1 | TEGRETOL | |
| <i>carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr</i> | 1 | CARBATROL | |
| <i>carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr</i> | 1 | TEGRETOL XR | |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia] | | | |
| <i>donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab</i> | 1 | ARICEPT | |
| <i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i> | 1 | ARICEPT ODT | |
| <i>galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab</i> | 1 | RAZADYNE | |
| <i>galantamine hydrobromide 4 mg/ml soln</i> | 1 | RAZADYNE | |
| <i>galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr</i> | 1 | RAZADYNE ER | |
| <i>rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr</i> | 1 | EXELON | QL(30 / 30) |
| <i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i> | 1 | EXELON | |
| N-Methyl-D-Aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (NMDA) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia] | | | |
| <i>memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab</i> | 1 | NAMENDA | |
| <i>memantine hcl 2 mg/ml soln</i> | 1 | NAMENDA | |
| <i>memantine hcl er 14 mg cap er 24 hr, 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 TITRATION PACK 7 & 14 & 21 & 28 mg cap er 24 hr | 3 | | ST |
| ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] | | | |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos] | | | |
| <i>bupropion hcl 100 mg tab, 75 mg tab</i> | 1 | WELLBUTRIN | |
| <i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i> | 1 | WELLBUTRIN SR | |
| <i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i> | 1 | WELLBUTRIN XL | |
| <i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i> | 1 | REMERON | |
| Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminoxidasa - Antidepresivos] | | | |
| 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 | |
| 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] | | | |
| <i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | CELEXA | |
| <i>citalopram hydrobromide 10 mg/5ml soln</i> | 1 | CELEXA | |
| <i>desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr</i> | 1 | KHEDEZLA | ST |
| <i>desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i> | 1 | PRISTIQ | ST |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | |
| Tricyclics - Antidepressants [Tricíclicos - Antidepresivos] | | | |
| <i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i> | 1 | ELAVIL | |
| <i>amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab</i> | 1 | ASENDIN | |
| <i>chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab</i> | 1 | LIMBITROL | |
| <i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i> | 1 | ANAFRANIL | |
| <i>desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i> | 1 | NORPRAMIN | |
| <i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i> | 1 | SINEQUAN | |
| <i>doxepin hcl 10 mg/ml oral conc</i> | 1 | SINEQUAN | |
| <i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i> | 1 | TOFRANIL | |
| <i>imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap</i> | 1 | TOFRANIL-PM | |
| <i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i> | 1 | PAMELOR | |
| <i>nortriptyline hcl 10 mg/5ml soln</i> | 1 | PAMELOR | |
| <i>perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab</i> | 1 | TRIAVIL | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>protriptyline hcl 10 mg tab, 5 mg tab</i> | 1 | VIVACTIL | |
| ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] | | | |
| Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito] | | | |
| 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 | |
| <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 | |
| PROMETHEGAN 25 mg rect supp, 50 mg rect supp | 3 | | |
| <i>scopolamine 1 mg/3days td patch 72 hr</i> | 1 | TRANSDERM-SCOP | |
| <i>trimethobenzamide hcl 300 mg cap</i> | 1 | TIGAN | |
| Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito] | | | |
| 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 & 125 mg cap, 80 & 125 mg oral misc</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 ODT | |
| <i>ondansetron hcl 4 mg/2ml inj soln pfs</i> | 4 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | |
| ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGUALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] | | | |
| Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica] | | | |
| <i>bio-statin oral pwdr</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 |
| <i>CRESEMBA 186 mg cap</i> | 3 | | |
| <i>econazole nitrate 1 % crm</i> | 1 | SPECTAZOLE | |
| <i>EXODERM 25-1 % lot</i> | 3 | | |
| <i>fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab</i> | 1 | DIFLUCAN | |
| <i>fluconazole 10 mg/ml susp, 40 mg/ml susp</i> | 1 | DIFLUCAN | |
| <i>flucytosine 250 mg cap, 500 mg cap</i> | 1 | ANCOBON | |
| <i>griseofulvin microsize 500 mg tab</i> | 1 | GRIFULVIN V | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>griseofulvin microsize 125 mg/5ml susp</i> | 1 | GRIFULVIN V | |
| <i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i> | 1 | GRIS-PEG | |
| <i>iodoquinol-hc-aloe polysacch 1-2-1 % gel</i> | 1 | ALCORTIN A | |
| <i>itraconazole 100 mg cap</i> | 1 | SPORANOX | |
| <i>itraconazole 10 mg/ml soln</i> | 1 | SPORANOX | |
| <i>ketoconazole 200 mg tab</i> | 1 | NIZORAL | |
| <i>ketoconazole 2 % crm</i> | 1 | NIZORAL | |
| <i>ketoconazole 2 % shampoo</i> | 1 | NIZORAL | |
| MENTAX 1 % crm | 3 | | |
| <i>naftifine hcl 1 % crm, 1 % gel, 2 % crm</i> | 1 | NAFTIN | |
| NAFTIN 2 % gel | 3 | | |
| NATACYN 5 % ophth susp | 3 | | |
| NOXAFIL 40 mg/ml susp | 3 | | |
| NYAMYC 100000 unit/gm ext pwdr | 1 | | |
| <i>nystatin 500000 unit tab</i> | 1 | MYCOSTATIN | |
| <i>nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint</i> | 1 | MYCOSTATIN | |
| <i>nystatin 100000 unit/ml m/t susp</i> | 1 | MYCOSTATIN | |
| <i>nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint</i> | 1 | MYCOLOG | |
| <i>oxiconazole nitrate 1 % crm</i> | 1 | OXISTAT | |
| OXISTAT 1 % lot | 3 | | |
| <i>posaconazole 40 mg/ml susp</i> | 1 | | |
| <i>posaconazole 100 mg tab dr</i> | 1 | NOXAFIL | |
| <i>sulconazole nitrate 1 % crm</i> | 1 | EXELDERM | |
| <i>sulconazole nitrate 1 % ext soln</i> | 1 | EXELDERM | |
| <i>terbinafine hcl 250 mg tab</i> | 1 | LAMISIL | QL(84 / 365) |
| <i>terconazole 0.4 % vag crm, 0.8 % vag crm</i> | 1 | TERAZOL | |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña] | | | |
| <i>dihydroergotamine mesylate 4 mg/ml nasal soln</i> | 1 | MIGRANAL | |
| ERGOMAR 2 mg tab subl | 3 | | |
| <i>ergotamine-caffeine 1-100 mg tab</i> | 1 | CAFERGOT | |
| MIGERGOT 2-100 mg rect supp | 3 | | |
| Serotonin (5-HT) 1B/1D Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-HT) 1B/1D - Medicamentos Para Migraña] | | | |
| <i>almotriptan malate 12.5 mg tab, 6.25 mg tab</i> | 1 | AXERT | QL(6 / 30) |
| <i>eletriptan hydrobromide 20 mg tab, 40 mg tab</i> | 1 | RELPAX | QL(6 / 30), ST |
| <i>frovatriptan succinate 2.5 mg tab</i> | 1 | FROVA | QL(9 / 30) |
| <i>naratriptan hcl 1 mg tab, 2.5 mg tab</i> | 1 | AMERGE | QL(9 / 30) |
| <i>rizatriptan benzoate 10 mg tab</i> | 1 | MAXALT | QL(12 / 30) |
| <i>rizatriptan benzoate 5 mg tab</i> | 1 | MAXALT | QL(24 / 30) |
| <i>rizatriptan benzoate 10 mg tab disint</i> | 1 | MAXALT MLT | QL(12 / 30) |
| <i>rizatriptan benzoate 5 mg tab disint</i> | 1 | MAXALT MLT | QL(24 / 30) |
| <i>sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln</i> | 1 | IMITREX | QL(6 / 30) |
| <i>sumatriptan succinate 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln pfs</i> | 1 | IMITREX | QL(5 / 30) |
| <i>sumatriptan succinate 100 mg tab</i> | 1 | IMITREX | QL(9 / 30) |
| <i>sumatriptan succinate 25 mg tab, 50 mg tab</i> | 1 | IMITREX | QL(18 / 30) |
| <i>sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj</i> | 1 | IMITREX STATDOSE | QL(5 / 30) |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart</i> | 1 | IMITREX STATDOSE | QL(5 / 30) |
| <i>sumatriptan-naproxen sodium 85-500 mg tab</i> | 1 | TREXIMET | QL(10 / 30) |
| TREXIMET 10-60 mg tab | 3 | | QL(9 / 30) |
| <i>zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln, 5 mg tab, 5 mg tab disint</i> | 1 | ZOMIG | QL(6 / 30) |
| ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] | | | |
| Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave] | | | |
| <i>guanidine hcl 125 mg tab</i> | 1 | | |
| <i>pyridostigmine bromide 60 mg tab</i> | 1 | MESTINON | |
| <i>pyridostigmine bromide 60 mg/5ml soln</i> | 1 | MESTINON | |
| <i>pyridostigmine bromide er 180 mg tab er</i> | 1 | MESTINON | |
| ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] | | | |
| Antimycobacterials, Other - Miscellaneous Anti-Infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos] | | | |
| <i>dapsone 100 mg tab, 25 mg tab</i> | 1 | | |
| <i>rifabutin 150 mg cap</i> | 1 | MYCOBUTIN | |
| Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis] | | | |
| <i>cycloserine 250 mg cap</i> | 1 | | |
| <i>ethambutol hcl 100 mg tab, 400 mg tab</i> | 1 | MYAMBUTOL | |
| <i>isoniazid 100 mg tab, 300 mg tab</i> | 1 | | |
| <i>isoniazid 50 mg/5ml syr</i> | 1 | | |
| PASER 4 gm pckt | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| PRIFTIN 150 mg tab | 3 | | |
| <i>pyrazinamide 500 mg tab</i> | 1 | | |
| RIFAMATE 150-300 mg cap | 3 | | |
| <i>rifampin 150 mg cap, 300 mg cap</i> | 1 | RIFADIN | |
| RIFATER 50-120-300 mg tab | 3 | | |
| SIRTURO 100 mg tab, 20 mg tab | 5 | | PA |
| TRECTOR 250 mg tab | 3 | | |
| ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSTICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] | | | |
| Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia] | | | |
| GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap, 5 mg cap | 4 | | |
| HEXALEN 50 mg cap | 5 | | |
| LEUKERAN 2 mg tab | 5 | | |
| MATULANE 50 mg cap | 5 | | |
| <i>melphalan 2 mg tab</i> | 4 | ALKERAN | |
| <i>temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap</i> | 4 | TEMODAR | PA |
| Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas] | | | |
| <i>abiraterone acetate 250 mg tab, 500 mg tab</i> | 4 | ZYTIGA | PA |
| <i>bicalutamide 50 mg tab</i> | 1 | CASODEX | |
| ERLEADA 60 mg tab | 5 | | PA |
| <i>flutamide 125 mg cap</i> | 1 | EULEXIN | |
| <i>nilutamide 150 mg tab</i> | 4 | NILANDRON | PA |
| POMALYST 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap | 5 | | PA |
| XTANDI 40 mg cap, 40 mg tab, 80 mg tab | 5 | | PA |
| Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia] | | | |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| KISQALI FEMARA(200 MG DOSE) 200 & 2.5 mg tab pack | 5 | | PA |
| <i>leucovorin calcium 10 mg tab, 5 mg tab</i> | 1 | | |
| LONSURF 15-6.14 mg tab, 20-8.19 mg tab | 5 | | PA |
| VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab | 4 | | PA |
| ZOLINZA 100 mg cap | 5 | | PA |
| Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3era Generación - Agentes De Quimioterapia] | | | |
| <i>anastrozole 1 mg tab</i> | 1 | ARIMIDEX | |
| <i>letrozole 2.5 mg tab</i> | 1 | FEMARA | |
| Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia] | | | |
| <i>etoposide 50 mg cap</i> | 4 | | |
| ZYDELIG 150 mg tab | 5 | | PA |
| Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia] | | | |
| ALECENSA 150 mg cap | 5 | | PA |
| ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab | 5 | | PA |
| BOSULIF 100 mg tab, 400 mg tab, 500 mg tab | 5 | | PA |
| BRAFTOVI 50 mg cap, 75 mg cap | 5 | | PA |
| CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab | 5 | | PA |
| CALQUENCE 100 mg cap | 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 |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| 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 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab</i> | 4 | AFINITOR | PA |
| <i>everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol</i> | 4 | AFINITOR DISPERZ | PA |
| IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab | 4 | | PA |
| ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab | 5 | | PA |
| <i>imatinib mesylate 100 mg tab, 400 mg tab</i> | 4 | GLEEVEC | PA |
| IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap | 5 | | PA |
| INLYTA 1 mg tab, 5 mg tab | 5 | | PA |
| JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab | 5 | | PA |
| KOSELUGO 10 mg cap, 25 mg cap | 4 | | PA |
| <i>lapatinib ditosylate 250 mg tab</i> | 4 | TYKERB | PA |
| LYNPARZA 100 mg tab, 150 mg tab, 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 |
| PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab | 4 | | PA |
| <i>sorafenib tosylate 200 mg tab</i> | 5 | NEXAVAR | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| 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 |
| <i>sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap</i> | 4 | SUTENT | PA |
| TABRECTA 150 mg tab, 200 mg tab | 4 | | PA |
| TAFINLAR 50 mg cap, 75 mg cap | 5 | | PA |
| TASIGNA 150 mg cap, 200 mg cap, 50 mg cap | 5 | | PA |
| TIBSOVO 250 mg tab | 5 | | PA |
| VENCLEXTA 10 mg tab, 100 mg tab, 50 mg tab | 5 | | PA |
| VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack | 5 | | PA |
| VOTRIENT 200 mg tab | 5 | | PA |
| XALKORI 200 mg cap, 250 mg cap | 5 | | PA |
| ZEJULA 100 mg cap | 5 | | PA |
| ZELBORAF 240 mg tab | 5 | | PA |
| ZYDELIG 100 mg tab | 5 | | PA |
| ZYKADIA 150 mg cap | 5 | | PA |
| Monoclonal Antibodies/Antibody-Drug Conjugate - Chemotherapy Agents [Anticuerpos Monoclonales/Conjugado Anticuerpo-Fármaco - Agentes De Quimioterapia] | | | |
| RUXIENCE 100 mg/10ml iv soln, 500 mg/50ml iv soln | 4 | | PA |
| TRUXIMA 100 mg/10ml iv soln, 500 mg/50ml iv soln | 4 | | PA |
| Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia] | | | |
| <i>bexarotene 1 % gel</i> | 1 | | |
| <i>bexarotene 75 mg cap</i> | 4 | TARGRETIN | |
| PANRETIN 0.1 % gel | 5 | | |
| TARGRETIN 1 % gel | 5 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>tretinoin 10 mg cap</i> | 4 | VESANOID | |
| Treatment Adjuncts - Supportive Chemotherapy Drugs [Adjuntos De Tratamiento - Medicamentos De Apoyo Para Quimioterapia] | | | |
| MESNEX 400 mg tab | 5 | | |
| ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] | | | |
| Anthelmintics - Worm Infection Drugs [Antihelmínticos - Medicamentos Para Infección Por Gusanos] | | | |
| <i>albendazole 200 mg tab</i> | 1 | ALBENZA | |
| EMVERM 100 mg tab chew | 3 | | QL(18 / 365) |
| <i>ivermectin 3 mg tab</i> | 1 | STROMECTOL | |
| <i>praziquantel 600 mg tab</i> | 1 | BILTRICIDE | |
| Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria] | | | |
| ALINIA 100 mg/5ml susp | 3 | | QL(60 / 30) |
| <i>atovaquone 750 mg/5ml susp</i> | 1 | MEPRON | |
| <i>atovaquone-proguanil hcl 250-100 mg tab</i> | 1 | MALARONE | QL(12 / 365) |
| <i>atovaquone-proguanil hcl 62.5-25 mg tab</i> | 1 | MALARONE | QL(48 / 365) |
| <i>chloroquine phosphate 250 mg tab</i> | 1 | | PA |
| <i>chloroquine phosphate 500 mg tab</i> | 1 | ARALEN | PA |
| COARTEM 20-120 mg tab | 3 | | QL(24 / 365) |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | 1 | PLAQUENIL | PA |
| <i>mefloquine hcl 250 mg tab</i> | 1 | | |
| <i>nitazoxanide 500 mg tab</i> | 1 | ALINIA | QL(6 / 30) |
| <i>pentamidine isethionate 300 mg inh soln</i> | 1 | NEBUPENT | |
| <i>pentamidine isethionate 300 mg inj soln</i> | 1 | PENTAM | |
| <i>primaquine phosphate 26.3 (15 Base) mg tab</i> | 1 | | |
| <i>pyrimethamine 25 mg tab</i> | 4 | DARAPRIM | PA |
| <i>quinine sulfate 324 mg cap</i> | 1 | QUALAQUIN | QL(42 / 365) |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Pediculicides/Scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos] | | | |
| <i>ivermectin 0.5 % lot</i> | 1 | SKLICE | |
| <i>lindane 1 % shampoo</i> | 1 | | |
| <i>permethrin 5 % crm</i> | 1 | ELIMITE | |
| ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] | | | |
| Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson] | | | |
| <i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i> | 1 | COGENTIN | |
| <i>trihexyphenidyl hcl 0.4 mg/ml soln</i> | 1 | | |
| <i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i> | 1 | ARTANE | |
| Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson] | | | |
| <i>amantadine hcl 50 mg/5ml soln</i> | 1 | | |
| <i>amantadine hcl 100 mg cap, 100 mg tab</i> | 1 | SYMMETREL | |
| <i>amantadine hcl 50 mg/5ml syr</i> | 1 | SYMMETREL | |
| <i>entacapone 200 mg tab</i> | 1 | COMTAN | |
| Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson] | | | |
| <i>apomorphine hcl 30 mg/3ml sc soln cart</i> | 5 | APOKYN | |
| <i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i> | 1 | PARLODEL | |
| KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film | 4 | | PA |
| KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit | 4 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| 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 | |
| <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 |
| Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precusores De Dopamina/ Inhibidores De La Decarboxilasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson] | | | |
| <i>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 | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminoxidasa B (MAO-B) - Medicamentos Para La Enfermedad De Parkinson] | | | |
| <i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i> | 1 | AZILECT | QL(60 / 30), ST |
| <i>selegiline hcl 5 mg tab</i> | 1 | | QL(60 / 30) |
| <i>selegiline hcl 5 mg cap</i> | 1 | ELDEPRYL | QL(60 / 30) |
| ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSIKÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] | | | |
| 1st Generation/Typical - Mood Disorder Drugs [1era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo] | | | |
| <i>chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln</i> | 1 | | |
| <i>chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab</i> | 1 | THORAZINE | |
| <i>fluphenazine decanoate 25 mg/ml inj soln</i> | 1 | PROLIXIN | |
| <i>fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | PROLIXIN | |
| <i>fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc</i> | 1 | PROLIXIN | |
| <i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i> | 1 | HALDOL | |
| <i>haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln</i> | 1 | HALDOL | |
| <i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln</i> | 1 | HALDOL | |
| <i>loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap</i> | 1 | LOXITANE | |
| <i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i> | 1 | TRILAFON | |
| <i>pimozide 1 mg tab, 2 mg tab</i> | 1 | ORAP | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | |
| 2nd Generation/Atypical - Mood Disorder Drugs [2da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo] | | | |
| ABILIFY MAINTENA 300 mg im pfs, 300 mg Intramuscular Suspension Reconstituted ER, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER | 4 | | QL(1 / 30) |
| <i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i> | 1 | ABILIFY | QL(30 / 30) |
| <i>asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl</i> | 1 | SAPHRIS | |
| INVEGA HAFYERA 1092 mg/3.5ml im susp pfs, 1560 mg/5ml im susp pfs | 4 | | ST |
| INVEGA SUSTENNA 117 mg/0.75ml im susp pfs, 156 mg/ml im susp pfs, 234 mg/1.5ml im susp pfs, 39 mg/0.25ml im susp pfs, 78 mg/0.5ml im susp pfs | 4 | | |
| INVEGA TRINZA 273 mg/0.88ml im susp pfs, 410 mg/1.32ml im susp pfs, 546 | 4 | | ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs | | | |
| 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, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i> | 1 | ZYPREXA | QL(30 / 30) |
| <i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i> | 1 | ZYPREXA ZYDIS | QL(30 / 30) |
| <i>paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr</i> | 1 | INVEGA | QL(30 / 30) |
| <i>paliperidone er 9 mg tab er 24 hr</i> | 1 | INVEGA | QL(60 / 30) |
| <i>quetiapine fumarate 400 mg tab</i> | 1 | SEROQUEL | QL(60 / 30) |
| <i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab</i> | 1 | SEROQUEL | QL(90 / 30) |
| <i>quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr</i> | 1 | SEROQUEL XR | QL(60 / 30), ST |
| RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER | 4 | | |
| <i>risperidone 1 mg/ml soln</i> | 1 | RISPERDAL | |
| <i>risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg</i> | 1 | RISPERDAL | QL(60 / 30) |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| Anti-Hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Agentes De Acción Directa - Medicamentos Para Hepatitis C] | | | |
| MAVYRET 100-40 mg tab, 50-20 mg pckt | 4 | | PA |
| sofosbuvir-velpatasvir 400-100 mg tab | 4 | EPCLUSA | PA |
| Anti-Hepatitis C (HCV) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Otros - Medicamentos Para Hepatitis C] | | | |
| MODERIBA 200 mg tab | 4 | | 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 pfs, 180 mcg/ml sc soln | 5 | | PA |
| PEGASYS PROCLICK 180 mcg/0.5ml sc soln auto-inj, 135 mcg/0.5ml sc soln auto-inj | 5 | | PA |
| PEGINTRON 50 mcg/0.5ml sc kit | 5 | | PA |
| RIBASPHERE 200 mg cap, 200 mg tab | 4 | | PA |
| RIBASPHERE 400 mg tab, 600 mg tab | 5 | | PA |
| RIBASPHERE RIBAPAK (1000 PACK) 400 & 600 mg tab pack | 5 | | PA |
| RIBASPHERE RIBAPAK (1200 PACK) 600 mg tab pack | 5 | | PA |
| RIBASPHERE RIBAPAK (600 PACK) 200 & 400 mg tab pack | 5 | | PA |
| RIBASPHERE RIBAPAK (800 PACK) 400 mg tab pack | 5 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>ribavirin 200 mg tab</i> | 4 | COPEGUS | PA |
| <i>ribavirin 200 mg cap</i> | 4 | REBETOL | PA |
| Antitherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes] | | | |
| <i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i> | 1 | ZOVIRAX | |
| <i>acyclovir 5 % crm</i> | 1 | ZOVIRAX | |
| <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 | |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI) - Medicamentos Para VIH] | | | |
| BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab | 3 | | |
| GENVOYA 150-150-200-10 mg tab | 3 | | |
| ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab | 2 | | |
| ISENTRESS HD 600 mg tab | 2 | | |
| JULUCA 50-25 mg tab | 2 | | |
| STRIBILD 150-150-200-300 mg tab | 3 | | |
| TIVICAY 10 mg tab, 25 mg tab, 50 mg tab | 2 | | |
| TIVICAY PD 5 mg tab sol | 2 | | |
| TRIUMEQ 600-50-300 mg tab | 2 | | |
| Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (NNRTI) - Medicamentos Para VIH] | | | |
| COMPLERA 200-25-300 mg tab | 3 | | |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>emtricitabine-tenofovir df 200-300 mg tab</i> | 1 | TRUVADA | PA |
| EMTRIVA 10 mg/ml soln | 2 | | |
| <i>lamivudine 150 mg tab, 300 mg tab</i> | 1 | EPIVIR | |
| <i>lamivudine 10 mg/ml soln</i> | 1 | EPIVIR | |
| <i>lamivudine-zidovudine 150-300 mg tab</i> | 1 | COMBIVIR | |
| <i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i> | 1 | ZERIT | |
| <i>tenofovir disoproxil fumarate 300 mg tab</i> | 1 | VIREAD | PA |
| VIDEX 2 gm soln, 4 gm soln | 2 | | |
| VIDEX EC 125 mg cap dr | 2 | | |
| VIREAD 150 mg tab, 200 mg tab, 250 mg tab | 2 | | |
| VIREAD 40 mg/gm oral pwdr | 2 | | |
| <i>zidovudine 100 mg cap, 300 mg tab</i> | 1 | RETROVIR | |
| <i>zidovudine 50 mg/5ml syr</i> | 1 | RETROVIR | |
| Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH] | | | |
| FUZEON 90 mg sc soln | 5 | | PA |
| <i>maraviroc 150 mg tab, 300 mg tab</i> | 1 | SELZENTRY | PA |
| SELZENTRY 25 mg tab, 75 mg tab | 2 | | PA |
| SELZENTRY 20 mg/ml soln | 2 | | PA |
| TROGARZO 200 mg/1.33ml iv soln | 5 | | PA |
| TYBOST 150 mg tab | 2 | | |
| Anti-HIV Agents, Protease Inhibitors - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Proteasa - Medicamentos Para VIH] | | | |
| APTIVUS 250 mg cap | 2 | | PA |
| APTIVUS 100 mg/ml soln | 2 | | PA |
| <i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i> | 1 | REYATAZ | |

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

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>midazolam hcl (pf) 10 mg/2ml inj soln, 2 mg/2ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln</i> | 1 | | |
| <i>oxazepam 10 mg cap, 15 mg cap, 30 mg cap</i> | 1 | SERAX | |
| BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] | | | |
| Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo] | | | |
| <i>lithium 8 meq/5ml soln</i> | 1 | | |
| <i>lithium carbonate 150 mg cap, 600 mg cap</i> | 1 | | |
| <i>lithium carbonate 300 mg cap</i> | 1 | ESKALITH | |
| <i>lithium carbonate 300 mg tab</i> | 1 | LITHOBID | |
| <i>lithium carbonate er 450 mg tab er</i> | 1 | ESKALITH CR | |
| <i>lithium carbonate er 300 mg tab er</i> | 1 | LITHOBID | |
| BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE] | | | |
| Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes] | | | |
| <i>acarbose 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | PRECOSE | |
| 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 |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| 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 | | ST |
| <i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i> | 1 | AMARYL | |
| <i>glipizide 10 mg tab, 5 mg tab</i> | 1 | GLUCOTROL | |
| <i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1 | GLUCOTROL XL | |
| <i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1 | GLUCOTROL XL | |
| <i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i> | 1 | METAGLIP | |
| <i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | DIABETA | |
| <i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i> | 1 | GLYNASE | |
| <i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i> | 1 | GLUCOVANCE | |
| GLYXAMBI 10-5 mg tab, 25-5 mg tab | 2 | | ST |
| JANUMET 50-1000 mg tab, 50-500 mg tab | 2 | | ST |
| JANUMET XR 100-1000 mg tab er 24 hr, 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr | 2 | | ST |
| JANUVIA 100 mg tab, 25 mg tab, 50 mg tab | 2 | | ST |
| JARDIANCE 10 mg tab, 25 mg tab | 2 | | ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab | 2 | | ST |
| JENTADUETO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr | 2 | | ST |
| <i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i> | 1 | GLUCOPHAGE | |
| <i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i> | 1 | GLUCOPHAGE XR | |
| <i>metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr</i> | 1 | FORTAMET | ST |
| <i>miglitol 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | GLYSET | ST |
| <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 |
| OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj | 2 | | QL(3 / 28), ST |
| <i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i> | 1 | ACTOS | ST |
| <i>pioglitazone hcl-glimepiride 30-2 mg tab, 30-4 mg tab</i> | 1 | DUETACT | ST |
| <i>pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab</i> | 1 | ACTOPLUS MET | ST |
| <i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i> | 1 | PRANDIN | ST |
| RIOMET ER 500 mg/5ml Oral Suspension Reconstituted ER | 3 | | |
| RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab | 2 | | ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| 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, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj | 2 | | ST |
| VICTOZA 18 mg/3ml sc soln pen-inj | 2 | | ST |
| XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr, 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr | 2 | | ST |
| Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes] | | | |
| <i>glucagon emergency 1 mg inj kit</i> | 1 | GLUCAGON EMERGENCY | |
| Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes] | | | |
| HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart | 2 | | |
| HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj | 2 | | |
| HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj | 2 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| 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 | | |
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE] | | | |
| Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre] | | | |
| <i>dabigatran etexilate mesylate</i> 150 mg cap, 75 mg cap | 1 | PRADAXA | |
| ELIQUIS 2.5 mg tab, 5 mg tab | 2 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| ELIQUIS DVT/PE STARTER PACK 5 mg tab pack | 2 | | |
| <i>enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs</i> | 1 | LOVENOX | |
| <i>fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln</i> | 1 | ARIXTRA | |
| FRAGMIN 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unit/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln | 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, 2.5 mg tab, 20 mg tab | 2 | | |
| XARELTO 1 mg/ml susp | 2 | | |
| XARELTO STARTER PACK 15 & 20 mg tab pack | 2 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre] | | | |
| <i>anagrelide hcl 0.5 mg cap, 1 mg cap</i> | 1 | AGRYLIN | |
| EPOGEN 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln | 5 | | PA |
| GRANIX 300 mcg/0.5ml sc soln pfs, 300 mcg/ml sc soln, 480 mcg/0.8ml sc soln pfs, 480 mcg/1.6ml sc soln | 4 | | PA |
| NEULASTA 6 mg/0.6ml sc soln pfs | 5 | | |
| NEULASTA ONPRO 6 mg/0.6ml sc pfs kit | 5 | | |
| NEUPOGEN 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln | 5 | | |
| PROMACTA 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab | 5 | | PA |
| RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln, 40000 unit/ml inj soln | 4 | | PA |
| ZARXIO 300 mcg/0.5ml inj soln pfs | 4 | | |
| ZIEXTENZO 6 mg/0.6ml sc soln pfs | 4 | | PA |
| Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado] | | | |
| ADVATE 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 4000 unit iv soln, 500 unit iv soln | 5 | | PA, SL |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln | 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 |
| <i>aminocaproic acid 1000 mg tab, 500 mg tab</i> | 1 | AMICAR | |
| BEBULIN 200-1200 unit iv soln | 5 | | PA, SL |
| BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit | 5 | | PA, SL |
| COAGADEX 250 unit iv soln, 500 unit iv soln | 5 | | PA, SL |
| 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, | 5 | | PA, SL |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln | | | |
| 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 |
| HEMOPIL 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 |
| 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 |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| 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 | 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, 1500 unit iv kit, 1500 unit iv soln, 2000 unit iv kit, 2000 unit iv soln, 250 unit iv kit, 250 unit iv soln, 2500 unit iv kit, 2500 unit iv soln, 3000 unit iv kit, 3000 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 500 unit iv soln | 5 | | PA, SL |
| REBINYN 1000 unit iv soln, 2000 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 ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| 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 |
| <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 |
| Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas] | | | |
| <i>aspirin-dipyridamole er 25-200 mg cap er 12 hr</i> | 1 | AGGRENOX | |
| BRILINTA 60 mg tab, 90 mg tab | 2 | | |
| <i>cilostazol 100 mg tab, 50 mg tab</i> | 1 | PLETAL | |
| <i>clopidogrel bisulfate 75 mg tab</i> | 1 | PLAVIX | |
| <i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i> | 1 | PERSANTINE | |
| <i>prasugrel hcl 10 mg tab, 5 mg tab</i> | 1 | EFFIENT | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN] | | | |
| Alpha-Adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea] | | | |
| <i>clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch</i> | 1 | CATAPRES-TTS | |
| <i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i> | 1 | CATAPRES | |
| <i>guanfacine hcl 1 mg tab, 2 mg tab</i> | 1 | TENEX | |
| <i>methyldopa 250 mg tab, 500 mg tab</i> | 1 | ALDOMET | |
| <i>midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | PROAMATINE | |
| Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea] | | | |
| <i>phenoxybenzamine hcl 10 mg cap</i> | 1 | DIBENZYLINE | |
| <i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i> | 1 | MINIPRESS | |
| Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea] | | | |
| <i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i> | 1 | ATACAND | ST |
| <i>EDARBI 40 mg tab, 80 mg tab</i> | 3 | | ST |
| <i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i> | 1 | AVAPRO | |
| <i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | COZAAR | |
| <i>olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab</i> | 1 | BENICAR | ST |
| <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 | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (ECA) - Medicamentos Para La Presión Sanguínea] | | | |
| <i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i> | 1 | LOTENSIN | |
| <i>captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab</i> | 1 | CAPOTEN | |
| <i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i> | 1 | VASOTEC | |
| <i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | MONOPRIL | |
| <i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i> | 1 | ZESTRIL | |
| <i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i> | 1 | ACCUPRIL | |
| <i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i> | 1 | ALTACE | |
| <i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i> | 1 | MAVIK | |
| Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón] | | | |
| <i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i> | 1 | CORDARONE | |
| <i>disopyramide phosphate 100 mg cap, 150 mg cap</i> | 1 | NORPACE | |
| <i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i> | 1 | TIKOSYN | |
| <i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i> | 1 | TAMBOCOR | |
| <i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i> | 1 | MEXITIL | |
| MULTAQ 400 mg tab | 3 | | ST |
| NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr | 3 | | |
| PACERONE 100 mg tab, 200 mg tab, 400 mg tab | 1 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i> | 1 | RYTHMOL | |
| <i>propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr</i> | 1 | RYTHMOL SR | |
| <i>quinidine gluconate er 324 mg tab er</i> | 1 | | |
| <i>quinidine sulfate 200 mg tab, 300 mg tab</i> | 1 | | |
| SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab | 1 | | |
| <i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i> | 1 | BETAPACE | |
| <i>sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab</i> | 1 | BETAPACE AF | |
| Beta-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea] | | | |
| <i>acebutolol hcl 200 mg cap, 400 mg cap</i> | 1 | SECTRAL | |
| <i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | TENORMIN | |
| <i>betaxolol hcl 10 mg tab, 20 mg tab</i> | 1 | KERLONE | |
| <i>bisoprolol fumarate 10 mg tab, 5 mg tab</i> | 1 | ZEBETA | |
| <i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i> | 1 | COREG | |
| <i>carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr</i> | 1 | COREG CR | ST |
| <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</i> | 1 | TOPROL XL | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i> | | | |
| <i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i> | 1 | | |
| <i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | LOPRESSOR | |
| <i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i> | 1 | CORGARD | |
| <i>nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i> | 1 | BYSTOLIC | ST |
| <i>pindolol 10 mg tab, 5 mg tab</i> | 1 | VISKEN | |
| <i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i> | 1 | INDERAL | |
| <i>propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln</i> | 1 | INDERAL | |
| <i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i> | 1 | INDERAL LA | |
| <i>timolol maleate 10 mg tab, 20 mg tab, 5 mg tab</i> | 1 | BLOCADREN | |
| Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea] | | | |
| <i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | NORVASC | |
| <i>diltiazem cd 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i> | 1 | CARDIZEM CD | |
| <i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i> | 1 | CARDIZEM | |
| <i>diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr</i> | 1 | CARDIZEM | |

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

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab</i> | | | |
| <i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i> | 1 | ZIAC | |
| <i>candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab</i> | 1 | ATACAND HCT | ST |
| <i>captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab</i> | 1 | CAPOZIDE | |
| <i>digox 125 mcg tab, 250 mcg tab</i> | 1 | LANOXIN | |
| <i>digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab</i> | 1 | LANOXIN | |
| <i>digoxin 0.05 mg/ml soln</i> | 1 | LANOXIN | |
| 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 | | |
| <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 | 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</i> | 1 | LOPRESSOR HCT | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>mg tab, 100-50 mg tab, 50-25 mg tab</i> | | | |
| <i>metirosine 250 mg cap</i> | 1 | DEMSEER | |
| <i>olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab</i> | 1 | BENICAR HCT | ST |
| <i>pentoxifylline er 400 mg tab er</i> | 1 | TRENTAL | |
| <i>propranolol-hctz 40-25 mg tab, 80-25 mg tab</i> | 1 | INDERIDE | |
| <i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i> | 1 | ACCURETIC | |
| <i>ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr</i> | 1 | RANEXA | PA |
| <i>spironolactone-hctz 25-25 mg tab</i> | 1 | ALDACTAZIDE | |
| TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab | 2 | | |
| <i>telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab</i> | 1 | MICARDIS-HCT | ST |
| <i>trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er</i> | 1 | TARKA | |
| <i>triamterene-hctz 37.5-25 mg cap</i> | 1 | DYAZIDE | |
| <i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i> | 1 | MAXZIDE | |
| <i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i> | 1 | DIOVAN HCT | |
| VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab | 3 | | PA |
| Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos] | | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <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 | |
| Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos] | | | |
| <i>amiloride hcl 5 mg tab</i> | 1 | MIDAMOR | |
| <i>eplerenone 25 mg tab, 50 mg tab</i> | 1 | INSPIRA | ST |
| <i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | ALDACTONE | |
| Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos] | | | |
| <i>chlorothiazide 250 mg tab, 500 mg tab</i> | 1 | DIURIL | |
| <i>chlorthalidone 25 mg tab, 50 mg tab</i> | 1 | HYGROTON | |
| DIURIL 250 mg/5ml susp | 3 | | |
| <i>hydrochlorothiazide 25 mg tab, 50 mg tab</i> | 1 | HYDRODIURIL | |
| <i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i> | 1 | MICROZIDE | |
| <i>indapamide 1.25 mg tab, 2.5 mg tab</i> | 1 | LOZOL | |
| <i>metolazone 10 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | ZAROXOLYN | |
| Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol] | | | |
| ANTARA 30 mg cap, 90 mg cap | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | |
| Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La HMG CoA Reductasa - Medicamentos Para Control Del Colesterol] | | | |
| <i>ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr</i> | 3 | | ST |
| <i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i> | 1 | LIPITOR | |
| <i>fluvastatin sodium 20 mg cap, 40 mg cap</i> | 1 | LESCOL | |
| <i>fluvastatin sodium er 80 mg tab er 24 hr</i> | 1 | LESCOL XL | |
| <i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i> | 1 | MEVACOR | |
| <i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i> | 1 | PRAVACHOL | |
| <i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i> | 1 | CRESTOR | |
| <i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i> | 1 | ZOCOR | |
| <i>simvastatin 80 mg tab</i> | 1 | ZOCOR | ST |
| Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos] | | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>cholestyramine 4 gm pckt</i> | 1 | QUESTRAN | |
| <i>cholestyramine 4 gm/dose oral pwdr</i> | 1 | QUESTRAN | |
| <i>cholestyramine light 4 gm pckt</i> | 1 | QUESTRAN LIGHT | |
| <i>cholestyramine light 4 gm/dose oral pwdr</i> | 1 | QUESTRAN LIGHT | |
| <i>colesevelam hcl 3.75 gm pckt, 625 mg tab</i> | 1 | WELCHOL | |
| <i>colestipol hcl 1 gm tab, 5 gm pckt</i> | 1 | COLESTID | |
| <i>colestipol hcl 5 gm oral gr</i> | 1 | COLESTID | |
| <i>ezetimibe 10 mg tab</i> | 1 | ZETIA | ST |
| <i>ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab</i> | 1 | VYTORIN | ST |
| <i>icosapent ethyl 1 gm cap</i> | 1 | VASCEPA | |
| <i>niacin (antihyperlipidemic) 500 mg tab</i> | 1 | NIACOR | |
| <i>niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er</i> | 1 | NIASPAN | |
| <i>omega-3-acid ethyl esters 1 gm cap</i> | 1 | LOVAZA | |
| REPATHA 140 mg/ml sc soln pfs | 2 | | PA |
| REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart | 2 | | PA |
| REPATHA SURECLICK 140 mg/ml sc soln auto-inj | 2 | | PA |
| <i>triklo 1 gm cap</i> | 1 | LOVAZA | |
| Vasodilators, Direct-Acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho] | | | |
| <i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | APRESOLINE | |
| <i>minoxidil 10 mg tab, 2.5 mg tab</i> | 1 | LONITEN | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Vasodilators, Direct-Acting Arterial/Venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho] | | | |
| <i>isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i> | 1 | ISORDIL TITRADOSE | |
| <i>isosorbide dinitrate er 40 mg tab er</i> | 1 | ISORDIL | |
| <i>isosorbide mononitrate 10 mg tab, 20 mg tab</i> | 1 | MONOKET | |
| <i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i> | 1 | IMDUR | |
| NITRO-BID 2 % td oint | 3 | | |
| NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr | 3 | | |
| <i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i> | 1 | NITRO-DUR | |
| <i>nitroglycerin 0.4 mg/spray tl soln</i> | 1 | NITROLINGUAL | |
| <i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i> | 1 | NITROSTAT | |
| <i>nitroglycerin er 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er</i> | 1 | | |
| NITRO-TIME 9 mg cap er, 6.5 mg cap er, 2.5 mg cap er | 3 | | |
| CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS] | | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para ADHD] | | | |
| <i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg</i> | 1 | ADDERALL XR | QL(30 / 30), ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 5 mg cap er 24 hr</i> | | | |
| <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 | DEXTROSTAT | QL(90 / 30) |
| <i>dextroamphetamine sulfate 10 mg tab</i> | 1 | DEXTROSTAT | QL(120 / 30) |
| <i>dextroamphetamine sulfate er 5 mg cap er 24 hr</i> | 1 | DEXEDRINE | QL(90 / 30) |
| <i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr</i> | 1 | DEXEDRINE | QL(120 / 30) |
| Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas - Medicamentos Para ADHD] | | | |
| <i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i> | 1 | STRATTERA | PA, ST, AL |
| <i>clonidine hcl er 0.1 mg tab er 12 hr</i> | 1 | KAPVAY | QL(120 / 30) |
| <i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | FOCALIN | QL(60 / 30) |
| <i>dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40</i> | 1 | FOCALIN XR | QL(30 / 30) |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>mg cap er 24 hr, 5 mg cap er 24 hr</i> | | | |
| <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</i> | 1 | | QL(30 / 30) |
| <i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i> | 1 | RITALIN SR | QL(30 / 30) |
| <i>methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er</i> | 1 | METADATE CD | QL(30 / 30) |
| <i>methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr</i> | 1 | RITALIN LA | QL(30 / 30) |
| <i>methylphenidate hcl er (osm) 72 mg tab er</i> | 1 | | QL(30 / 30) |
| <i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 54 mg tab er</i> | 1 | CONCERTA | QL(30 / 30) |
| <i>methylphenidate hcl er (osm) 36 mg tab er</i> | 1 | CONCERTA | QL(60 / 30) |
| QUILLICHEW ER 40 mg tab chew er | 2 | | QL(30 / 30), AL |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| QUILLICHEW ER 30 mg tab chew er | 2 | | QL(60 / 30), AL |
| QUILLICHEW ER 20 mg tab chew er | 2 | | QL(90 / 30), AL |
| QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER | 2 | | QL(360 / 30), AL |
| Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos] | | | |
| <i>riluzole 50 mg tab</i> | 4 | RILUTEK | PA |
| Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando] | | | |
| <i>pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap</i> | 1 | LYRICA | ST |
| <i>pregabalin 20 mg/ml soln</i> | 1 | LYRICA | ST |
| <i>pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr</i> | 1 | LYRICA CR | ST |
| SAVELLA 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab | 3 | | |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc | 3 | | |
| Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple] | | | |
| AUBAGIO 14 mg tab, 7 mg tab | 4 | | PA |
| AVONEX 30 mcg im kit | 4 | | PA |
| AVONEX PEN 30 mcg/0.5ml im auto-inj kit | 4 | | PA |
| AVONEX PEN 30 mcg/0.5ml im auto-inj kit | 4 | | PA |
| AVONEX PREFILLED 30 mcg/0.5ml im pfs kit | 4 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| AVONEX PREFILLED 30 mcg/0.5ml im pfs kit | 4 | | PA |
| BETASERON 0.3 mg sc kit | 4 | | PA |
| <i>dalfampridine er 10 mg tab er 12 hr</i> | 4 | AMPYRA | PA |
| <i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i> | 4 | TECFIDERA | PA |
| <i>dimethyl fumarate starter pack 120 & 240 mg oral misc</i> | 4 | TECFIDERA | PA |
| GILENYA 0.25 mg cap, 0.5 mg cap | 4 | | PA |
| <i>glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs</i> | 4 | COPAXONE | PA |
| MAYZENT 0.25 mg tab, 1 mg tab, 2 mg tab | 4 | | PA |
| MAYZENT STARTER PACK 0.25 mg tab pack, 12 x 0.25 mg tab pack | 4 | | PA |
| OCREVUS 300 mg/10ml iv soln | 4 | | PA |
| PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln pen-inj, 125 mcg/0.5ml sc soln pfs | 4 | | PA |
| PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln pen-inj, 63 & 94 mcg/0.5ml sc soln pfs | 4 | | PA |
| TYSABRI 300 mg/15ml iv conc | 4 | | PA |
| ZEPOSIA 0.92 mg cap | 5 | | PA |
| ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack | 5 | | PA |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack | 5 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA] | | | |
| Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta] | | | |
| <i>cevimeline hcl 30 mg cap</i> | 1 | EVOXAC | |
| <i>chlorhexidine gluconate 0.12 % m/t soln</i> | 1 | PERIDEX | |
| <i>lidocaine viscous hcl 2 % m/t soln</i> | 1 | XYLOCAINE | |
| <i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i> | 1 | SALAGEN | |
| <i>triamcinolone acetonide 0.1 % m/t paste</i> | 1 | KENALOG IN ORABASE | |
| DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL] | | | |
| Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel] | | | |
| <i>AC CUTANE 10 mg cap, 20 mg cap, 40 mg cap</i> | 1 | | |
| <i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i> | 1 | SORIATANE | |
| <i>adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel</i> | 1 | DIFFERIN | |
| <i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i> | 1 | | |
| <i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i> | 1 | EPIDUO | |
| <i>ammonium lactate 12 % crm, 12 % lot</i> | 1 | LAC-HYDRIN | |
| <i>ANALPRAM-HC 2.5-1 % lot</i> | 3 | | |
| <i>azelaic acid 15 % gel</i> | 1 | FINACEA | |
| <i>AZELEX 20 % crm</i> | 3 | | |
| <i>benzoyl peroxide-erythromycin 5-3 % gel</i> | 1 | BENZAMYCIN | |
| <i>bp 10-1 10-1 % ext emul</i> | 1 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <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 | BENZAACLIN | |
| <i>clindamycin phos-benzoyl perox 1.2-5 % gel</i> | 1 | DUAC | |
| <i>clindamycin-tretinoin 1.2-0.025 % gel</i> | 1 | ZIANA | |
| CONDYLOX 0.5 % gel | 3 | | |
| <i>dapsone 5 % gel, 7.5 % gel</i> | 1 | ACZONE | |
| <i>doxycycline 40 mg cap dr</i> | 1 | ORACEA | |
| DUPIXENT 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs | 4 | | PA |
| FINACEA 15 % foam | 3 | | |
| <i>hydrocortisone ace-pramoxine 1-1 % crm</i> | 1 | ANALPRAM HC | |
| <i>hydrocort-pramoxine (perianal) 2.5-1 % crm</i> | 1 | ANALPRAM HC | |
| ILUMYA 100 mg/ml sc soln pfs | 5 | | PA |
| <i>imiquimod 5 % crm</i> | 1 | ALDARA | |
| <i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i> | 1 | ABSORICA | |
| <i>ivermectin 1 % crm</i> | 1 | SOOLANTRA | |
| <i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i> | 1 | ANAMANTLE HC | |
| <i>lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-2.5 % rect kit</i> | 1 | ANAMANTLE HC | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>lidocaine-hydrocortisone ace 3-1 % rect kit</i> | 1 | ANAMANTLE HC FORTE | |
| <i>lidocaine-hydrocortisone ace 2-2 % rect kit</i> | 1 | PERANEX HC | |
| <i>methoxsalen rapid 10 mg cap</i> | 1 | OXSORALEN-ULTRA | |
| <i>metronidazole 0.75 % crm</i> | 1 | METROCREAM | |
| <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 | | |
| REA LO 40 40 % crm | 1 | | |
| REA LO 40 40 % lot | 1 | | |
| RECTIV 0.4 % rect oint | 3 | | |
| REGRANEX 0.01 % gel | 5 | | PA |
| ROSADAN 0.75 % crm, 0.75 % gel | 1 | | |
| SANTYL 250 unit/gm oint | 3 | | |
| <i>selenium sulfide 2.5 % lot</i> | 1 | SELSUN | |
| SILIQ 210 mg/1.5ml sc soln pfs | 5 | | PA |
| SKYRIZI 150 mg/ml sc soln pfs | 4 | | PA |
| SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit | 4 | | PA |
| SKYRIZI PEN 150 mg/ml sc soln auto-inj | 4 | | PA |
| STELARA 130 mg/26ml iv soln, 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs, 90 mg/ml sc soln pfs | 4 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot</i> | 1 | | |
| <i>sulfacetamide sodium-sulfur 10-2 % ext liq</i> | 1 | AVAR LS CLEANSER | |
| <i>sulfacetamide sodium-sulfur 10-5 % crm</i> | 1 | PLEXION SCT | |
| <i>sulfacetamide sodium-sulfur 8-4 % ext susp</i> | 1 | SUMAXIN TS | |
| <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 |
| <i>tretinoin 0.05 % gel</i> | 1 | ATRALIN | AL |
| <i>tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm</i> | 1 | RETIN-A | AL |
| <i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i> | 1 | RETIN-A | AL |
| <i>tretinoin microsphere pump 0.04 % gel, 0.1 % gel</i> | 1 | RETIN-A | AL |
| <i>urea 39 % crm, 40 % crm</i> | 1 | | |
| <i>urea 40 % lot</i> | 1 | CARMOL 40 | |
| <i>urea nail 45 % gel</i> | 1 | | |
| <i>urea-c40 40 % lot</i> | 1 | CARMOL 40 | |
| ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS] | | | |
| Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales] | | | |
| CYTRA K CRYSTALS 3300-1002 mg pack | 3 | | |
| <i>effervescent pot chloride 25 meq tab eff</i> | 1 | | |
| <i>ferocon cap</i> | 1 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | | |
| <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 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 15 meq tab er, 20 meq tab er</i> | 1 | KLOR-CON | |
| <i>potassium chloride er 10 meq tab er, 8 meq tab er</i> | 1 | KLOR-CON | |
| <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 | SHOHL'S MODIFIED | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | | |
| Electrolyte/Mineral/Metal Modifiers [Modificadores De Electrolitos/Minerales/Metales] | | | |
| CHEMET 100 mg cap | 3 | | |
| <i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i> | 4 | EXJADE | PA |
| <i>deferasirox 180 mg tab, 360 mg tab, 90 mg tab</i> | 4 | JADENU | PA |
| <i>deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt</i> | 4 | JADENU SPRINKLE | PA |
| <i>deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt</i> | 4 | JADENU SPRINKLE | PA |
| <i>deferiprone 500 mg tab</i> | 4 | FERRIPROX | PA |
| FERRIPROX 100 mg/ml soln | 5 | | PA |
| KIONEX 15 gm/60ml susp | 1 | | |
| <i>penicillamine 250 mg tab</i> | 1 | DEPEN TITRATABS | |
| <i>sodium polystyrene sulfonate oral pwdr</i> | 1 | KAYEXALATE | |
| <i>sodium polystyrene sulfonate 15 gm/60ml susp, 30 gm/120ml Rectal Suspension, 50 gm/200ml Rectal Suspension</i> | 1 | SPS | |
| SPS Oral Suspension 15 gm/60ml | 3 | | |
| Phosphate Binders - Phosphate-Removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato] | | | |
| <i>calcium acetate (phos binder) 667 mg cap</i> | 1 | PHOSLO | |

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|---|----------------------|--|--|
| FOSRENOL 1000 mg pckt, 750 mg pckt | 3 | | PA |
| <i>lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew</i> | 1 | FOSRENOL | PA |
| <i>sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab</i> | 1 | REVELA | PA |
| <i>sevelamer hcl 800 mg tab</i> | 1 | RENAGEL | PA |
| VELPHORO 500 mg tab chew | 2 | | PA |
| Vitamins [Vitaminas] | | | |
| ABANEU-SL 600-600 mcg tab subl | 1 | | |
| 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 | | |
| ATABEX OB 29-1 mg tab | 3 | | |
| <i>av-vite fb 2.5-25-1 mg tab</i> | 1 | | |
| <i>b-plex tab</i> | 1 | | |
| <i>complete natal dha 29-1-200 & 200 mg oral misc</i> | 3 | | |
| <i>completenate 29-1 mg tab chew</i> | 3 | | |
| CO-NATAL FA tab | 3 | | |
| CONCEPT DHA 53.5-38-1 mg cap | 3 | | |
| CONCEPT OB 130-92.4-1 mg cap | 3 | | |
| CORVITA tab | 3 | | |
| <i>cyanocobalamin 1000 mcg/ml inj soln</i> | 1 | | |
| DIALYVITE 3000 3 mg tab | 3 | | |
| DIALYVITE 5000 5 mg tab | 3 | | |
| DIALYVITE/ZINC tab | 3 | | |

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|---|----------------------|--|--|
| <i>ergocal 62.5 MCG (2500 ut) cap</i> | 3 | | |
| <i>folbee 2.5-25-1 mg tab</i> | 1 | | |
| <i>folbee plus tab</i> | 1 | | |
| FOLBEE PLUS CZ 5 mg tab | 3 | | |
| <i>folic acid 1 mg tab</i> | 1 | | |
| <i>folic acid 5 mg/ml inj soln</i> | 1 | | |
| FOLIVANE-OB 85-1 mg cap | 3 | | |
| <i>hydroxocobalamin acetate 1000 mcg/ml im soln</i> | 1 | | |
| INFUVITE PEDIATRIC iv soln | 3 | | |
| M.V.I. ADULT iv inj | 3 | | |
| M.V.I. PEDIATRIC iv soln | 3 | | |
| <i>m-natal plus 27-1 mg tab</i> | 3 | | |
| <i>multi-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>multi-vitamin/fluoride/iron 0.25-10 mg/ml soln</i> | 1 | | |
| <i>mynate 90 plus tab er</i> | 3 | | |
| NATALVIT tab | 3 | | |
| NEPHRONEX tab | 1 | | |
| NIVA-PLUS 27-1 mg tab | 3 | | |
| NUTRIVIT liq | 3 | | |
| OBSTETRIX DHA 29-1 & 387 mg oral misc | 3 | | |
| OBSTETRIX EC 29-1 mg tab | 3 | | |
| OBSTETRIX ONE 38-1-225 mg cap | 3 | | |
| O-CAL PRENATAL tab | 3 | | |
| <i>onevite tab</i> | 1 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 | | |
| <i>pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc</i> | 3 | | |
| <i>pnv prenatal plus multivitamin 27-1 mg tab</i> | 3 | | |
| <i>pnv tabs 29-1 29-1 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 chew, 29-1 mg tab, 29-1 mg tab chew</i> | 3 | | |
| <i>prenatal plus 27-1 mg tab</i> | 3 | | |
| <i>prenatal plus iron 29-1 mg tab</i> | 3 | | |
| <i>prenatal vitamin plus low iron 27-1 mg tab</i> | 3 | | |
| <i>preplus 27-1 mg tab</i> | 3 | | |
| <i>pretab 29-1 mg tab</i> | 3 | | |
| PROVIDA OB 20-20-1.25 mg cap | 3 | | |
| <i>pyridoxine hcl 100 mg/ml inj soln</i> | 1 | | |
| RENATABS 1 mg tab | 3 | | |
| RENATABS WITH IRON 1 & 100 mg oral misc | 3 | | |
| <i>se-natal 19 29-1 mg tab, 29-1 mg tab chew</i> | 3 | | |
| SUPERVITE liq | 3 | | |
| <i>support liq</i> | 3 | | |
| SUPPORT-500 cap | 3 | | |
| TARON-C DHA 35-1 mg cap | 3 | | |
| <i>thiamine hcl 100 mg/ml inj soln</i> | 1 | | |
| <i>thrivite 19 tab</i> | 1 | | |
| <i>thrivite rx 29-1 mg tab</i> | 3 | | |

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|--|----------------------|--|--|
| TL G-FOL OS 500-1.1 mg tab | 3 | | |
| <i>trinatal rx 1 60-1 mg tab</i> | 3 | | |
| <i>tri-vit/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i> | 1 | | |
| <i>tri-vit/fluoride/iron 0.25-10 mg/ml soln</i> | 3 | | |
| <i>tri-vitamin/fluoride 0.25 mg/ml soln, 0.5 mg/ml soln</i> | 1 | | |
| <i>urosex tab</i> | 1 | | |
| VINATE II 29-1 mg tab | 3 | | |
| VINATE M 27-1 mg tab | 3 | | |
| VITAL-D RX 1 mg tab | 3 | | |
| <i>vitamin b complex 100 inj</i> | 1 | | |
| <i>vitamin b-complex 100 inj</i> | 1 | | |
| <i>vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap</i> | 1 | | |
| <i>vitamin k1 1 mg/0.5ml inj soln, 10 mg/ml inj soln</i> | 1 | | |
| <i>vitamins acd-fluoride 0.25 mg/ml soln</i> | 1 | | |
| <i>vita-rx diabetic vitamin cap</i> | 3 | | |
| <i>vol-plus 27-1 mg tab</i> | 3 | | |
| <i>vol-tab rx 29-1 mg tab</i> | 3 | | |
| GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO] | | | |
| Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino] | | | |
| <i>chlordiazepoxide-clidinium 5-2.5 mg cap</i> | 1 | LIBRAX | |
| <i>dicyclomine hcl 10 mg cap, 20 mg tab</i> | 1 | BENTYL | |
| <i>dicyclomine hcl 10 mg/5ml soln</i> | 1 | BENTYL | |
| <i>glycopyrrolate 1 mg tab, 2 mg tab</i> | 1 | ROBINUL | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>hyoscyamine sulfate 0.125 mg tab</i> | 1 | LEVSIN | |
| <i>hyoscyamine sulfate 0.125 mg tab sub</i> | 1 | LEVSIN/SL | |
| <i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i> | 1 | LEVBID | |
| <i>hyoscyamine sulfate sl 0.125 mg tab sub</i> | 1 | LEVSIN/SL | |
| <i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i> | 1 | PAMINE | |
| SYMAX DUOTAB 0.375 mg tab er | 3 | | |
| SYMAX-SL 0.125 mg tab sub | 1 | | |
| SYMAX-SR 0.375 mg tab er 12 hr | 1 | | |
| Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos] | | | |
| <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 | |

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|---|----------------------|--|--|
| Histamine-2 (H2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina-2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal] | | | |
| <i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i> | 1 | TAGAMET | |
| <i>cimetidine hcl 300 mg/5ml soln</i> | 1 | TAGAMET | |
| <i>famotidine 20 mg tab, 40 mg tab</i> | 1 | PEPCID | |
| <i>famotidine 40 mg/5ml susp</i> | 1 | PEPCID | |
| <i>famotidine (pf) 20 mg/2ml iv soln</i> | 1 | PEPCID | |
| <i>nizatidine 150 mg cap, 300 mg cap</i> | 1 | AXID | |
| <i>ranitidine hcl 150 mg cap, 150 mg tab, 300 mg cap, 300 mg tab</i> | 1 | ZANTAC | |
| <i>ranitidine hcl 15 mg/ml syr, 150 mg/10ml syr, 150 mg/6ml inj soln, 50 mg/2ml inj soln, 75 mg/5ml syr</i> | 1 | ZANTAC | |
| Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino] | | | |
| <i>alosetron hcl 0.5 mg tab, 1 mg tab</i> | 1 | LOTRONEX | |
| LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap | 2 | | PA, QL(30 / 30) |
| <i>lubiprostone 24 mcg cap, 8 mcg cap</i> | 1 | AMITIZA | |
| Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento] | | | |
| 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 | CONSTULOSE | |
| GOLYTELY 227.1 gm soln | 3 | | QL(1 / 15) |

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|--|----------------------|--|--|
| <i>lactulose 10 gm/15ml soln, 20 gm/30ml soln</i> | 1 | CONSTULOSE | |
| <i>lactulose encephalopathy 10 gm/15ml soln</i> | 1 | CONSTULOSE | |
| <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 pwr | 1 | | |
| <i>polyethylene glycol 3350 17 gm pckt</i> | 1 | MIRALAX | |
| <i>polyethylene glycol 3350 17 gm/scoop oral pwr</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) |
| Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal] | | | |
| <i>misoprostol 100 mcg tab, 200 mcg tab</i> | 1 | CYTOTEC | |
| <i>sucralfate 1 gm tab</i> | 1 | CARAFATE | |
| <i>sucralfate 1 gm/10ml susp</i> | 1 | CARAFATE | |
| Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal] | | | |
| DEXILANT 30 mg cap dr, 60 mg cap dr | 2 | | ST |
| <i>esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt</i> | 1 | NEXIUM | ST |
| <i>lansoprazole 15 mg cap dr, 30 mg cap dr</i> | 1 | PREVACID | |
| <i>lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral</i> | 1 | PREVACID SOLUTAB | ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>Tablet Delayed Release Disintegrating</i> | | | |
| NEXIUM 2.5 mg pckt, 5 mg pckt | 3 | | ST |
| <i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i> | 1 | PRILOSEC | |
| <i>omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap</i> | 1 | ZEGERID | ST |
| <i>pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg tab dr</i> | 1 | PROTONIX | |
| <i>pantoprazole sodium 40 mg pckt</i> | 1 | PROTONIX | ST |
| <i>rabeprazole sodium 20 mg tab dr</i> | 1 | ACIPHEX | ST |
| GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO] | | | |
| Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Genético O Enzimático: Reemplazo, Modificadores, Tratamiento] | | | |
| ADAGEN 250 unit/ml im soln | 5 | | PA |
| ALDURAZYME 2.9 mg/5ml iv soln | 5 | | PA |
| <i>betaine oral pwdr</i> | 4 | | PA |
| CERDELGA 84 mg cap | 5 | | PA |
| CEREZYME 400 unit iv soln | 5 | | PA |
| CHOLBAM 250 mg cap, 50 mg cap | 5 | | PA |
| CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt | 2 | | |
| CYSTAGON 150 mg cap, 50 mg cap | 5 | | PA |
| ELELYSO 200 unit iv soln | 5 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| FABRAZYME 35 mg iv soln, 5 mg iv soln | 5 | | PA |
| MEPSEVII 10 mg/5ml iv soln | 5 | | PA |
| <i>miglustat 100 mg cap</i> | 4 | ZAVESCA | PA |
| NAGLAZYME 1 mg/ml iv soln | 5 | | PA |
| <i>nitisinone 10 mg cap, 2 mg cap, 5 mg cap</i> | 4 | ORFADIN | PA |
| NITYR 10 mg tab, 2 mg tab, 5 mg tab | 5 | | PA |
| ORFADIN 20 mg cap | 5 | | PA |
| ORFADIN 4 mg/ml susp | 5 | | PA |
| <i>sapropterin dihydrochloride 100 mg pkt, 100 mg tab, 500 mg pkt</i> | 4 | KUVAN | PA |
| <i>sodium phenylbutyrate 500 mg tab</i> | 4 | BUPHENYL | PA |
| <i>sodium phenylbutyrate 3 gm/tsp oral pwdr</i> | 4 | BUPHENYL | PA |
| VPRIV 400 unit iv soln | 5 | | PA |
| ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 3000-10000 unit cap dr prt | 2 | | |
| GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES] | | | |
| Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga] | | | |
| <i>darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr</i> | 1 | ENABLEX | |
| <i>fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr</i> | 1 | TOVIAZ | |
| <i>flavoxate hcl 100 mg tab</i> | 1 | | |
| GEMTESA 75 mg tab | 3 | | PA |
| MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr | 2 | | ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER | 2 | | ST |
| <i>oxybutynin chloride 5 mg tab</i> | 1 | DITROPAN | |
| <i>oxybutynin chloride 5 mg/5ml syr</i> | 1 | DITROPAN | |
| <i>oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr</i> | 1 | DITROPAN | |
| <i>solifenacin succinate 10 mg tab, 5 mg tab</i> | 1 | VESICARE | |
| <i>tolterodine tartrate 1 mg tab, 2 mg tab</i> | 1 | DETROL | |
| <i>tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr</i> | 1 | DETROL LA | |
| TOVIAZ 4 mg tab er 24 hr, 8 mg tab er 24 hr | 3 | | |
| VESICARE LS 5 mg/5ml susp | 2 | | |
| Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata] | | | |
| <i>alfuzosin hcl er 10 mg tab er 24 hr</i> | 1 | UROXATRAL | |
| <i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i> | 1 | CARDURA | |
| <i>dutasteride 0.5 mg cap</i> | 1 | AVODART | |
| <i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i> | 1 | JALYN | |
| <i>finasteride 5 mg tab</i> | 1 | PROSCAR | |
| <i>silodosin 4 mg cap, 8 mg cap</i> | 1 | RAPAFLO | |
| <i>tadalafil 2.5 mg tab, 5 mg tab</i> | 1 | CIALIS | PA, QL(30 / 30), AL |
| <i>tamsulosin hcl 0.4 mg cap</i> | 1 | FLOMAX | |
| <i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i> | 1 | HYTRIN | |
| Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos] | | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i> | 1 | URECHOLINE | |
| ELMIRON 100 mg cap | 3 | | |
| PHOSPHASAL 81.6 mg tab | 1 | | |
| RIMSO-50 50 % i-vesic soln | 3 | | |
| <i>sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab</i> | 1 | VIAGRA | QL(6 / 30), AL |
| <i>tadalafil 10 mg tab, 20 mg tab</i> | 1 | CIALIS | QL(6 / 30), AL |
| URETRON D/S 81.6 mg tab | 1 | | |
| <i>urin ds 81.6 mg tab</i> | 1 | | |
| <i>uro-mp 118 mg cap</i> | 1 | | |
| UTIRA-C 81.6 mg tab | 1 | | |
| <i>vardenafil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i> | 1 | LEVITRA | QL(6 / 30), AL |
| <i>vardenafil hcl 10 mg tab disint</i> | 1 | STAXYN | QL(4 / 30), AL |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| ALA SCALP 2 % lot | 1 | | |
| <i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i> | 1 | ACLOVATE | |
| APEXICON E 0.05 % crm | 3 | | AL |
| <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 |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>betamethasone sod phos & acet 6 (3-3) mg/ml inj susp</i> | 1 | CELESTONE SOLUSPAN | |
| <i>betamethasone valerate 0.1 % crm</i> | 1 | BETA-VAL | |
| <i>betamethasone valerate 0.1 % lot</i> | 1 | BETA-VAL | |
| <i>betamethasone valerate 0.1 % oint</i> | 1 | BETA-VAL | AL |
| <i>betamethasone valerate 0.12 % foam</i> | 1 | LUXIQ | AL |
| CAPEX 0.01 % shampoo | 3 | | |
| <i>clobetasol prop emollient base 0.05 % crm</i> | 1 | TEMOVATE-E | AL |
| <i>clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo</i> | 1 | CLOBEX | AL |
| <i>clobetasol propionate 0.05 % foam</i> | 1 | OLUX | AL |
| <i>clobetasol propionate 0.05 % gel, 0.05 % oint</i> | 1 | TEMOVATE | AL |
| <i>clobetasol propionate 0.05 % ext soln</i> | 1 | TEMOVATE | AL |
| <i>clobetasol propionate 0.05 % crm</i> | 1 | TEMOVATE-E | AL |
| <i>clobetasol propionate e 0.05 % crm</i> | 1 | TEMOVATE-E | AL |
| <i>clocortolone pivalate 0.1 % crm</i> | 1 | CLODERM | |
| <i>clocortolone pivalate pump 0.1 % crm</i> | 1 | CLODERM | |
| <i>cortisone acetate 25 mg tab</i> | 1 | CORTONE | |
| DEPO-MEDROL 20 mg/ml inj susp | 3 | | |
| <i>desonide 0.05 % crm, 0.05 % oint</i> | 1 | DESOWEN | |
| <i>desonide 0.05 % lot</i> | 1 | DESOWEN | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [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 sod phosphate pf 10 mg/ml inj soln</i> | 1 | | |
| <i>dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln</i> | 1 | | |
| <i>dexamethasone sodium phosphate 10 mg/ml inj soln</i> | 1 | HEXADROL | |
| <i>diflorasone diacetate 0.05 % crm, 0.05 % oint</i> | 1 | PSORCON | AL |
| <i>fludrocortisone acetate 0.1 mg tab</i> | 1 | FLORINEF | |
| <i>fluocinolone acetonide 0.01 % crm</i> | 1 | SYNALAR | |
| <i>fluocinolone acetonide 0.01 % ext soln</i> | 1 | SYNALAR | |
| <i>fluocinolone acetonide 0.025 % crm, 0.025 % oint</i> | 1 | SYNALAR | AL |
| <i>fluocinolone acetonide body 0.01 % ext oil</i> | 1 | DERMA-SMOOTHIE/FS | |
| <i>fluocinolone acetonide scalp 0.01 % ext oil</i> | 1 | DERMA-SMOOTHIE/FS | |
| <i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i> | 1 | LIDEX | AL |

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp</i> | 1 | DEPO-MEDROL | |
| <i>methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln, 500 mg inj soln</i> | 1 | SOLU-MEDROL | |
| MILLIPRED 5 mg tab | 3 | | |
| <i>mometasone furoate 0.1 % crm, 0.1 % oint</i> | 1 | ELOCON | |
| <i>mometasone furoate 0.1 % ext soln</i> | 1 | ELOCON | |
| PANDEL 0.1 % crm | 3 | | AL |
| <i>prednicarbate 0.1 % crm, 0.1 % oint</i> | 1 | DERMATOP | |
| <i>prednisolone 15 mg/5ml soln</i> | 1 | PRELONE | |
| <i>prednisolone sodium phosphate 25 mg/5ml soln</i> | 1 | | |
| <i>prednisolone sodium phosphate 15 mg/5ml soln</i> | 1 | ORAPRED | |
| <i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i> | 1 | PEDIAPRED | |
| <i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i> | 1 | | |
| <i>prednisone 5 mg/5ml soln</i> | 1 | | |
| PREDNISON INTENSOL 5 mg/ml oral conc | 3 | | |
| SOLU-CORTEF 100 mg inj soln, 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln | 3 | | |
| SOLU-MEDROL 2 gm inj soln | 3 | | |
| TEXACORT 2.5 % ext soln | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>triamcinolone acetonide 0.025 % oint, 0.1 % oint</i> | 1 | KENALOG | |
| <i>triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp</i> | 1 | KENALOG | |
| <i>triamcinolone acetonide 0.5 % oint</i> | 1 | KENALOG | AL |
| <i>triamcinolone acetonide 0.05 % oint</i> | 1 | TRIANEX | |
| <i>triamcinolone acetonide 0.025 % crm, 0.1 % crm</i> | 1 | TRIDERM | |
| <i>triamcinolone acetonide 0.5 % crm</i> | 1 | TRIDERM | AL |
| TRIANEX 0.05 % oint | 3 | | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| <i>desmopressin ace spray refrig 0.01 % nasal soln</i> | 1 | MINIRIN | |
| <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 pf 4 mcg/ml inj soln</i> | 1 | DDAVP PF | |
| <i>desmopressin acetate spray 0.01 % nasal soln</i> | 1 | DDAVP | |
| GENOTROPIN 12 mg sc cart, 5 mg sc cart | 4 | | PA |
| GENOTROPIN MINIQUICK 0.2 mg sc pfs, 0.4 mg sc pfs, 0.6 mg sc pfs, 0.8 mg sc pfs, 1 mg sc pfs, 1.2 mg sc pfs, | 4 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| 1.4 mg sc pfs, 1.6 mg sc pfs, 1.8 mg sc pfs, 2 mg sc pfs | | | |
| INCRELEX 40 mg/4ml sc soln | 5 | | PA |
| STIMATE 1.5 mg/ml nasal soln | 5 | | PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| KORLYM 300 mg tab | 5 | | PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] | | | |
| Anabolic Steroids - Hormone Replacement/Modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| <i>oxandrolone 10 mg tab, 2.5 mg tab</i> | 1 | OXANDRIN | |
| Androgens - Hormone Replacement/Modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr | 2 | | |
| <i>danazol 100 mg cap, 200 mg cap, 50 mg cap</i> | 1 | DANOCRINE | |
| <i>testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel</i> | 1 | ANDROGEL | |
| <i>testosterone 30 mg/act td soln</i> | 1 | AXIRON | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>testosterone 10 MG/ACT (2%) td gel</i> | 1 | FORTESTA | |
| <i>testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln</i> | 1 | DEPO- TESTOSTERONE | |
| <i>testosterone enanthate 200 mg/ml im soln</i> | 1 | DELATESTRYL | |
| Estrogens - Hormone Replacement/Modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| AMABELZ 0.5-0.1 mg tab, 1- 0.5 mg tab | 1 | | |
| ANGELIQ 0.25-0.5 mg tab, 0.5-1 mg tab | 3 | | |
| CLIMARA PRO 0.045-0.015 mg/day tdwk patch | 2 | | |
| COMBIPATCH 0.05-0.14 mg/day tdbiw patch, 0.05-0.25 mg/day tdbiw patch | 3 | | |
| COVARYX 1.25-2.5 mg tab | 1 | | |
| COVARYX HS 0.625-1.25 mg tab | 1 | | |
| DUAVEE 0.45-20 mg tab | 2 | | |
| EEMT 1.25-2.5 mg tab | 1 | | |
| EEMT HS 0.625-1.25 mg tab | 1 | | |
| <i>est estrogens-methyltest 1.25- 2.5 mg tab</i> | 1 | ESTRATEST | |
| <i>est estrogens-methyltest ds 1.25-2.5 mg tab</i> | 1 | ESTRATEST | |
| <i>est estrogens-methyltest hs 0.625-1.25 mg tab</i> | 1 | | |
| <i>estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch</i> | 1 | CLIMARA | |
| <i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i> | 1 | ESTRACE | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <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 | |
| LOPREEZA 0.5-0.1 mg tab, 1-0.5 mg tab | 1 | | |
| MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab | 2 | | |
| MIMVEY 1-0.5 mg tab | 1 | | |
| MIMVEY LO 0.5-0.1 mg tab | 1 | | |
| PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab | 2 | | |
| PREMARIN 0.625 mg/gm vag crm | 3 | | |
| PREMPHASE 0.625-5 mg tab | 2 | | |
| PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab | 2 | | |
| YUVAFEM 10 mcg vag tab | 1 | | |
| Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| CRINONE 4 % vag gel | 3 | | QL(6.75 / 15) |
| CRINONE 8 % vag gel | 3 | | QL(16.88 / 15) |
| <i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i> | 1 | PROVERA | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [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 100 mg cap, 200 mg cap</i> | 1 | PROMETRIUM | |
| Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas] | | | |
| OSPHENA 60 mg tab | 3 | | |
| <i>raloxifene hcl 60 mg tab</i> | 1 | EVISTA | PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS] | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides) - Medicamentos Para Reemplazo De Tiroides] | | | |
| <i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i> | 1 | SYNTHROID | |
| <i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i> | 1 | CYTOMEL | |
| SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab | 2 | | |

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

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

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

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| HUMIRA PEN-PSOR/UEVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit | 4 | | PA |
| INFLECTRA 100 mg iv soln | 5 | | PA |
| <i>infliximab 100 mg iv soln</i> | 4 | | PA |
| LUPKYNIS 7.9 mg cap | 4 | | PA |
| <i>methotrexate 2.5 mg tab</i> | 1 | | |
| <i>methotrexate sodium 2.5 mg tab</i> | 1 | | |
| <i>methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln</i> | 4 | | |
| <i>methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln</i> | 4 | | |
| <i>mycophenolate mofetil 250 mg cap, 500 mg tab</i> | 1 | CELLCEPT | |
| <i>mycophenolate mofetil 200 mg/ml susp</i> | 1 | CELLCEPT | |
| <i>mycophenolate sodium 180 mg tab dr, 360 mg tab dr</i> | 1 | MYFORTIC | |
| OLUMIANT 1 mg tab, 2 mg tab | 5 | | PA |
| ORENCIA 250 mg iv soln | 4 | | PA |
| ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs | 4 | | PA |
| ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj | 4 | | PA |
| RENFLEXIS 100 mg iv soln | 5 | | PA |
| RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr | 4 | | PA |
| XELJANZ 10 mg tab, 5 mg tab | 4 | | PA |
| XELJANZ 1 mg/ml soln | 4 | | PA |
| XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr | 4 | | PA |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune] | | | |
| CARIMUNE NF 12 gm iv soln, 6 gm iv soln | 5 | | |
| CUVITRU 1 gm/5ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln | 5 | | |
| CYTOGAM 50 mg/ml iv inj | 5 | | |
| FLEBOGAMMA DIF 10 gm/100ml iv soln, 5 gm/50ml iv soln | 4 | | |
| FLEBOGAMMA DIF 0.5 gm/10ml iv soln, 10 gm/200ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln | 5 | | |
| GAMASTAN im inj | 5 | | |
| GAMMAGARD 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln | 5 | | |
| GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln | 4 | | |
| GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln | 5 | | |
| GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln | 5 | | |
| GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 | 5 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| gm/400ml inj soln, 5 gm/50ml inj soln | | | |
| HEPAGAM B 312 unit/ml 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 110 unit/0.5ml im soln pfs, 220 unit/ml im soln, 220 unit/ml im soln pfs | 5 | | |
| HYPERRAB S/D 1500 unit/10ml inj soln, 300 unit/2ml inj soln | 5 | | |
| HYPERRHO S/D 1500 unit im soln pfs, 250 unit im soln pfs | 3 | | |
| HYQVIA 10 gm/100ml sc kit, 2.5 gm/25ml sc kit, 20 gm/200ml sc kit, 30 gm/300ml sc kit, 5 gm/50ml sc kit | 5 | | |
| IMOGAM RABIES-HT 1500 unit/10ml inj soln, 300 unit/2ml inj soln | 5 | | |
| OCTAGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln | 4 | | |
| OCTAGAM 1 gm/20ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 25 gm/500ml iv soln, 5 gm/100ml iv soln | 5 | | |
| PRIVIGEN 20 gm/200ml iv soln, 40 gm/400ml iv soln | 5 | | |
| RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs | 3 | | |
| RHOPHYLAC 1500 unit/2ml inj soln pfs | 3 | | |
| WINRHO SDF 1500 unit/1.3ml inj soln, 15000 | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln | | | |
| Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune] | | | |
| ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln | 5 | | PA |
| ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj | 5 | | PA |
| ARCALYST 220 mg sc soln | 5 | | PA |
| ENTYVIO 300 mg iv soln | 5 | | PA |
| KEVZARA 150 mg/1.14ml sc soln auto-inj, 150 mg/1.14ml sc soln pfs, 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs | 5 | | PA |
| <i>leflunomide 10 mg tab, 20 mg tab</i> | 1 | ARAVA | |
| OTEZLA 10 & 20 & 30 mg tab pack, 30 mg tab | 5 | | PA |
| RIDAURA 3 mg cap | 3 | | |
| SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln | 5 | | PA |
| Vaccines [Vacunas] | | | |
| ACTHIB im soln | 3 | | |
| 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 50 mg inj soln</i> | 1 | | |
| BEXSERO im susp pfs | 3 | | |
| BIOTHRAX im susp | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp pfs | 3 | | |
| BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp | 3 | | |
| DAPTACEL 23-15-5 im susp | 3 | | |
| <i>diphtheria-tetanus toxoids dt 25-5 lfu/0.5ml im susp</i> | 1 | | |
| ENGERIX-B 10 mcg/0.5ml im inj, 10 mcg/0.5ml inj susp, 20 mcg/ml im inj | 3 | | |
| ENGERIX-B 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 HIGH-DOSE QUADRIVALENT 0.7 ml im susp pfs | 3 | | |
| FLUZONE QUADRIVALENT im susp, 0.25 ml im susp pfs, 0.5 ml im susp, 0.5 ml im susp pfs | 3 | | |
| GARDASIL 9 im susp, im susp pfs | 3 | | |
| HAVRIX 720 el u/0.5ml im susp | 3 | | |
| HAVRIX 1440 el u/ml im susp | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| HEPLISAV-B 20 mcg/0.5ml im soln, 20 mcg/0.5ml im soln pfs | 3 | | |
| HIBERIX 10 mcg inj soln | 3 | | |
| HYPERTET 250 unit/ml im soln pfs | 5 | | |
| INFANRIX 25-58-10 im susp | 3 | | |
| IPOL inj | 3 | | |
| KINRIX im susp, 0.5 ml im susp pfs | 3 | | |
| MENACTRA im soln | 3 | | |
| MENVEO im soln | 3 | | |
| M-M-R II inj soln | 3 | | |
| PEDIARIX im susp pfs | 3 | | |
| PEDVAX HIB 7.5 mcg/0.5ml im susp | 3 | | |
| PENTACEL im susp | 3 | | |
| PNEUMOVAX 23 25 mcg/0.5ml inj | 3 | | |
| PREVNAR 13 im susp | 3 | | |
| PROQUAD sc susp | 3 | | |
| QUADRACEL im susp | 3 | | |
| RECOMBIVAX HB 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp | 3 | | |
| RECOMBIVAX HB 10 mcg/ml inj susp | 3 | | |
| ROTARIX susp | 3 | | |
| ROTATEQ soln | 3 | | |
| SHINGRIX 50 mcg/0.5ml im susp | 3 | | |
| TDVAX 2-2 lf/0.5ml im susp | 3 | | |
| TENIVAC 5-2 lfu im inj | 3 | | |
| <i>tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp</i> | 1 | | |
| TRUMENBA im susp pfs | 3 | | |
| TWINRIX 720-20 elu-mcg/ml im susp pfs | 3 | | |
| VAQTA 25 unit/0.5ml im susp | 3 | | |
| VAQTA 50 unit/ml im susp | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| VARIVAX 1350 pfu/0.5ml sc inj | 3 | | |
| VARIZIG 125 unit/1.2ml im soln | 5 | | |
| VAXNEUVANCE 0.5 ml im susp pfs | 3 | | |
| ZOSTAVAX 19400 unt/0.65ml sc susp | 3 | | |
| INFLAMMATORY BOWEL DISEASE AGENTS - DRUGS TO TREAT INFLAMMATORY BOWEL DISEASE [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD INFLAMATORIA DEL INTESTINO] | | | |
| Aminosalicylates - Inflammatory Bowel Disease Drugs [Aminosalicilatos - Medicamentos Para La Enfermedad Inflamatoria Del Intestino] | | | |
| <i>balsalazide disodium 750 mg cap</i> | 1 | COLAZAL | |
| <i>mesalamine 800 mg tab dr</i> | 1 | ASACOL HD | |
| <i>mesalamine 1000 mg rect supp</i> | 1 | CANASA | |
| <i>mesalamine 1.2 gm tab dr</i> | 1 | LIALDA | |
| <i>mesalamine 4 gm rect enema</i> | 1 | ROWASA | |
| <i>mesalamine er 0.375 gm cap er 24 hr</i> | 1 | APRISO | |
| <i>mesalamine er 500 mg cap er</i> | 1 | PENTASA | |
| <i>mesalamine-cleanser 4 gm rect kit</i> | 1 | ROWASA | |
| PENTASA 250 mg cap er, 500 mg cap er | 3 | | |
| SFROWASA 4 gm/60ml rect enema | 3 | | |
| Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación] | | | |
| <i>budesonide 3 mg cap dr prt</i> | 1 | ENTOCORT | PA |
| <i>budesonide er 9 mg tab er 24 hr</i> | 1 | UCERIS | PA |
| COLOCORT 100 mg/60ml rect enema | 1 | | |
| CORTIFOAM 10 % foam | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| <i>hydrocortisone 100 mg/60ml rect enema</i> | 1 | CORTENEMA | |
| UCERIS 2 mg/act rect foam | 3 | | |
| Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos] | | | |
| <i>sulfasalazine 500 mg tab, 500 mg tab dr</i> | 1 | AZULFIDINE | |
| METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS] | | | |
| Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)] | | | |
| <i>alendronate sodium 10 mg tab, 35 mg tab, 40 mg tab, 5 mg tab, 70 mg tab</i> | 1 | FOSAMAX | |
| <i>alendronate sodium 70 mg/75ml soln</i> | 1 | FOSAMAX | ST |
| <i>calcitonin (salmon) 200 unit/ml inj soln</i> | 1 | MIACALCIN | |
| <i>calcitonin (salmon) 200 unit/act nasal soln</i> | 1 | MIACALCIN | QL(3.7 / 30) |
| <i>calcitriol 1 mcg/ml iv soln</i> | 1 | CALCIJEX | |
| <i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i> | 1 | ROCALTROL | |
| <i>calcitriol 1 mcg/ml soln</i> | 1 | ROCALTROL | |
| <i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i> | 1 | SENSIPAR | PA |
| <i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i> | 1 | HECTOROL | PA |
| <i>etidronate disodium 200 mg tab, 400 mg tab</i> | 1 | DIDRONEL | |
| FORTEO 600 mcg/2.4ml sc soln pen-inj | 4 | | PA, QL(2.4 / 30) |
| FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab | 3 | | ST |
| <i>ibandronate sodium 150 mg tab</i> | 1 | BONIVA | ST |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>ibandronate sodium 3 mg/3ml iv soln</i> | 4 | BONIVA | PA |
| <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 | AELVIA | ST |
| TYMLOS 3120 mcg/1.56ml sc soln pen-inj | 4 | | PA, QL(2.4 / 30) |
| <i>zoledronic acid 5 mg/100ml iv soln</i> | 4 | RECLAST | PA, QL(100 / 365) |
| MISCELLANEOUS THERAPEUTIC AGENTS [AGENTES TERAPÉUTICOS MISCELÁNEOS] | | | |
| Anti-Obesity Agents [Agentes Anti-Obesidad] | | | |
| CONTRAVE 8-90 mg tab er 12 hr | 3 | | PA |
| IMCIVREE 10 mg/ml sc soln | 5 | | PA |
| <i>phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab</i> | 1 | | PA |
| PLENITY cap | 3 | | PA |
| PLENITY WELCOME KIT cap | 3 | | PA |
| QSYMIA 11.25-69 mg cap er 24 hr, 15-92 mg cap er 24 hr, 3.75-23 mg cap er 24 hr, 7.5-46 mg cap er 24 hr | 3 | | PA |
| SAXENDA 18 mg/3ml sc soln pen-inj | 3 | | PA |
| XENICAL 120 mg cap | 3 | | PA |
| Infertility Agents [Agentes para la Infertilidad] | | | |
| <i>chorionic gonadotropin 10000 unit im soln</i> | 4 | PREGNYL | SL |
| <i>clomiphene citrate 50 mg tab</i> | 1 | | SL |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| FOLLISTIM AQ 300 unt/0.36ml sc soln, 600 unt/0.72ml sc soln, 900 unt/1.08ml sc soln | 5 | | SL |
| <i>ganirelix acetate 250 mcg/0.5ml sc soln pfs</i> | 5 | | SL |
| MENOPUR 75 unit sc soln | 5 | | SL |
| NOVAREL 10000 unit im soln, 5000 unit im soln | 5 | | SL |
| OVIDREL 250 mcg/0.5ml sc inj | 5 | | SL |
| PREGNYL 10000 unit im soln | 5 | | SL |
| Miscellaneous Therapeutic Agents [Agentes Terapéuticos Miscelaneos] | | | |
| 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 | | |
| OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS] | | | |
| Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos] | | | |
| <i>ak-poly-bac 500-10000 unit/gm ophth oint</i> | 1 | POLYSPORIN | |

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

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|---|----------------------|--|--|
| 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>levofloxacin 0.5 % ophth soln</i> | 1 | QUIXIN | |
| <i>moxifloxacin hcl 0.5 % ophth soln</i> | 1 | VIGAMOX | |
| <i>moxifloxacin hcl (2x day) 0.5 % ophth soln</i> | 1 | MOXEZA | |
| <i>ofloxacin 0.3 % ophth soln</i> | 1 | OCUFLOX | |
| <i>tobramycin 0.3 % ophth soln</i> | 1 | TOBEX | |
| TOBEX 0.3 % ophth oint | 3 | | |
| Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma] | | | |
| <i>acetazolamide 125 mg tab, 250 mg tab</i> | 1 | DIAMOX | |
| ALPHAGAN P 0.1 % ophth soln | 2 | | |
| <i>betaxolol hcl 0.5 % ophth soln</i> | 1 | BETOPTIC | |
| BETIMOL 0.25 % ophth soln, 0.5 % ophth soln | 3 | | |
| BETOPTIC-S 0.25 % ophth susp | 3 | | |
| <i>brimonidine tartrate 0.2 % ophth soln</i> | 1 | ALPHAGAN | |
| <i>brimonidine tartrate 0.15 % ophth soln</i> | 1 | ALPHAGAN P | |
| <i>brimonidine tartrate-timolol 0.2-0.5 % ophth soln</i> | 1 | | |
| <i>brinzolamide 1 % ophth susp</i> | 1 | AZOPT | ST |
| <i>carteolol hcl 1 % ophth soln</i> | 1 | OCUPRESS | |
| COMBIGAN 0.2-0.5 % ophth soln | 2 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>dorzolamide hcl 2 % ophth soln</i> | 1 | TRUSOPT | |
| <i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln</i> | 1 | COSOPT | |
| <i>dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln</i> | 1 | COSOPT PF | |
| 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 | | |
| PHOSPHOLINE IODIDE 0.125 % ophth soln | 3 | | |
| <i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i> | 1 | ISOPTO CARPINE | |
| <i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i> | 1 | TIMOPTIC | |
| <i>timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs</i> | 1 | TIMOPTIC XE | |
| Ophthalmic Anti-Inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación] | | | |
| ACUVAIL 0.45 % ophth soln | 3 | | |
| ALREX 0.2 % ophth susp | 3 | | |
| <i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i> | 1 | CORTISPORIN | |
| BLEPHAMIDE 10-0.2 % ophth susp | 3 | | |
| BLEPHAMIDE S.O.P. 10-0.2 % ophth oint | 3 | | |
| <i>dexamethasone sodium phosphate 0.1 % ophth soln</i> | 1 | MAXIDEX | |
| <i>diclofenac sodium 0.1 % ophth soln</i> | 1 | VOLTAREN | |

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|--|----------------------|--|--|
| <i>difluprednate 0.05 % ophthalmic emul</i> | 1 | DUREZOL | |
| FLAREX 0.1 % ophthalmic susp | 3 | | |
| <i>fluorometholone 0.1 % ophthalmic susp</i> | 1 | FML | |
| <i>flurbiprofen sodium 0.03 % ophthalmic soln</i> | 1 | OCUFEN | |
| FML 0.1 % ophthalmic oint | 2 | | |
| <i>ketorolac tromethamine 0.5 % ophthalmic soln</i> | 1 | ACULAR | |
| <i>ketorolac tromethamine 0.4 % ophthalmic soln</i> | 1 | ACULAR LS | |
| LOTEMAX 0.5 % ophthalmic oint | 3 | | |
| LOTEMAX SM 0.38 % ophthalmic gel | 3 | | |
| <i>loteprednol etabonate 0.5 % ophthalmic gel</i> | 1 | LOTEMAX | |
| <i>loteprednol etabonate 0.5 % ophthalmic susp</i> | 1 | LOTEMAX | |
| MAXIDEX 0.1 % ophthalmic susp | 3 | | |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophthalmic oint</i> | 1 | MAXITROL | |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophthalmic susp</i> | 1 | MAXITROL | |
| <i>neomycin-polymyxin-hc 3.5-10000-1 ophthalmic susp</i> | 1 | CORTISPORIN | |
| NEO-POLYCIN HC 1 % ophthalmic oint | 1 | | |
| PRED MILD 0.12 % ophthalmic susp | 2 | | |
| PRED-G 0.3-1 % ophthalmic susp | 3 | | |
| PRED-G S.O.P. 0.3-0.6 % ophthalmic oint | 3 | | |
| <i>prednisolone acetate 1 % ophthalmic susp</i> | 1 | PRED FORTE | |

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|---|----------------------|--|--|
| <i>prednisolone sodium phosphate 1 % ophth soln</i> | 1 | | |
| PROLENSA 0.07 % ophth soln | 2 | | |
| <i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i> | 1 | VASOCIDIN | |
| TOBRADEX 0.3-0.1 % ophth oint | 3 | | |
| TOBRADEX ST 0.3-0.05 % ophth susp | 3 | | |
| <i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i> | 1 | TOBRADEX | |
| Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma] | | | |
| <i>latanoprost 0.005 % ophth soln</i> | 1 | XALATAN | |
| LUMIGAN 0.01 % ophth soln | 2 | | |
| <i>travoprost (bak free) 0.004 % ophth soln</i> | 1 | TRAVATAN Z | |
| OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS] | | | |
| Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído] | | | |
| <i>acetic acid 2 % otic soln</i> | 1 | VOSOL | |
| CIPRO HC 0.2-1 % otic susp | 3 | | |
| <i>ciprofloxacin hcl 0.2 % otic soln</i> | 1 | CETRAXAL | |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % otic susp</i> | 1 | CIPRODEX | |
| COLY-MYCIN S 3.3-3-10-0.5 mg/ml otic susp | 3 | | |
| FLAC 0.01 % otic oil | 1 | | |
| <i>fluocinolone acetonide 0.01 % otic oil</i> | 1 | DERMOTIC | |
| <i>hydrocortisone-acetic acid 1-2 % otic soln</i> | 1 | VOSOL HC | |

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|--|----------------------|--|--|
| <i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i> | 1 | CORTISPORIN | |
| <i>ofloxacin 0.3 % otic soln</i> | 1 | FLOXIN | |
| RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN] | | | |
| Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias] | | | |
| <i>azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln</i> | 1 | ASTELIN | |
| <i>azelastine hcl 0.15 % nasal soln</i> | 1 | ASTEPRO | |
| <i>azelastine-fluticasone 137-50 mcg/act nasal susp</i> | 1 | DYMISTA | |
| <i>cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln</i> | 1 | ZYRTEC | ST |
| CLARINEX 0.5 mg/ml syr | 3 | | ST |
| <i>cyproheptadine hcl 4 mg tab</i> | 1 | PERIACTIN | |
| <i>cyproheptadine hcl 2 mg/5ml syr</i> | 1 | PERIACTIN | |
| <i>desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint</i> | 1 | CLARINEX | ST |
| <i>diphenhydramine hcl 50 mg/ml inj soln</i> | 1 | BENADRYL | |
| <i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i> | 1 | ATARAX | |
| <i>hydroxyzine hcl 10 mg/5ml syr</i> | 1 | ATARAX | |
| <i>hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln</i> | 1 | VISTARIL | |
| <i>hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap</i> | 1 | VISTARIL | |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | 1 | XYZAL | ST |

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|---|----------------------|--|--|
| <i>levocetirizine dihydrochloride 2.5 mg/5ml soln</i> | 1 | XYZAL | ST |
| <i>olopatadine hcl 0.6 % nasal soln</i> | 1 | PATANASE | |
| Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón] | | | |
| ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act | 2 | | |
| <i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp</i> | 1 | PULMICORT | |
| FLOVENT DISKUS 100 mcg/blist inh aer pwdr br act, 250 mcg/blist inh aer pwdr br act, 50 mcg/blist inh aer pwdr br act | 2 | | |
| FLOVENT HFA 110 mcg/act inh aer, 220 mcg/act inh aer, 44 mcg/act inh aer | 2 | | |
| <i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i> | 1 | NASALIDE | |
| <i>fluticasone propionate 50 mcg/act nasal susp</i> | 1 | FLONASE | |
| <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 | |
| Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón] | | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i> | 1 | SINGULAIR | |
| <i>zafirlukast 10 mg tab, 20 mg tab</i> | 1 | ACCOLATE | |
| Bronchodilators, Anticholinergic - Asthma/Lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón] | | | |
| ATROVENT HFA 17 mcg/act inh aer soln | 3 | | |
| COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln | 2 | | |
| <i>ipratropium bromide 0.02 % inh soln, 0.03 % nasal soln, 0.06 % nasal soln</i> | 1 | ATROVENT | |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i> | 1 | DUONEB | |
| SPIRIVA HANDIHALER 18 mcg inh cap | 2 | | |
| SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln | 2 | | |
| Bronchodilators, Sympathomimetic - Asthma/Lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón] | | | |
| <i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i> | 1 | ACCUNEB | |
| <i>albuterol sulfate 2 mg tab, 2.5 mg/0.5ml inh neb soln, 4 mg tab</i> | 1 | PROVENTIL | |
| <i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln, (5 MG/ML) 0.5% inh neb soln, 2 mg/5ml syr</i> | 1 | PROVENTIL | |
| <i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i> | 1 | PROAIR HFA | |
| <i>epinephrine 0.3 mg/0.3ml inj soln auto-inj</i> | 1 | ADRENACLICK | QL(2 / 365) |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <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 pwr 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 | |
| Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística] | | | |
| PULMOZYME 2.5 mg/2.5ml inh soln | 5 | | PA |
| TOBI PODHALER 28 mg inh cap | 5 | | PA |
| <i>tobramycin 300 mg/4ml inh neb soln</i> | 4 | BETHKIS | PA |
| <i>tobramycin 300 mg/5ml inh neb soln</i> | 4 | TOBI | PA |
| Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones] | | | |
| <i>cromolyn sodium 20 mg/2ml inh neb soln</i> | 1 | INTAL | |
| Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones] | | | |
| DIFIL-G FORTE 100-100 mg/5ml liq | 3 | | |
| ELIXOPHYLLIN 80 mg/15ml oral elix | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| 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 | |
| Pulmonary Antihypertensives - Asthma/Lung Drugs [Antihipertensivos Pulmonares - Medicamentos Para Asma/Pulmón] | | | |
| ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab | 4 | | PA |
| <i>ambrisentan 10 mg tab, 5 mg tab</i> | 4 | LETAIRIS | PA |
| <i>bosentan 125 mg tab, 62.5 mg tab</i> | 4 | TRACLEER | PA |
| <i>epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln</i> | 4 | FLOLAN | PA |
| OPSUMIT 10 mg tab | 4 | | PA |
| <i>sildenafil citrate 20 mg tab</i> | 4 | REVATIO | PA |
| <i>tadalafil (pah) 20 mg tab</i> | 4 | ADCIRCA | PA |
| <i>treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln</i> | 4 | REMODULIN | PA |
| TYVASO 0.6 mg/ml inh soln | 5 | | PA |
| TYVASO REFILL 0.6 mg/ml inh soln | 5 | | PA |
| TYVASO STARTER 0.6 mg/ml inh soln | 5 | | PA |
| VENTAVIS 10 mcg/ml inh soln, 20 mcg/ml inh soln | 5 | | PA |
| Pulmonary Fibrosis Agents - Drugs To Treat Pulmonary Fibrosis [Agentes Para La Fibrosis Pulmonar - Medicamentos Para Tratar La Fibrosis Pulmonar] | | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| ESBRIET 267 mg tab, 801 mg tab | 5 | | PA |
| OFEV 100 mg cap, 150 mg cap | 5 | | PA |
| <i>pirfenidone 267 mg tab, 801 mg tab</i> | 5 | ESBRIET | PA |
| Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón] | | | |
| <i>acetylcysteine 10 % inh soln, 20 % inh soln</i> | 1 | MUCOMYST | |
| ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer | 2 | | |
| ANORO ELLIPTA 62.5-25 mcg/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 | TESSALON | |
| BREO ELLIPTA 100-25 mcg/inh inh aer pwdr br act, 200-25 mcg/inh inh aer pwdr br act | 2 | | |
| <i>biotuss 10-15-300 mg/5ml liq</i> | 1 | | |
| BIOTUSS PEDIATRIC 2.5-5-50 mg/ml liq | 1 | | |
| BROMFED DM 30-2-10 mg/5ml syr | 1 | | |
| CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr | 3 | | ST |
| ESBRIET 267 mg cap | 5 | | PA |
| <i>fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i> | 1 | ADVAIR DISKUS | |
| GILPHEX TR 10-388 mg tab | 3 | | |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| 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 | TUSSIONEX PENNKINETIC ER | AL |
| NEOTUSS PLUS 7.5-4-30 mg/5ml liq | 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, 200-62.5-25 mcg/inh inh aer pwdr br act | 2 | | QL(60 / 30) |
| WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr | 1 | | QL(60 / 30) |

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| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|--|----------------------|--|--|
| br act, 500-50 mcg/act inh aer pwr br act | | | |
| XOLAIR 150 mg sc soln | 5 | | PA |
| SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] | | | |
| Skeletal Muscle Relaxants - Drugs For Muscle Pain And Spasm [Relajantes Musculo-esqueléticos - Medicamentos Para Dolor Muscular Y Espasmo] | | | |
| <i>carisoprodol 250 mg tab, 350 mg tab</i> | 1 | SOMA | |
| <i>chlorzoxazone 500 mg tab</i> | 1 | PARAFON FORTE | |
| <i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i> | 1 | FLEXERIL | |
| 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 | |
| SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] | | | |
| GABA Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De GABA - Medicamentos Para Dormir] | | | |
| <i>dexmedetomidine hcl 200 mcg/2ml iv soln</i> | 1 | | |
| <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) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| Drug Name [Nombre del Medicamento] | Drug Tier [Nivel] | Reference Name [Nombre de Referencia] | Requirements/Limits ¹ [Requisitos/Límites] |
|---|----------------------|--|--|
| <i>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 |
| Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir] | | | |
| <i>doxepin hcl 3 mg tab, 6 mg tab</i> | 1 | SILENOR | QL(30 / 30) |
| <i>modafinil 100 mg tab, 200 mg tab</i> | 1 | PROVIGIL | PA |
| <i>ramelteon 8 mg tab</i> | 1 | ROZEREM | QL(30 / 30) |
| <i>XYREM 500 mg/ml soln</i> | 5 | | PA |

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APÉNDICE I – TERAPIAS ESCALONADAS / APPENDIX I – STEP THERAPIES

| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|---|---|-------------|--|
| ADHD - Non Stimulant | 30 days in 365 days | STEP 1 | Dexmethylphenidate |
| | | | Methylphenidate |
| | | STEP 2 | Atomoxetine / Strattera |
| ADHD - Stimulants | 30 days in 365 days | STEP 1 | Amphetamine-Dextroamphetamine IR/Adderall |
| | | | Dexmethylphenidate |
| | | | Dextroamphetamine |
| | | | Methylphenidate |
| | | STEP 2 | Amphetamine-Dextroamphetamine ER |
| Amlodipine/Olmesartan; Amlodipine/Valsartan; Amlodipine/Valsartan HCT | 30 days in 365 days | 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 | 30 days in 365 days | STEP 1 | Irbesartan +/- htcz |
| | | | Losartan +/- htcz |
| | | | Valsartan +/- htcz |
| | | | Azilsartan / Edarbi |

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

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|----------------|--|--------|--|
| | 60 days in 365 days | STEP 1 | Sulfonylureas Glitazones |
| | | STEP 2 | Linagliptin / Tradjenta Linagliptin-Metformin / Jentaduetto / Jentaduetto XR Sitagliptin / Januvia Sitagliptin-Metformin / Janumet / Janumet 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 |
| 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 |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|---------------------|--|--------|---|
| | | | |
| | | STEP 2 | 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 / Byetta |
| | | | Exenatide Extended Release / Bydureon |
| | | | Liraglutide / Victoza |
| | | | Semaglutide / Ozempic |
| | | | Semaglutide / Rybelsus |
| Glyxambi | 60 days in 365 days | STEP 1 | Metformin |
| | | STEP 2 | Empagliflozin-Linagliptin / Glyxambi |
| 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 |

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| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|-------------------------------------|---|-------------|---|
| Memantine SR | 30 days in 365 days | STEP 1 | Memantine |
| | | STEP 2 | Memantine HCl Cap SR / Namenda XR |
| Metformin Osmotic /Modified Release | 30 days in 365 days | STEP 1 | Metformin |
| | | STEP 2 | Metformin HCl Tab SR 24HR Osmotic / Fortamet |
| Miglitol | 60 days in 365 days | STEP 1 | Acarbose |
| | | STEP 2 | Miglitol / Glyset |
| Mirabegron | 30 days in 365 days | STEP 1 | Urinary Antispasmodic - Antimuscarinics (Oxybutinin, Tolterodine) |
| | | STEP 2 | Mirabegron Tab SR / Myrbetriq |
| Nasal Corticosteroid | 1 prescription in 365 days | STEP 1 | Budesonide |
| | | | Flunisolide |
| | | | Fluticasone Propionate |
| | | | Triamcinolone Acetonide |
| | | | 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 |

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| ST Description | System will search use of Step 1 drugs for | STEP | Drugs | | |
|-----------------------------|--|---------------------|--|--------|---|
| | | | | | |
| | | STEP 2 | Nebivolol / Bystolic | | |
| Non-Sedating Antihistamines | 15 days in 365 days | STEP 1 | OTCs (Loratadine / Claritin, Loratadine-PSE, Claritin-D, Fexofenadine / Allegra, Fexofenadine-PSE / Allegra-D, Cetirizine / Zyrtec, Cetirizine-PSE / Zyrtec-D, Levocetirizine / Xyzal) | | |
| | | STEP 2 | Desloratadine & Pseudoephedrine Tab SR / Clarinex D | | |
| | | | Desloratadine / Clarinex | | |
| | | | Cetirizine HCl Oral Soln | | |
| | | | Levocetirizine / Xyzal | | |
| Ocular Allergies | 15 days in 365 days | STEP 1 | OTCs (Ketotifen / Zaditor) | | |
| | | | Olopatadine Ophth Soln 0.1 % | | |
| | | STEP 2 | Alcaftadine / Lastacaft | | |
| | | | Azelastine / Optivar | | |
| | | | Emedastine / Emadine | | |
| | | | Olopatadine / Pataday/ Patanol | | |
| | | | Olopatadine / Pazeo | | |
| | | Oral biphosphonates | 28 days in 365 days | STEP 1 | Alendronate Tab |
| | | | | STEP 2 | Alendronate Oral Soln / Fosamax |
| | | | | | Alendronate -Cholecalciferol / Fosamax Plus D |
| Ibandronate / Boniva | | | | | |
| Risedronate / Actonel | | | | | |
| Risedronate / Atelvia | | | | | |

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| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|-----------------------------------|--|--------|--|
| Paliperidone palmitate (Hafyera) | 112 days in 180 days | STEP 1 | Paliperidone Palmitate IM / Invega Sustenna |
| | | | Paliperidone Palmitate IM / Invega Trinza |
| | | STEP 2 | Paliperidone Palmitate IM / Invega Hafyera |
| 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 | | | |

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| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|-------------------|--|--------|---|
| 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 |
| Ropinirole SR | 30 days in 365 days | STEP 1 | Ropinirole |
| | | STEP 2 | Ropinirole Hydrochloride Tab SR / Requip XL |
| Rotigotine | 30 days in 365 days | STEP 1 | Pramipexole |
| | | | Ropinirole |
| | | STEP 2 | Rotigotine TD Patch / Neupro |
| SGLT-2 Inhibitors | 60 days in 365 days | STEP 1 | Biguanides |
| | | | Sulfonylureas |
| | | | Glitazones |
| | | | Dapagliflozin / Farxiga |

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| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|-------------------|--|--------|--|
| | | STEP 2 | Dapagliflozin-Metformin / Xigduo XR Empagliflozin / Jardiance Empagliflozin-Metformin / Synjardy / Synjardy XR |
| Simvastatin 80 mg | 360 days in 365 days | STEP 1 | Ezetimibe-Simvastatin Tab 10-80 MG Simvastatin Tab 80 MG |
| | | STEP 2 | Ezetimibe-Simvastatin Tab 10-80 MG 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 |
| Trijardy XR | 60 days in 365 days | STEP 1 | Metformin Sulfonylureas Glitazones |
| | | STEP 2 | Empagliflozin-Linagliptin-Metformin / Trijardy XR |
| Triptans | 30 days in 365 days | STEP 1 | Sumatriptan |
| | | STEP 2 | Eletriptan / Relpax |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| ST Description | System will search use of Step 1 drugs for | STEP | Drugs |
|----------------|--|----------|--------------------------------------|
| Zolpidem | 60 days in 365 days | STEP 1 | Zaleplon |
| | | Zolpidem | |
| | | STEP 2 | Zolpidem Tartrate Tab CR / Ambien CR |

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

| Drug Name (Nombre del Medicamento) | Specialty Limit (Límite de Especialidad) |
|---|--|
| <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> | |
| ANTIHEMOPHILIC & COAGULATION FACTORS | Hematólogo /Hematologist |
| CHORIONIC GONADOTROPIN | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| CLOMIPHENE CITRATE | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| FOLLISTIM AQ | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| GANIRELIX ACETATE | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|----------------|--|
| | Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| MENOPUR | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| NOVAREL | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| OVIDREL | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |
| PREGNYL | Ginecólogo Obstetra- Endocrinólogo Reproductivo, Medicina Interna- Endocrinólogo, Metabolismo & Diabétes, Ginecólogo Obstetra y Urólogo / Obstetrics & Gynecology - Reproductive Endocrinology, Internal Medicine - Endocrinology, Diabetes & Metabolism, Obstetrics & Gynecology, and Urology |

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

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

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

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

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|--|-----------------------|
| WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2% | QL (1EA per 365 days) |
| Emergency Contraceptive (Anticonceptivo de Emergencia) | |
| AFTERA 1.5 MG ORAL TABLET | |
| ECONTRA EZ ORAL TABLET 1.5 MG | |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG | |
| levonorgestrel oral tablet 1.5 mg | |
| MY CHOICE ORAL TABLET 1.5MG | |
| MY WAY ORAL TABLET 1.5 MG | |
| NEW DAY ORAL TABLET 1.5 MG | |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG | |
| OPTION 2 ORAL TABLET 1.5 MG | |
| REACT ORAL TABLET 1.5 MG | |
| TAKE ACTION ORAL TABLET 1.5 MG | |
| Female Condom (Condón Femenino) | |
| FC FEMALE CONDOM MISCELLANEOUS | |
| FC2 FEMALE CONDOM MISCELLANEOUS | |

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| | |
|--|-----------------------------|
| 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 2555 days) |
| Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada)) | |
| AFIRMELLE ORAL TABLET 0.10-20 MG-MCG | QL (28 tablets per 28 days) |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG | QL (28 tablets per 28 days) |
| APRI ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) | QL (28 tablets per 28 days) |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | QL (28 tablets per 28 days) |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG | QL (28 tablets per 28 days) |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| AYUNA ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | QL (28 tablets per 28 days) |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24) | QL (28 tablets per 28 days) |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | QL (28 tablets per 28 days) |

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

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|---|-----------------------------|
| FALMINA ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | QL (28 tablets per 28 days) |
| GIANVI ORAL TABLET 3-0.02 MG | QL (28 tablets per 28 days) |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | QL (28 tablets per 28 days) |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| JASMIEL ORAL TABLET 3-0.02 MG | QL (28 tablets per 28 days) |
| JULEBER ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | QL (28 tablets per 28 days) |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | QL (28 tablets per 28 days) |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | QL (28 tablets per 28 days) |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | QL (28 tablets per 28 days) |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24) | QL (28 tablets per 28 days) |
| KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | QL (28 tablets per 28 days) |
| KALLIGA ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | QL (28 tablets per 28 days) |
| 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) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|--|-----------------------------|
| LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | QL (28 tablets per 28 days) |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| LEVONEST ORAL TABLET | QL (28 tablets per 28 days) |
| levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg | QL (28 tablets per 28 days) |
| levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg | QL (28 tablets per 28 days) |
| levonorgestrel - ethinyl estradiol triphasic oral tablet | QL (28 tablets per 28 days) |
| LEVORA ORAL TABLET 0.15/30 (28) 0.15- 30 MG-MCG | QL (28 tablets per 28 days) |
| LILLOW ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| LORYNA ORAL TABLET 3-0.02 MG | QL (28 tablets per 28 days) |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | QL (28 tablets per 28 days) |
| LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG | QL (28 tablets per 28 days) |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| MARLISSA ORAL TABLET 0.15-30 MG- MCG | QL (28 tablets per 28 days) |
| MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | QL (28 tablets per 28 days) |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5- 30 MG-MCG | QL (28 tablets per 28 days) |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | QL (28 tablets per 28 days) |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG | QL (28 tablets per 28 days) |
| MICROGESTIN FE 1/20 ORAL TABLET 1- 20 MG-MCG | QL (28 tablets per 28 days) |
| MILI ORAL TABLET 0.25-35 MG-MCG | QL (28 tablets per 28 days) |

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| | |
|--|-----------------------------|
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | QL (28 tablets per 28 days) |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | QL (28 tablets per 28 days) |
| NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG | QL (28 tablets per 28 days) |
| NIKKI ORAL TABLET 3-0.02 MG | QL (28 tablets per 28 days) |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg | QL (28 tablets per 28 days) |
| 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 1.5-20 mg-mcg(24) | QL (28 tablets per 28 days) |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24) | QL (28 tablets per 28 days) |
| norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg | QL (28 tablets per 28 days) |
| norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg | QL (28 tablets per 28 days) |
| norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg | QL (28 tablets per 28 days) |
| NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG | QL (28 tablets per 28 days) |
| NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG | QL (28 tablets per 28 days) |
| NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG | QL (28 tablets per 28 days) |
| OCELLA ORAL TABLET 3-0.03 MG | QL (28 tablets per 28 days) |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | QL (28 tablets per 28 days) |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG | QL (28 tablets per 28 days) |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|--|-----------------------------|
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | QL (28 tablets per 28 days) |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG | QL (28 tablets per 28 days) |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | QL (28 tablets per 28 days) |
| SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG | QL (28 tablets per 28 days) |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| SYEDA ORAL TABLET 3-0.03 MG | QL (28 tablets per 28 days) |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | QL (28 tablets per 28 days) |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | QL (28 tablets per 28 days) |
| TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG | QL (28 tablets per 28 days) |
| TRI 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) |
| TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | QL (28 tablets per 28 days) |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | QL (28 tablets per 28 days) |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | QL (28 tablets per 28 days) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|---|-----------------------------|
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | QL (28 tablets per 28 days) |
| TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | QL (28 tablets per 28 days) |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | QL (28 tablets per 28 days) |
| TRIVORA (28) ORAL TABLET | QL (28 tablets per 28 days) |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | QL (28 tablets per 28 days) |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | QL (28 tablets per 28 days) |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | QL (28 tablets per 28 days) |
| VESTURA ORAL TABLET 3-0.02 MG | QL (28 tablets per 28 days) |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | QL (28 tablets per 28 days) |
| VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | QL (28 tablets per 28 days) |
| VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | QL (28 tablets per 28 days) |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | QL (28 tablets per 28 days) |
| WERA ORAL TABLET 0.5-35 MG-MCG | QL (28 tablets per 28 days) |
| ZUMANDIMINE ORAL TABLET 3-0.03 MG | QL (28 tablets per 28 days) |
| Oral Contraceptive (Extended/Continuous Use) (Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)) | |
| INTROVALE ORAL TABLET 0.15-0.03 MG | QL (91 tablets per 91 days) |
| JOLESSA ORAL TABLET 0.15-0.03 MG | QL (91 tablets per 91 days) |
| levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg | QL (91 tablets per 91 days) |
| levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg | QL (91 tablets per 91 days) |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | QL (91 tablets per 91 days) |
| Oral Contraceptive (Progestin Only) (Anticonceptivos Orales (Minipíldora Sólo Progestina)) | |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

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

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

| | |
|--|--|
| Etonogestrel-Ethinyl Estradiol Vaginal Ring | QL (1EA per 28 days) |
| EluRyng Vaginal Ring | QL (1EA per 28 days) |
| Dental Caries Prevention (Prevención de Caries Dental) | |
| FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP | AL (patients less than or equal to 5 years) |
| NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP | AL (patients less than or equal to 5 years) |
| sodium fluoride oral solution 0.275 (0.125 F) mg/drop | AL (patients less than or equal to 5 years) |
| sodium fluoride oral solution 1.1 (0.5 F) mg/ml | AL (patients less than or equal to 5 years) |
| sodium fluoride oral tablet 1.1 (0.5 F) mg | AL (patients less than or equal to 5 years) |
| sodium fluoride oral tablet chewable 0.55 (0.25 F) mg | AL (patients less than or equal to 5 years) |
| sodium fluoride oral tablet chewable 1.1 (0.5 F) mg | AL (patients less than or equal to 5 years) |
| Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse) | |
| folic acid oral capsule 0.8mg | QL (30 capsules per 30 days) |
| folic acid oral tablet 400mcg | QL (30 tablets per 30 days) |
| folic acid oral tablet 800mcg | QL (30 tablets per 30 days) |
| Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana) | |
| emtricitabine-tenofovir df oral tablet 200-300 MG | PA |
| Iron Supplementation (Suplementación con Hierro) | |
| ferrous sulfate oral elixir 220 (44 Fe) mg/5ml | AL (For patients greater than or equal to 4 months up to less than or equal to 21 years) |
| ferrous sulfate oral liquid 220 (44 Fe) mg/5ml | AL (For patients greater than or equal to 4 months up to less than or equal to 21 years) |
| ferrous sulfate oral solution 75 (15 Fe) mg/ml | AL (For patients greater than or equal to 4 months up to less than or equal to 21 years) |

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

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

| | |
|---|--|
| gavilyte-c oral solution reconstituted 240 GM | AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days) |
| gavilyte-g oral solution reconstituted 236 GM | AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days) |
| gavilyte-n oral solution reconstituted 420 GM | AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days) |
| 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) |

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ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]

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

| Drug Name [Nombre del Medicamento] | Reference Name [Nombre de Referencia] |
|---|--|
| OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC) | |
| GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES] | |
| Gastrointestinal Agents (Combination Product) [Agentes Gastrointestinales (Productos En Combinación)] | |
| <i>omeprazole-sodium bicarbonate 20-1100 mg cap</i> | ZEGERID |
| Proton Pump Inhibitors [Inhibidores De La Bomba De Protones] | |
| <i>esomeprazole magnesium 20 mg cap dr</i> | NEXIUM |
| <i>lansoprazole 15 mg cap dr</i> | PREVACID |
| <i>omeprazole 20 mg tab dr</i> | PRILOSEC |
| <i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i> | |
| OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS] | |
| Ophthalmic Anti-Allergy Agents [Agentes Oftálmicos Antialérgicos] | |
| <i>ALAWAY 0.025 % ophth soln</i> | |
| <i>ketotifen fumarate 0.025 % ophth soln</i> | |
| RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR] | |
| Antihistamines [Antihistamínicos] | |
| <i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i> | ZYRTEC |
| <i>cetirizine hcl allergy child 5 mg/5ml soln</i> | ZYRTEC |
| <i>cetirizine hcl childrens 1 mg/ml soln</i> | ZYRTEC |
| <i>fexofenadine hcl 180 mg tab, 60 mg tab</i> | ALLEGRA |
| <i>fexofenadine hcl childrens 30 mg/5ml susp</i> | ALLEGRA CHILDREN |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | XYZAL |
| <i>loratadine 10 mg cap, 10 mg tab</i> | CLARITIN |
| <i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i> | CLARITIN CHILDREN |

| Drug Name [Nombre del Medicamento] | Reference Name [Nombre de Referencia] |
|---|--|
| Anti-Inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados] | |
| <i>budesonide 32 mcg/act nasal susp</i> | RHINOCORT |
| <i>fluticasone propionate 50 mcg/act nasal susp</i> | FLONASE |
| <i>triamcinolone acetonide 55 mcg/act nasal aer</i> | NASACORT |
| Respiratory Tract/Pulmonary Agents (Combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)] | |
| <i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i> | |
| <i>fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr</i> | ALLEGRA-D |
| <i>loratadine-d 12hr 5-120 mg tab er 12 hr</i> | CLARITIN D-12 |
| <i>loratadine-d 24hr 10-240 mg tab er 24 hr</i> | CLARITIN D-24 |

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

Nombre del Paciente y Representante Personal (si aplica):

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

de Proveedor (NPI)

Firma

Fecha

Index / Índice

A

| | | | |
|---|-----|---|-----------|
| <i>abacavir sulfate</i> | 69 | AFLURIA | 133 |
| <i>abacavir sulfate-lamivudine</i> | 69 | AFLURIA PRESERVATIVE FREE | 133 |
| <i>abacavir-lamivudine-zidovudine</i> | 69 | AFLURIA QUADRIVALENT | 133 |
| ABANEU-SL..... | 107 | AFSTYLA | 80 |
| ABILIFY MAINTENA | 64 | AFTERA 1.5 mg | 167 |
| <i>abiraterone acetate</i> | 55 | AIRAVITE | 107 |
| <i>acamprosate calcium</i> | 35 | <i>ak-poly-bac</i> | 139 |
| <i>acarbose</i> | 73 | AKYNZEO | 49 |
| Acarbose..... | 158 | ALA SCALP | 117 |
| ACCUTANE | 100 | Alaway..... | 179 |
| ACE Inhibitors | 154 | <i>albendazole</i> | 60 |
| <i>acebutolol hcl</i> | 86 | <i>albuterol sulfate</i> | 147 |
| <i>acetaminophen-codeine</i> | 32 | <i>albuterol sulfate hfa</i> | 147 |
| <i>acetaminophen-codeine #2</i> | 32 | Alcaftadine | 159 |
| <i>acetaminophen-codeine #3</i> | 32 | <i>alclometasone dipropionate</i> | 117 |
| <i>acetaminophen-codeine #4</i> | 32 | ALDACTAZIDE..... | 89 |
| <i>acetazolamide</i> | 141 | ALDURAZYME..... | 114 |
| <i>acetic acid</i> | 144 | ALECENSA | 57 |
| <i>acetylcysteine</i> | 150 | Alendronate..... | 159 |
| Acifex | 160 | <i>alendronate sodium</i> | 137 |
| <i>acitretin</i> | 100 | <i>alfuzosin hcl er</i> | 116 |
| ACTEMRA | 133 | ALINIA..... | 60 |
| ACTEMRA ACTPEN..... | 133 | <i>aliskiren fumarate</i> | 89 |
| ACTHIB..... | 133 | Allegra | 159 |
| Actonel..... | 159 | Allegra-D | 159 |
| Actoplus met..... | 157 | allopurinol..... | 5, 16, 52 |
| ACTOPLUS MET XR..... | 73 | <i>almotriptan malate</i> | 53 |
| Actos..... | 157 | <i>alosetron hcl</i> | 112 |
| ACUVAIL..... | 142 | ALPHAGAN P | 141 |
| <i>acyclovir</i> | 68 | ALPHANATE..... | 80 |
| ADACEL..... | 133 | ALPHANATE/VWF COMPLEX/HUMAN | 80 |
| ADAGEN..... | 114 | ALPHANINE SD | 80 |
| <i>adapalene</i> | 100 | <i>alprazolam</i> | 72 |
| <i>adapalene-benzoyl peroxide</i> | 100 | <i>alprazolam er</i> | 72 |
| Adderall XR..... | 154 | <i>alprazolam xr</i> | 72 |
| ADEMPAS | 149 | ALPROLIX..... | 80 |
| ADHD - Non Stimulant..... | 154 | ALREX | 142 |
| ADHD - Stimulants..... | 154 | ALTAVERA | 168 |
| ADVAIR HFA | 150 | ALTOPREV | 93 |
| ADVATE..... | 79 | ALUNBRIG..... | 57 |
| <i>adynovate</i> | 80 | ALYACEN 1/35 | 168 |
| AFIRMELLE..... | 168 | AMABELZ | 124 |
| | | <i>amantadine hcl</i> | 61 |

| | |
|---|--------|
| Ambien..... | 163 |
| Ambien CR..... | 163 |
| <i>ambrisentan</i> | 149 |
| <i>amiloride hcl</i> | 92 |
| <i>amiloride-hydrochlorothiazide</i> | 89 |
| <i>aminobenzoate potassium</i> | 107 |
| <i>aminocaproic acid</i> | 80 |
| Amiodarone..... | 156 |
| <i>amiodarone hcl</i> | 85 |
| <i>amitriptyline hcl</i> | 48 |
| Amlodipine..... | 154 |
| <i>amlodipine besy-benazepril hcl</i> | 89 |
| <i>amlodipine besylate</i> | 87 |
| <i>amlodipine besylate-valsartan</i> | 89 |
| <i>amlodipine-atorvastatin</i> | 89 |
| <i>amlodipine-olmesartan</i> | 89 |
| Amlodipine-Olmesartan..... | 154 |
| Amlodipine-Valsartan..... | 154 |
| <i>amlodipine-valsartan-hctz</i> | 89 |
| Amlodipine-Valsartan-Hydrochlorothiazide..... | 154 |
| <i>ammonium lactate</i> | 100 |
| Ammonium Lactate..... | 160 |
| <i>amoxapine</i> | 48 |
| <i>amoxicillin</i> | 38, 39 |
| <i>amoxicillin-pot clavulanate</i> | 39 |
| <i>amoxicillin-pot clavulanate er</i> | 39 |
| Amphetamine..... | 154 |
| <i>amphetamine-dextroamphet er</i> | 95, 96 |
| <i>amphetamine-dextroamphetamine</i> | 96 |
| Amphetamine-Dextroamphetamine..... | 154 |
| Amphetamine-Dextroamphetamine IR..... | 154 |
| <i>ampicillin</i> | 39 |
| <i>ampicillin sodium</i> | 39 |
| <i>anagrelide hcl</i> | 79 |
| ANALPRAM-HC..... | 100 |
| ANASCORP..... | 139 |
| <i>anastrozole</i> | 57 |
| ANDRODERM..... | 123 |
| ANGELIQ..... | 124 |
| ANORO ELLIPTA..... | 150 |
| ANTARA..... | 92 |
| <i>antivenin latrodectus mactans</i> | 139 |
| <i>antivenin micrurus fulvius</i> | 139 |
| ANUSOL-HC..... | 52 |
| ANZEMET..... | 49 |
| APEXICON E..... | 117 |

| | |
|---------------------------------------|--------|
| <i>apomorphine hcl</i> | 61 |
| <i>aprepitant</i> | 49 |
| APRI..... | 168 |
| APTIVUS..... | 70 |
| AQUASOL A..... | 107 |
| ARALAST NP..... | 150 |
| ARCALYST..... | 133 |
| ARGYLE STERILE SALINE..... | 139 |
| <i>aripiprazole</i> | 64 |
| ARNUITY ELLIPTA..... | 146 |
| <i>ascorbic acid</i> | 107 |
| <i>asenapine maleate</i> | 64 |
| <i>aspirin-dipyridamole er</i> | 83 |
| ATABEX EC..... | 107 |
| ATABEX OB..... | 107 |
| Atacand..... | 155 |
| Atacand HCT..... | 155 |
| <i>atazanavir sulfate</i> | 70 |
| Atelvia..... | 159 |
| <i>atenolol</i> | 86 |
| <i>atenolol-chlorthalidone</i> | 89 |
| Atomoxetine..... | 154 |
| <i>atomoxetine hcl</i> | 96 |
| atorvastatin..... | 177 |
| Atorvastatin..... | 162 |
| <i>atorvastatin calcium</i> | 93 |
| <i>atovaquone</i> | 60 |
| <i>atovaquone-proguanil hcl</i> | 60 |
| ATROVENT HFA..... | 147 |
| AUBAGIO..... | 98 |
| AUBRA..... | 168 |
| AUBRA EQ..... | 168 |
| AUGMENTIN..... | 39 |
| AUROVELA 24 FE..... | 168 |
| AUROVELA FE 1.5/30..... | 168 |
| AUROVELA FE 1/20..... | 168 |
| AVIANE..... | 168 |
| AVONEX..... | 98 |
| AVONEX PEN..... | 98 |
| AVONEX PREFILLED..... | 98, 99 |
| AVSOLA..... | 128 |
| <i>av-vite fb</i> | 107 |
| AYUNA..... | 168 |
| <i>azathioprine</i> | 128 |
| <i>azelaic acid</i> | 100 |
| Azelastine..... | 159 |

| | |
|-------------------------------------|----------|
| <i>azelastine hcl</i> | 140, 145 |
| <i>azelastine-fluticasone</i> | 145 |
| AZELEX | 100 |
| Azilect | 161 |
| Azilsartan | 154, 155 |
| Azilsartan-Chlorthalidone | 155 |
| <i>azithromycin</i> | 40 |
| Azopt | 155 |
| Azor | 154 |
| AZURETTE | 168 |

B

| | |
|--|---------|
| <i>bacitracin</i> | 140 |
| <i>bacitracin-polymyxin b</i> | 140 |
| <i>bacitra-neomycin-polymyxin-hc</i> | 142 |
| <i>baclofen</i> | 66 |
| <i>balsalazide disodium</i> | 136 |
| BARACLUDE | 66 |
| <i>bcg vaccine</i> | 133 |
| BEBULIN | 80 |
| Beclomethasone | 158 |
| <i>benazepril hcl</i> | 85 |
| <i>benazepril-hydrochlorothiazide</i> | 89 |
| BENEFIX | 80 |
| Benicar | 155 |
| Benicar HCT | 155 |
| BENLYSTA | 128 |
| <i>benzonatate</i> | 150 |
| <i>benzoyl peroxide-erythromycin</i> | 100 |
| <i>benztropine mesylate</i> | 61 |
| BESIVANCE | 140 |
| <i>betaine</i> | 114 |
| <i>betamethasone dipropionate</i> | 117 |
| <i>betamethasone dipropionate aug</i> | 117 |
| <i>betamethasone sod phos & acet</i> | 118 |
| <i>betamethasone valerate</i> | 118 |
| BETASERON | 99 |
| <i>betaxolol hcl</i> | 86, 141 |
| <i>bethanechol chloride</i> | 117 |
| BETIMOL | 141 |
| BETOPTIC-S | 141 |
| <i>bexarotene</i> | 59 |
| BEXSERO | 133 |
| <i>bicalutamide</i> | 55 |
| BICILLIN C-R | 39 |
| BICILLIN C-R 900/300 | 39 |

| | |
|---|--------------------|
| BICILLIN L-A | 39 |
| Biguanides | 155, 156, 157, 161 |
| BIKTARVY | 68 |
| <i>bio-statin</i> | 50 |
| BIOTHRAX | 133 |
| <i>biotuss</i> | 150 |
| BIOTUSS PEDIATRIC | 150 |
| <i>bisoprolol fumarate</i> | 86 |
| <i>bisoprolol-hydrochlorothiazide</i> | 90 |
| BLEPHAMIDE | 142 |
| BLEPHAMIDE S.O.P | 142 |
| BLISOVI 24 FE | 168 |
| BLISOVI FE 1.5/30 | 168 |
| BLISOVI FE 1/20 | 169 |
| Boniva | 159 |
| BOOSTRIX | 134 |
| <i>bosentan</i> | 149 |
| BOSULIF | 57 |
| <i>bp 10-1</i> | 100 |
| <i>b-plex</i> | 107 |
| BRAFTOVI | 57 |
| BREO ELLIPTA | 150 |
| BRILINTA | 83 |
| <i>brimonidine tartrate</i> | 141 |
| <i>brimonidine tartrate-timolol</i> | 141 |
| <i>brinzolamide</i> | 141 |
| Brinzolamide | 155 |
| BROMFED DM | 150 |
| <i>bromocriptine mesylate</i> | 61 |
| BUCALSEP | 36 |
| <i>budesonide</i> | 136, 146 |
| Budesonide | 158, 180 |
| <i>budesonide er</i> | 136 |
| <i>bumetanide</i> | 92 |
| <i>buprenorphine</i> | 31 |
| <i>buprenorphine hcl</i> | 35 |
| <i>buprenorphine hcl-naloxone hcl</i> | 35 |
| bupropion hcl | 177 |
| <i>bupropion hcl</i> | 46 |
| <i>bupropion hcl er (sr)</i> | 46 |
| <i>bupropion hcl er (xl)</i> | 46 |
| <i>bupirone hcl</i> | 72 |
| <i>butalbital-acetaminophen</i> | 29 |
| <i>butalbital-apap-caff-cod</i> | 32 |
| <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..... | 157 |
| BYDUREON..... | 73 |
| BYDUREON BCISE..... | 73 |
| Byetta..... | 157 |
| BYETTA 10 MCG PEN | 73 |
| BYETTA 5 MCG PEN | 74 |
| Bystolic..... | 159 |

C

| | |
|--|----------|
| <i>cabergoline</i> | 127 |
| CABOMETYX | 57 |
| <i>calcipotriene</i> | 101 |
| <i>calcitonin (salmon)</i> | 137 |
| <i>calcitriol</i> | 101, 137 |
| <i>calcium acetate (phos binder)</i> | 106 |
| CALQUENCE..... | 57 |
| CAMILA..... | 175 |
| CAMRESE LO | 169 |
| Canagliflozin | 161 |
| Canagliflozin-Metformin | 162 |
| Candesartan | 155 |
| <i>candesartan cilexetil</i> | 84 |
| <i>candesartan cilexetil-hctz</i> | 90 |
| Candesartan-Hydrochlorothiazide..... | 155 |
| <i>capecitabine</i> | 56 |
| CAPEX..... | 118 |
| CAPRELSA..... | 57 |
| <i>captopril</i> | 85 |
| <i>captopril-hydrochlorothiazide</i> | 90 |
| <i>carbamazepine</i> | 43 |
| <i>carbamazepine er</i> | 43 |
| <i>carbidopa</i> | 62 |
| <i>carbidopa-levodopa</i> | 62 |
| <i>carbidopa-levodopa er</i> | 62 |
| <i>carbidopa-levodopa-entacapone</i> | 62 |
| CARIMUNE NF | 131 |
| <i>carisoprodol</i> | 152 |
| CARNITOR | 139 |
| <i>carteolol hcl</i> | 141 |
| <i>carvedilol</i> | 86 |
| Carvedilol..... | 155 |
| Carvedilol IR | 155 |
| <i>carvedilol phosphate er</i> | 86 |
| CAYA CONTOURED DIAPHRAGM | 166 |

| | |
|---|-----|
| <i>cefaclor</i> | 37 |
| <i>cefadroxil</i> | 38 |
| <i>cefdinir</i> | 38 |
| <i>cefditoren pivoxil</i> | 38 |
| <i>cefpodoxime proxetil</i> | 38 |
| <i>cefprozil</i> | 38 |
| CEFTIN | 38 |
| <i>ceftriaxone sodium</i> | 38 |
| <i>cefuroxime axetil</i> | 38 |
| Celebrex..... | 155 |
| <i>celecoxib</i> | 29 |
| Celecoxib | 155 |
| CEM-UREA..... | 101 |
| <i>cephalexin</i> | 38 |
| CERDELGA | 114 |
| CEREZYME | 114 |
| Cetirizine | 159 |
| <i>cetirizine hcl</i> | 145 |
| Cetirizine HCl | 179 |
| Cetirizine HCl Allergy Child | 179 |
| Cetirizine HCl Childrens | 179 |
| Cetirizine-Pseudoephedrine ER | 180 |
| <i>cevimeline hcl</i> | 100 |
| CHATEAL..... | 169 |
| CHATEAL EQ | 169 |
| CHEMET | 106 |
| <i>chlordiazepoxide hcl</i> | 72 |
| <i>chlordiazepoxide-amitriptyline</i> | 48 |
| <i>chlordiazepoxide-clidinium</i> | 110 |
| <i>chlorhexidine gluconate</i> | 100 |
| <i>chloroquine phosphate</i> | 60 |
| <i>chlorothiazide</i> | 92 |
| <i>chlorpromazine hcl</i> | 63 |
| <i>chlorpropamide</i> | 74 |
| <i>chlorthalidone</i> | 92 |
| <i>chlorzoxazone</i> | 152 |
| CHOLBAM | 114 |
| <i>cholestyramine</i> | 94 |
| <i>cholestyramine light</i> | 94 |
| <i>chorionic gonadotropin</i> | 138 |
| <i>ciclopirox</i> | 50 |
| <i>ciclopirox olamine</i> | 50 |
| <i>cilostazol</i> | 83 |
| CILOXAN | 141 |
| CIMDUO..... | 69 |
| <i>cimetidine</i> | 112 |

| | |
|---|--------------|
| <i>cimetidine hcl</i> | 112 |
| CIMZIA..... | 128 |
| CIMZIA PREFILLED | 128 |
| CIMZIA STARTER KIT..... | 128 |
| <i>cinacalcet hcl</i> | 137 |
| CIPRO HC | 144 |
| <i>ciprofloxacin</i> | 40 |
| <i>ciprofloxacin hcl</i> | 41, 141, 144 |
| <i>ciprofloxacin-ciproflox hcl er</i> | 41 |
| <i>ciprofloxacin-dexamethasone</i> | 144 |
| <i>citalopram hydrobromide</i> | 46 |
| CLARAVIS | 101 |
| Clarinet..... | 159 |
| CLARINEX..... | 145 |
| CLARINEX-D 12 HOUR..... | 150 |
| <i>clarithromycin</i> | 40 |
| <i>clarithromycin er</i> | 40 |
| Claritin..... | 159 |
| CLEOCIN | 36 |
| CLIMARA PRO | 124 |
| <i>clindamycin hcl</i> | 36 |
| <i>clindamycin palmitate hcl</i> | 36 |
| <i>clindamycin phos-benzoyl perox</i> | 101 |
| <i>clindamycin phosphate</i> | 36 |
| <i>clindamycin-tretinoin</i> | 101 |
| <i>clobetasol prop emollient base</i> | 118 |
| <i>clobetasol propionate</i> | 118 |
| <i>clobetasol propionate e</i> | 118 |
| <i>clocortolone pivalate</i> | 118 |
| <i>clocortolone pivalate pump</i> | 118 |
| <i>clomiphene citrate</i> | 138 |
| <i>clomipramine hcl</i> | 48 |
| <i>clonazepam</i> | 42 |
| <i>clonidine</i> | 84 |
| <i>clonidine hcl</i> | 84 |
| <i>clonidine hcl er</i> | 96 |
| <i>clopidogrel bisulfate</i> | 83 |
| <i>clorazepate dipotassium</i> | 72 |
| <i>clotrimazole</i> | 50 |
| <i>clotrimazole-betamethasone</i> | 50 |
| <i>clozapine</i> | 66 |
| COAGADIX..... | 80 |
| COARTEM..... | 60 |
| <i>codeine sulfate</i> | 32 |
| colchicine | 5, 16, 52 |
| colchicine-probenecid | 5, 16, 52 |

| | |
|--|---------------|
| Colcrys | 5, 16 |
| <i>colesevelam hcl</i> | 94 |
| <i>colestipol hcl</i> | 94 |
| <i>colistimethate sodium (cba)</i> | 36 |
| COLOCORT | 136 |
| COLY-MYCIN S | 144 |
| COMBIGAN..... | 141 |
| COMBIPATCH | 124 |
| COMBIVENT RESPIMAT | 147 |
| COMETRIQ (100 MG DAILY DOSE) | 57 |
| COMETRIQ (140 MG DAILY DOSE) | 57 |
| COMETRIQ (60 MG DAILY DOSE) | 58 |
| COMPLERA | 68 |
| <i>complete natal dha</i> | 107 |
| <i>completenate</i> | 107 |
| CO-NATAL FA | 107 |
| CONCEPT DHA | 107 |
| CONCEPT OB | 107 |
| CONDYLOX | 101 |
| CONTRACE | 138 |
| Coreg | 155 |
| Coreg CR | 155 |
| CORTIFOAM..... | 136 |
| <i>cortisone acetate</i> | 118 |
| CORTISPORIN | 36 |
| CORVITA | 107 |
| COVARYX..... | 124 |
| COVARYX HS..... | 124 |
| CREON | 114 |
| CRESEMBA | 50 |
| CRINONE..... | 125 |
| CRIXIVAN | 71 |
| CROFAB | 139 |
| <i>cromolyn sodium</i> | 111, 140, 148 |
| CRYSSELLE-28 | 169 |
| CUVITRU | 131 |
| <i>cyanocobalamin</i> | 107 |
| <i>cyclobenzaprine hcl</i> | 152 |
| <i>cycloserine</i> | 54 |
| <i>cyclosporine</i> | 128, 129, 140 |
| <i>cyclosporine modified</i> | 129 |
| <i>cyproheptadine hcl</i> | 145 |
| CYRED..... | 169 |
| CYRED EQ | 169 |
| CYSTAGON | 114 |
| CYTOGAM | 131 |

| | |
|---|----------|
| Cytra K Crystals | 103 |
| D | |
| <i>dabigatran etexilate mesylate</i> | 77 |
| <i>dalfampridine er</i> | 99 |
| <i>danazol</i> | 123 |
| <i>dantrolene sodium</i> | 66 |
| Dapagliflozin | 162 |
| Dapagliflozin-Metformin | 162 |
| <i>dapsone</i> | 54, 101 |
| DAPTACEL | 134 |
| <i>darifenacin hydrobromide er</i> | 115 |
| <i>deferasirox</i> | 106 |
| <i>deferasirox granules</i> | 106 |
| <i>deferiprone</i> | 106 |
| <i>deferoxamine mesylate</i> | 139 |
| DELSTRIGO | 69 |
| DELYLA | 169 |
| DEMEROL | 32 |
| DENAVIR | 68 |
| DEPO-MEDROL | 118 |
| <i>desipramine hcl</i> | 48 |
| <i>desloratadine</i> | 145 |
| Desloratadine | 159 |
| <i>desmopressin ace spray refrig</i> | 122 |
| <i>desmopressin acetate</i> | 122 |
| <i>desmopressin acetate pf</i> | 122 |
| <i>desmopressin acetate spray</i> | 122 |
| Desogestrel-Ethinyl Estradiol | 169 |
| <i>desonide</i> | 118 |
| <i>desoximetasone</i> | 119 |
| Desvenlafaxine | 155 |
| <i>desvenlafaxine er</i> | 46 |
| <i>desvenlafaxine succinate er</i> | 46 |
| Desvenlafaxine Tab SR | 155 |
| <i>dexamethasone</i> | 119 |
| DEXAMETHASONE INTENSOL | 119 |
| <i>dexamethasone sod phosphate pf</i> | 119 |
| <i>dexamethasone sodium phosphate</i> ... | 119, 142 |
| Dexilant | 160 |
| DEXILANT | 113 |
| Dexlansoprazole | 160 |
| <i>dexmedetomidine hcl</i> | 152 |
| Dexmethylphenidate | 154 |
| <i>dexmethylphenidate hcl</i> | 96 |
| <i>dexmethylphenidate hcl er</i> | 96 |

| | |
|---|---------|
| <i>dextroamphetamine sulfate</i> | 96 |
| <i>dextroamphetamine sulfate er</i> | 96 |
| DIALYVITE 3000 | 107 |
| DIALYVITE 5000 | 107 |
| DIALYVITE/ZINC | 107 |
| <i>diazepam</i> | 42, 72 |
| <i>diclofenac epolamine</i> | 29 |
| <i>diclofenac potassium</i> | 29 |
| <i>diclofenac sodium</i> | 29, 142 |
| <i>diclofenac sodium er</i> | 30 |
| <i>diclofenac-misoprostol</i> | 30 |
| <i>dicloxacillin sodium</i> | 39 |
| <i>dicyclomine hcl</i> | 110 |
| <i>didanosine</i> | 69 |
| DIFIL-G FORTE | 148 |
| <i>diflorasone diacetate</i> | 119 |
| <i>diflunisal</i> | 30 |
| <i>difluprednate</i> | 143 |
| <i>digox</i> | 90 |
| <i>digoxin</i> | 90 |
| <i>dihydroergotamine mesylate</i> | 53 |
| Dihydropyridine CCB | 154 |
| DILANTIN | 44 |
| <i>diltiazem cd</i> | 87 |
| <i>diltiazem hcl</i> | 87 |
| <i>diltiazem hcl er</i> | 87, 88 |
| <i>diltiazem hcl er beads</i> | 88 |
| <i>diltiazem hcl er coated beads</i> | 88 |
| <i>dimethyl fumarate</i> | 99 |
| <i>dimethyl fumarate starter pack</i> | 99 |
| <i>diphenhydramine hcl</i> | 145 |
| <i>diphenoxylate-atropine</i> | 111 |
| <i>diphtheria-tetanus toxoids dt</i> | 134 |
| <i>dipyridamole</i> | 83 |
| <i>disopyramide phosphate</i> | 85 |
| <i>disulfiram</i> | 35 |
| DIURIL | 92 |
| <i>divalproex sodium</i> | 42 |
| <i>divalproex sodium er</i> | 42 |
| <i>dofetilide</i> | 85 |
| <i>donepezil hcl</i> | 45 |
| Dorzolamide | 155 |
| <i>dorzolamide hcl</i> | 142 |
| <i>dorzolamide hcl-timolol mal</i> | 142 |
| <i>dorzolamide hcl-timolol mal pf</i> | 142 |
| <i>doxazosin mesylate</i> | 116 |

| | |
|---|----------|
| <i>doxepin hcl</i> | 48, 153 |
| <i>doxercalciferol</i> | 137 |
| <i>doxycycline</i> | 101 |
| <i>doxycycline hyclate</i> | 41 |
| <i>doxycycline monohydrate</i> | 41 |
| <i>dronabinol</i> | 49 |
| Dronedarone..... | 156 |
| Drospiren-Eth Estrad-Levomefol..... | 169 |
| Drospirenone-Ethinyl Estradiol..... | 169 |
| DROXIA..... | 56 |
| DUAVEE..... | 124 |
| Duetact..... | 157 |
| Dulaglutide..... | 157 |
| Duloxetine..... | 155, 161 |
| <i>duloxetine hcl</i> | 47 |
| DUPIXENT..... | 101 |
| Duragesic..... | 157 |
| <i>dutasteride</i> | 116 |
| <i>dutasteride-tamsulosin hcl</i> | 116 |

E

| | |
|---|-----|
| <i>econazole nitrate</i> | 50 |
| ECONTRA EZ 1.5 mg..... | 167 |
| ECONTRA ONE STEP..... | 167 |
| Edarbi..... | 154 |
| EDARBI..... | 84 |
| Edarbyclor..... | 155 |
| EDARBYCLOR..... | 90 |
| EDURANT..... | 69 |
| EEMT..... | 124 |
| EEMT HS..... | 124 |
| <i>efavirenz</i> | 69 |
| <i>efavirenz-lamivudine-tenofovir</i> | 69 |
| <i>effervescent pot chloride</i> | 103 |
| ELELYSO..... | 114 |
| Eletriptan..... | 162 |
| <i>eletriptan hydrobromide</i> | 53 |
| Elidel..... | 160 |
| ELINEST..... | 169 |
| ELIQUIS..... | 77 |
| ELIQUIS DVT/PE STARTER PACK..... | 78 |
| ELIXOPHYLLIN..... | 148 |
| ELMIRON..... | 117 |
| ELOCTATE..... | 80 |
| ELURYNG..... | 176 |
| Emadine..... | 159 |

| | |
|--|----------|
| EMADINE..... | 140 |
| EMCYT..... | 56 |
| Emedastine..... | 159 |
| EMOQUETTE..... | 169 |
| Empagliflozin..... | 162 |
| Empagliflozin-Linagliptin..... | 157 |
| Empagliflozin-Linagliptin-Metformin..... | 162 |
| Empagliflozin-Metformin..... | 162 |
| EMSAM..... | 46 |
| <i>emtricitabine</i> | 69 |
| <i>emtricitabine-tenofovir df</i> | 69, 70 |
| EMTRIVA..... | 70 |
| EMVERM..... | 60 |
| <i>enalapril maleate</i> | 85 |
| <i>enalapril-hydrochlorothiazide</i> | 90 |
| ENBREL..... | 129 |
| ENBREL MINI..... | 129 |
| ENBREL SURECLICK..... | 129 |
| ENCARE VAGINAL SUPPOSITORY 100MG..... | 175 |
| ENERGIX-B..... | 134 |
| <i>enoxaparin sodium</i> | 78 |
| Enpresse-28..... | 169 |
| ENSKYCE..... | 169 |
| <i>entacapone</i> | 61 |
| <i>entecavir</i> | 66 |
| ENTRESTO..... | 90 |
| ENTYVIO..... | 133 |
| <i>epinephrine</i> | 147, 148 |
| <i>eplerenone</i> | 92 |
| Eplerenone..... | 156 |
| EPOGEN..... | 79 |
| <i>epoprostenol sodium</i> | 149 |
| <i>ergocal</i> | 108 |
| <i>ergoloid mesylates</i> | 44 |
| ERGOMAR..... | 53 |
| <i>ergotamine-caffeine</i> | 53 |
| ERIVEDGE..... | 58 |
| ERLEADA..... | 55 |
| <i>erlotinib hcl</i> | 58 |
| ERRIN..... | 175 |
| <i>ertapenem sodium</i> | 38 |
| Ery External Pad..... | 40 |
| ERY-TAB..... | 40 |
| ERYTHROCIN STEARATE..... | 40 |
| <i>erythromycin</i> | 40, 141 |

| | |
|--|----------|
| <i>erythromycin base</i> | 40 |
| <i>erythromycin ethylsuccinate</i> | 40 |
| ESBRIET..... | 150 |
| <i>escitalopram oxalate</i> | 47 |
| Esomeprazole..... | 160 |
| <i>esomeprazole magnesium</i> | 113 |
| Esomeprazole Magnesium..... | 179 |
| <i>est estrogens-methyltest</i> | 124 |
| <i>est estrogens-methyltest ds</i> | 124 |
| <i>est estrogens-methyltest hs</i> | 124 |
| ESTARYLLA..... | 169 |
| <i>estazolam</i> | 72 |
| <i>estradiol</i> | 124, 125 |
| <i>estradiol-norethindrone acet</i> | 125 |
| ESTRING..... | 125 |
| ESTROGEL..... | 125 |
| <i>estropipate</i> | 125 |
| <i>eszopiclone</i> | 152 |
| <i>ethambutol hcl</i> | 54 |
| <i>ethyl chloride</i> | 34 |
| <i>etidronate disodium</i> | 137 |
| <i>etodolac</i> | 30 |
| <i>etodolac er</i> | 30 |
| etonogestrel-ethinyl estradiol 0.12-0.015 MG/24 HR..... | 176 |
| <i>etoposide</i> | 57 |
| <i>etravirine</i> | 69 |
| <i>everolimus</i> | 58 |
| EVOTAZ..... | 71 |
| Exenatide..... | 157 |
| Exenatide Extended Release..... | 157 |
| Exforge..... | 154 |
| Exforge HCT..... | 154 |
| EXODERM..... | 50 |
| <i>ezetimibe</i> | 94 |
| Ezetimibe..... | 156, 162 |
| <i>ezetimibe-simvastatin</i> | 94 |
| Ezetimibe-Simvastatin..... | 162 |

F

| | |
|------------------------------|-----|
| FABRAZYME..... | 115 |
| FALMINA..... | 170 |
| <i>famciclovir</i> | 68 |
| <i>famotidine</i> | 112 |
| <i>famotidine (pf)</i> | 112 |
| Farxiga..... | 162 |

| | |
|---------------------------------------|-----|
| FARXIGA..... | 74 |
| FC FEMALE CONDOM..... | 167 |
| <i>febuxostat</i> | 52 |
| FEIBA..... | 81 |
| <i>felodipine er</i> | 88 |
| FEMCAP CERVICAL CAP 26MM..... | 166 |
| FEMYNOR..... | 170 |
| <i>fenofibrate</i> | 93 |
| <i>fenofibrate micronized</i> | 93 |
| <i>fenofibric acid</i> | 93 |
| <i>fentanyl</i> | 31 |
| <i>fentanyl citrate (pf)</i> | 32 |
| Fentanyl TD Patch..... | 157 |
| <i>ferocon</i> | 103 |
| <i>ferotinsic</i> | 104 |
| FERRIPROX..... | 106 |
| FERROCITE PLUS..... | 104 |
| FERRO-PLEX HEMATINIC..... | 104 |
| ferrous sulfate elixir..... | 176 |
| ferrous sulfate liquid..... | 176 |
| ferrous sulfate soln..... | 176 |
| <i>fesoterodine fumarate er</i> | 115 |
| Fexofenadine..... | 159 |
| Fexofenadine HCl..... | 179 |
| Fexofenadine HCl Childrens..... | 179 |
| Fexofenadine-Pseudoephed ER..... | 180 |
| FINACEA..... | 101 |
| <i>finasteride</i> | 116 |
| FIRVANQ..... | 36 |
| FLAC..... | 144 |
| FLAREX..... | 143 |
| <i>flavoxate hcl</i> | 115 |
| FLEBOGAMMA DIF..... | 131 |
| <i>flecainide acetate</i> | 85 |
| Flonase..... | 158 |
| Flonase Allergy..... | 158 |
| Flonase Sensymist..... | 158 |
| FLOVENT DISKUS..... | 146 |
| FLOVENT HFA..... | 146 |
| FLUARIX QUADRIVALENT..... | 134 |
| FLUBLOK..... | 134 |
| FLUCELVAX QUADRIVALENT..... | 134 |
| <i>fluconazole</i> | 50 |
| <i>flucytosine</i> | 50 |
| <i>fludrocortisone acetate</i> | 119 |
| FLULAVAL QUADRIVALENT..... | 134 |

| | |
|---|----------|
| <i>flumazenil</i> | 35 |
| FLUMIST QUADRIVALENT | 134 |
| <i>flunisolide</i> | 146 |
| Flunisolide..... | 158 |
| <i>fluocinolone acetonide</i> | 119, 144 |
| <i>fluocinolone acetonide body</i> | 119 |
| <i>fluocinolone acetonide scalp</i> | 119 |
| <i>fluocinonide</i> | 119, 120 |
| <i>fluocinonide emulsified base</i> | 120 |
| FLUORITAB SOLUTION..... | 176 |
| <i>fluorometholone</i> | 143 |
| <i>flurouracil</i> | 56 |
| Fluoxetine | 156 |
| <i>fluoxetine hcl</i> | 47 |
| Fluoxetine HCl Cap Delayed Release..... | 156 |
| <i>fluphenazine decanoate</i> | 63 |
| <i>fluphenazine hcl</i> | 63 |
| <i>flurandrenolide</i> | 120 |
| <i>flurazepam hcl</i> | 152 |
| <i>flurbiprofen</i> | 30 |
| <i>flurbiprofen sodium</i> | 143 |
| <i>flutamide</i> | 55 |
| Fluticasone..... | 158 |
| <i>fluticasone propionate</i> | 120, 146 |
| Fluticasone Propionate | 180 |
| <i>fluticasone-salmeterol</i> | 150 |
| fluvastatin..... | 177 |
| <i>fluvastatin sodium</i> | 93 |
| <i>fluvastatin sodium er</i> | 93 |
| FLUVIRIN..... | 134 |
| <i>fluvoxamine maleate</i> | 47 |
| FLUZONE HIGH-DOSE..... | 134 |
| FLUZONE HIGH-DOSE QUADRIVALENT .. | 134 |
| FLUZONE QUADRIVALENT | 134 |
| FML..... | 143 |
| <i>folbee</i> | 108 |
| <i>folbee plus</i> | 108 |
| FOLBEE PLUS CZ..... | 108 |
| <i>folic acid</i> | 108 |
| FOLIC ACID CAP | 176 |
| FOLIC ACID TAB..... | 176 |
| FOLIVANE-OB..... | 108 |
| FOLLISTIM AQ | 139 |
| <i>foltrin</i> | 104 |
| <i>fondaparinux sodium</i> | 78 |
| FORTAZ..... | 38 |

| | |
|--------------------------------------|-----|
| FORTEO | 137 |
| Fosamax | 159 |
| Fosamax Plus D..... | 159 |
| FOSAMAX PLUS D..... | 137 |
| <i>fosamprenavir calcium</i> | 71 |
| <i>foscarnet sodium</i> | 66 |
| <i>fosfomycin tromethamine</i> | 37 |
| <i>fosinopril sodium</i> | 85 |
| <i>fosinopril sodium-hctz</i> | 90 |
| FOSRENOL | 107 |
| FRAGMIN..... | 78 |
| <i>frovatriptan succinate</i> | 53 |
| <i>furosemide</i> | 92 |
| FUSION PLUS | 104 |
| FUZEON | 70 |

G

| | |
|--|---------|
| <i>gabapentin</i> | 42 |
| <i>galantamine hydrobromide</i> | 45 |
| <i>galantamine hydrobromide er</i> | 45 |
| GAMASTAN | 131 |
| GAMMAGARD | 131 |
| GAMMAGARD S/D LESS IGA..... | 131 |
| GAMMAKED | 131 |
| GAMMAPLEX | 131 |
| GAMUNEX-C | 131 |
| <i>ganirelix acetate</i> | 139 |
| GARDASIL 9 | 134 |
| <i>gatifloxacin</i> | 141 |
| gavilyte-c..... | 178 |
| GAVILYTE-C..... | 112 |
| gavilyte-g..... | 178 |
| GAVILYTE-G..... | 112 |
| GAVILYTE-N WITH FLAVOR PACK..... | 112 |
| <i>gemfibrozil</i> | 93 |
| GEMTESA..... | 115 |
| <i>generlac</i> | 112 |
| GENGRAF | 129 |
| GENOTROPIN | 122 |
| GENOTROPIN MINIQUICK | 122 |
| GENTAK | 141 |
| <i>gentamicin sulfate</i> | 36, 141 |
| GENVOYA | 68 |
| GIANVI | 170 |
| GILENYA..... | 99 |
| GILPHEX TR..... | 150 |

| | |
|--|---------------|
| GILTUSS PEDIATRIC..... | 151 |
| GILTUSS TR..... | 151 |
| GLASSIA..... | 151 |
| <i>glatiramer acetate</i> | 99 |
| GLEOSTINE | 55 |
| <i>glimepiride</i> | 74 |
| <i>glipizide</i> | 74 |
| <i>glipizide er</i> | 74 |
| <i>glipizide xl</i> | 74 |
| <i>glipizide-metformin hcl</i> | 74 |
| Glitazones..... | 157, 161, 162 |
| <i>glucagon emergency</i> | 76 |
| Glumetza..... | 158 |
| <i>glyburide</i> | 74 |
| <i>glyburide micronized</i> | 74 |
| <i>glyburide-metformin</i> | 74 |
| <i>glycopyrrolate</i> | 110 |
| Glyset..... | 158 |
| Glyxambi..... | 157 |
| GLYXAMBI..... | 74 |
| GOLYTELY | 112 |
| <i>granisetron hcl</i> | 49 |
| GRANIX..... | 79 |
| <i>griseofulvin microsize</i> | 50, 51 |
| <i>griseofulvin ultramicrosize</i> | 51 |
| <i>guanfacine hcl</i> | 84 |
| <i>guanfacine hcl er</i> | 97 |
| <i>guanidine hcl</i> | 54 |
| H | |
| HAILEY 24 FE..... | 170 |
| <i>halcinonide</i> | 120 |
| <i>halobetasol propionate</i> | 120 |
| HALOG | 120 |
| <i>haloperidol</i> | 63 |
| <i>haloperidol decanoate</i> | 63 |
| <i>haloperidol lactate</i> | 63 |
| HAVRIX..... | 134 |
| HEATHER..... | 175 |
| HELIXATE FS..... | 81 |
| <i>hematinic plus vit/minerals</i> | 104 |
| <i>hematinic/folic acid</i> | 104 |
| <i>hemetab</i> | 104 |
| HEMLIBRA..... | 81 |
| HEMOPIL M..... | 81 |
| HEPAGAM B..... | 132 |

| | |
|---|----------|
| <i>heparin sodium (porcine)</i> | 78 |
| HEPLISAV-B | 135 |
| HEXALEN | 55 |
| HIBERIX..... | 135 |
| HIZENTRA | 132 |
| HUMALOG | 76 |
| HUMALOG JUNIOR KWIKPEN | 76 |
| HUMALOG KWIKPEN..... | 76 |
| HUMALOG MIX 50/50..... | 77 |
| HUMALOG MIX 50/50 KWIKPEN | 77 |
| HUMALOG MIX 75/25..... | 77 |
| HUMALOG MIX 75/25 KWIKPEN | 77 |
| HUMATE-P | 81 |
| HUMIRA..... | 129 |
| HUMIRA PEDIATRIC CROHNS START | 129 |
| HUMIRA PEN..... | 129 |
| HUMIRA PEN-CD/UC/HS STARTER..... | 129 |
| HUMIRA PEN-PS/UV/ADOL HS START | 129 |
| HUMIRA PEN-PSOR/UEVEIT STARTER | 130 |
| HUMULIN 70/30 | 77 |
| HUMULIN 70/30 KWIKPEN | 77 |
| HUMULIN N | 77 |
| HUMULIN N KWIKPEN..... | 77 |
| HUMULIN R | 77 |
| HUMULIN R U-500 (CONCENTRATED) | 77 |
| HUMULIN R U-500 KWIKPEN | 77 |
| <i>hydralazine hcl</i> | 94 |
| <i>hydrochlorothiazide</i> | 92 |
| <i>hydrocod polst-cpm polst er</i> | 151 |
| <i>hydrocodone-acetaminophen</i> | 33 |
| <i>hydrocodone-ibuprofen</i> | 33 |
| <i>hydrocortisone</i> | 120, 137 |
| <i>hydrocortisone (perianal)</i> | 52 |
| <i>hydrocortisone ace-pramoxine</i> | 52, 101 |
| <i>hydrocortisone acetate</i> | 52 |
| <i>hydrocortisone butyr lipo base</i> | 120 |
| <i>hydrocortisone butyrate</i> | 120 |
| <i>hydrocortisone valerate</i> | 120 |
| <i>hydrocortisone-acetic acid</i> | 144 |
| <i>hydrocort-pramoxine (perianal)</i> | 101 |
| <i>hydromorphone hcl</i> | 33 |
| <i>hydroxocobalamin acetate</i> | 108 |
| <i>hydroxychloroquine sulfate</i> | 60 |
| <i>hydroxyurea</i> | 56 |
| <i>hydroxyzine hcl</i> | 145 |
| <i>hydroxyzine pamoate</i> | 145 |

| | |
|-------------------------------------|-----|
| <i>hyoscyamine sulfate</i> | 111 |
| <i>hyoscyamine sulfate er</i> | 111 |
| <i>hyoscyamine sulfate sl</i> | 111 |
| HYPERHEP B | 132 |
| HYPERRAB S/D | 132 |
| HYPERRHO S/D | 132 |
| HYPERTET | 135 |
| HYQVIA | 132 |

I

| | |
|---------------------------------|----------|
| Ibandronate | 159 |
| <i>ibandronate sodium</i> | 137, 138 |
| IBRANCE | 58 |
| IBU | 30 |
| <i>ibuprofen</i> | 30 |
| ICLUSIG | 58 |
| <i>icosapent ethyl</i> | 94 |
| IDELVION | 81 |
| IFEREX 150 FORTE | 104 |
| ILUMYA | 101 |
| <i>imatinib mesylate</i> | 58 |
| IMBRUVICA | 58 |
| IMCIVREE | 138 |
| <i>imipramine hcl</i> | 48 |
| <i>imipramine pamoate</i> | 48 |
| <i>imiquimod</i> | 101 |
| IMOGAM RABIES-HT | 132 |
| INCRELEX | 123 |
| <i>indapamide</i> | 92 |
| <i>indomethacin</i> | 30 |
| <i>indomethacin er</i> | 30 |
| INFANRIX | 135 |
| INFED | 104 |
| INFLECTRA | 130 |
| <i>infliximab</i> | 130 |
| INFUVITE PEDIATRIC | 108 |
| INLYTA | 58 |
| Inspra | 156 |
| INTEGRA F | 104 |
| INTEGRA PLUS | 104 |
| INTELENCE | 69 |
| INTRON A | 66 |
| INTROVALE | 174 |
| Invega | 160 |
| INVEGA HAFYERA | 64 |
| Invega Sustenna | 160 |

| | |
|---|-------------|
| INVEGA SUSTENNA | 64 |
| Invega Trinza | 160 |
| INVEGA TRINZA | 64 |
| INVIRASE | 71 |
| Invokamet | 162 |
| Invokamet XR | 162 |
| Invokana | 161 |
| <i>iodoquinol-hc-aloe polysacch</i> | 51 |
| IOPIDINE | 142 |
| IPOL | 135 |
| <i>ipratropium bromide</i> | 147 |
| <i>ipratropium-albuterol</i> | 147 |
| <i>irbesartan</i> | 84 |
| Irbesartan | 154 |
| <i>irbesartan-hydrochlorothiazide</i> | 90 |
| iron tab | 177 |
| ISENTRESS | 68 |
| ISENTRESS HD | 68 |
| ISIBLOOM | 170 |
| <i>isoniazid</i> | 54 |
| <i>isosorbide dinitrate</i> | 95 |
| <i>isosorbide dinitrate er</i> | 95 |
| <i>isosorbide mononitrate</i> | 95 |
| <i>isosorbide mononitrate er</i> | 95 |
| <i>isotretinoin</i> | 101 |
| <i>isradipine</i> | 88 |
| <i>itraconazole</i> | 51 |
| <i>ivermectin</i> | 60, 61, 101 |
| IXINITY | 81 |

J

| | |
|---------------------|-----|
| JAKAFI | 58 |
| Janumet | 156 |
| JANUMET | 74 |
| Janumet XR | 156 |
| JANUMET XR | 74 |
| Januvia | 156 |
| JANUVIA | 74 |
| Jardiance | 162 |
| JARDIANCE | 74 |
| Jentadueto | 156 |
| JENTADUETO | 75 |
| Jentadueto XR | 156 |
| JENTADUETO XR | 75 |
| JIVI | 81 |
| JOLESSA | 174 |

| | |
|----------------------|-----|
| JOLIVETTE..... | 175 |
| JULEBER..... | 170 |
| JULUCA..... | 68 |
| JUNEL FE 1.5/30..... | 170 |
| JUNEL FE 1/20..... | 170 |

K

| | |
|-------------------------------------|---------|
| KAITLIB FE..... | 170 |
| KARIVA..... | 170 |
| <i>k-effervescent</i> | 104 |
| KENALOG..... | 120 |
| Keppra..... | 157 |
| Keppra XR..... | 157 |
| <i>ketoconazole</i> | 51 |
| <i>ketoprofen</i> | 30 |
| <i>ketoprofen er</i> | 30 |
| <i>ketorolac tromethamine</i> | 30, 143 |
| Ketotifen..... | 159 |
| Ketotifen Fumarate..... | 179 |
| KEVZARA..... | 133 |
| KINRIX..... | 135 |
| KIONEX..... | 106 |
| KISQALI (200 MG DOSE)..... | 56 |
| KISQALI (400 MG DOSE)..... | 56 |
| KISQALI (600 MG DOSE)..... | 56 |
| KISQALI FEMARA (400 MG DOSE)..... | 56 |
| KISQALI FEMARA (600 MG DOSE)..... | 56 |
| KISQALI FEMARA(200 MG DOSE)..... | 57 |
| KLOR-CON..... | 104 |
| KLOR-CON 10..... | 104 |
| KLOR-CON M10..... | 104 |
| KLOR-CON M15..... | 104 |
| KLOR-CON M20..... | 104 |
| KLOR-CON SPRINKLE..... | 104 |
| KOATE..... | 81 |
| KOATE-DVI..... | 81 |
| KOGENATE FS..... | 81 |
| KOGENATE FS BIO-SET..... | 82 |
| KORLYM..... | 123 |
| KOSELUGO..... | 58 |
| KOVALTRY..... | 82 |
| K-PHOS NO 2..... | 104 |
| K-TAN PLUS..... | 104 |
| KURVELO..... | 170 |
| KYNMOBI..... | 61 |
| KYNMOBI TITRATION KIT..... | 61 |

L

| | |
|---|----------|
| <i>labetalol hcl</i> | 86 |
| <i>lacosamide</i> | 44 |
| <i>lactated ringers</i> | 104 |
| Lactic Acid..... | 160 |
| <i>lactulose</i> | 113 |
| <i>lactulose encephalopathy</i> | 113 |
| <i>lamivudine</i> | 70 |
| <i>lamivudine-zidovudine</i> | 70 |
| <i>lamotrigine</i> | 43 |
| <i>lamotrigine er</i> | 43 |
| LANOXIN..... | 90 |
| <i>lansoprazole</i> | 113 |
| Lansoprazole..... | 160, 179 |
| Lansoprazole Rx..... | 160 |
| <i>lanthanum carbonate</i> | 107 |
| LANTUS..... | 77 |
| LANTUS SOLOSTAR..... | 77 |
| <i>lapatinib ditosylate</i> | 58 |
| LARIN 24 FE..... | 170 |
| LARIN FE 1.5/30..... | 170 |
| LARIN FE 1/20..... | 170 |
| LARISSIA..... | 170 |
| Lastacaft..... | 159 |
| LASTACAFT..... | 140 |
| <i>latanoprost</i> | 144 |
| LATUDA..... | 65 |
| LAYOLIS FE..... | 171 |
| <i>leflunomide</i> | 133 |
| <i>lenalidomide</i> | 56 |
| LESSINA..... | 171 |
| <i>letrozole</i> | 57 |
| <i>leucovorin calcium</i> | 57 |
| LEUKERAN..... | 55 |
| <i>levalbuterol hcl</i> | 148 |
| <i>levalbuterol tartrate</i> | 148 |
| <i>levetiracetam</i> | 42 |
| Levetiracetam..... | 157 |
| <i>levetiracetam er</i> | 42 |
| <i>levobunolol hcl</i> | 142 |
| <i>levocarnitine</i> | 139 |
| Levocetirizine..... | 159 |
| <i>levocetirizine dihydrochloride</i> | 145, 146 |
| Levocetirizine Dihydrochloride..... | 179 |
| <i>levofloxacin</i> | 41, 141 |
| Levonest..... | 171 |

| | |
|--|----------|
| levonorgestrel - ethinyl estradiol (91-day) tablet 0.15-0.03 mg | 174 |
| levonorgestrel tablet 1.5 mg | 167 |
| Levonorgestrel-Ethinyl Estradiol | 171 |
| Levonorg-Eth Estrad Triphasic | 171 |
| LEVORA | 171 |
| <i>levothyroxine sodium</i> | 126 |
| LEXIVA | 71 |
| <i>lidocaine</i> | 34 |
| <i>lidocaine hcl</i> | 34 |
| <i>lidocaine hcl (pf)</i> | 34 |
| <i>lidocaine hcl urethral/mucosal</i> | 34 |
| <i>lidocaine pak</i> | 34 |
| <i>lidocaine viscous hcl</i> | 100 |
| <i>lidocaine-hydrocort (perianal)</i> | 101 |
| <i>lidocaine-hydrocortisone ace</i> | 101, 102 |
| <i>lidocaine-prilocaine</i> | 34 |
| LILLOW | 171 |
| Linagliptin | 156 |
| Linagliptin-Metformin | 156 |
| <i>lincomycin hcl</i> | 37 |
| <i>lindane</i> | 61 |
| <i>linezolid</i> | 37 |
| LINZESS | 112 |
| <i>liothyronine sodium</i> | 126 |
| Liraglutide | 157 |
| <i>lisinopril</i> | 85 |
| <i>lisinopril-hydrochlorothiazide</i> | 90 |
| <i>lithium</i> | 73 |
| <i>lithium carbonate</i> | 73 |
| <i>lithium carbonate er</i> | 73 |
| LONSURF | 57 |
| <i>loperamide hcl</i> | 111 |
| <i>lopinavir-ritonavir</i> | 71 |
| LOPREEZA | 125 |
| Loratadine | 159, 180 |
| Loratadine Childrens | 180 |
| Loratadine-D 12HR | 180 |
| Loratadine-D 24HR | 180 |
| <i>lorazepam</i> | 72 |
| LORYNA | 171 |
| Losartan | 154 |
| <i>losartan potassium</i> | 84 |
| <i>losartan potassium-hctz</i> | 90 |
| LOTEMAX | 143 |
| LOTEMAX SM | 143 |

| | |
|------------------------------|-----|
| <i>loteprednol etabonate</i> | 143 |
| lovastatin | 177 |
| <i>lovastatin</i> | 93 |
| Lovastatin | 162 |
| Lovastatin Tab IR | 162 |
| LOW-OGESTREL | 171 |
| <i>loxapine succinate</i> | 63 |
| <i>lubiprostone</i> | 112 |
| LUMIGAN | 144 |
| LUPKYNIS | 130 |
| LUPRON DEPOT (1-MONTH) | 127 |
| LUPRON DEPOT (3-MONTH) | 127 |
| LUPRON DEPOT (4-MONTH) | 127 |
| LUPRON DEPOT (6-MONTH) | 127 |
| LUPRON DEPOT-PED (1-MONTH) | 127 |
| LUPRON DEPOT-PED (3-MONTH) | 127 |
| LUTERA | 171 |
| LYNPARZA | 58 |
| Lyrica | 161 |
| LYSODREN | 127 |

M

| | |
|---|-----|
| M.V.I. ADULT | 108 |
| M.V.I. PEDIATRIC | 108 |
| <i>mafenide acetate</i> | 37 |
| <i>maprotiline hcl</i> | 47 |
| <i>maraviroc</i> | 70 |
| MARLISSA | 171 |
| MARPLAN | 46 |
| MATULANE | 55 |
| MAVYRET | 67 |
| MAXIDEX | 143 |
| MAYZENT | 99 |
| MAYZENT STARTER PACK | 99 |
| <i>meclizine hcl</i> | 49 |
| <i>meclofenamate sodium</i> | 30 |
| MEDROL | 120 |
| <i>medroxyprogesterone acetate</i> | 125 |
| medroxyprogesterone acetate intramuscular suspension 150 mg/ml | 168 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml | 168 |
| <i>mefenamic acid</i> | 30 |
| <i>mefloquine hcl</i> | 60 |
| <i>megestrol acetate</i> | 126 |
| MEKINIST | 58 |

| | |
|---|---------------|
| MEKTOVI..... | 58 |
| <i>meloxicam</i> | 30 |
| <i>melphalan</i> | 55 |
| Memantine | 158 |
| <i>memantine hcl</i> | 45 |
| <i>memantine hcl er</i> | 45 |
| MENACTRA..... | 135 |
| MENEST | 125 |
| MENOPUR..... | 139 |
| MENTAX..... | 51 |
| MENVEO | 135 |
| <i>meperidine hcl</i> | 33 |
| MEPSEVII | 115 |
| <i>mercaptopurine</i> | 56 |
| <i>mesalamine</i> | 136 |
| <i>mesalamine er</i> | 136 |
| <i>mesalamine-cleanser</i> | 136 |
| MESNEX..... | 60 |
| METADATE ER | 97 |
| METAXALL | 152 |
| <i>metaxalone</i> | 152 |
| Metformin | 157, 158, 162 |
| <i>metformin hcl</i> | 75 |
| <i>metformin hcl er</i> | 75 |
| <i>metformin hcl er (osm)</i> | 75 |
| Methamphetamine | 154 |
| <i>methazolamide</i> | 142 |
| <i>methenamine hippurate</i> | 37 |
| <i>methimazole</i> | 128 |
| <i>methocarbamol</i> | 152 |
| <i>methotrexate</i> | 130 |
| <i>methotrexate sodium</i> | 130 |
| <i>methotrexate sodium (pf)</i> | 130 |
| <i>methoxsalen rapid</i> | 102 |
| <i>methscopolamine bromide</i> | 111 |
| <i>methyl dopa</i> | 84 |
| <i>methylergonovine maleate</i> | 139 |
| Methylphenidate..... | 154 |
| <i>methylphenidate hcl</i> | 97 |
| <i>methylphenidate hcl er</i> | 97 |
| <i>methylphenidate hcl er (cd)</i> | 97 |
| <i>methylphenidate hcl er (la)</i> | 97 |
| <i>methylphenidate hcl er (osm)</i> | 97 |
| <i>methylprednisolone</i> | 120 |
| <i>methylprednisolone acetate</i> | 120, 121 |
| <i>methylprednisolone sodium succ</i> | 121 |

| | |
|---|----------|
| <i>metipranolol</i> | 142 |
| <i>metoclopramide hcl</i> | 111 |
| <i>metolazone</i> | 92 |
| <i>metoprolol succinate er</i> | 86 |
| <i>metoprolol tartrate</i> | 87 |
| <i>metoprolol-hydrochlorothiazide</i> | 90 |
| <i>metronidazole</i> | 37, 102 |
| <i>metyrosine</i> | 91 |
| <i>mexiletine hcl</i> | 85 |
| MIBELAS 24 FE | 171 |
| Micardis..... | 155 |
| Micardis HCT | 155 |
| MICROGESTIN 24 FE | 171 |
| MICROGESTIN FE 1.5/30 | 171 |
| MICROGESTIN FE 1/20 | 171 |
| <i>midazolam hcl</i> | 72 |
| <i>midazolam hcl (pf)</i> | 73 |
| <i>midodrine hcl</i> | 84 |
| MIGERGOT..... | 53 |
| <i>miglitol</i> | 75 |
| Miglitol | 158 |
| <i>miglustat</i> | 115 |
| MILI | 171 |
| MILLIPRED | 121 |
| MIMVEY | 125 |
| MIMVEY LO | 125 |
| <i>minocycline hcl</i> | 41, 42 |
| <i>minoxidil</i> | 94 |
| Mirabegron | 158 |
| MIRENA INTRAUTERINE DEVICE | |
| 20MCG/24HR | 168 |
| <i>mirtazapine</i> | 46 |
| MIRVASO..... | 102 |
| <i>misoprostol</i> | 113 |
| M-M-R II | 135 |
| <i>m-natal plus</i> | 108 |
| <i>modafinil</i> | 153 |
| MODERIBA | 67 |
| MODERIBA (1200 MG PACK) | 67 |
| MODERIBA (600 MG PACK) | 67 |
| MODERIBA (800 MG PACK) | 67 |
| Mometasone | 158 |
| <i>mometasone furoate</i> | 121, 146 |
| MONOCLATE-P | 82 |
| MONO-LINYAH..... | 172 |
| MONONINE | 82 |

| | |
|---|----------|
| <i>montelukast sodium</i> | 147 |
| <i>morphine sulfate</i> | 33 |
| <i>morphine sulfate (concentrate)</i> | 33 |
| <i>morphine sulfate er</i> | 31 |
| <i>moxifloxacin hcl</i> | 41, 141 |
| <i>moxifloxacin hcl (2x day)</i> | 141 |
| Multaq..... | 156 |
| MULTAQ..... | 85 |
| MULTIGEN..... | 104 |
| MULTIGEN PLUS..... | 104 |
| <i>multi-vit/fluoride</i> | 108 |
| <i>multi-vit/fluoride/iron</i> | 108 |
| <i>multivitamin/fluoride</i> | 108 |
| <i>multi-vitamin/fluoride</i> | 108 |
| <i>multivitamin/fluoride/iron</i> | 108 |
| <i>multi-vitamin/fluoride/iron</i> | 108 |
| <i>mupirocin</i> | 37 |
| <i>mupirocin calcium</i> | 37 |
| MY CHOICE..... | 167 |
| MY WAY..... | 167 |
| <i>mycophenolate mofetil</i> | 130 |
| <i>mycophenolate sodium</i> | 130 |
| <i>mynate 90 plus</i> | 108 |
| Myrbetriq..... | 158 |
| MYRBETRIQ..... | 115, 116 |
| MYTESI..... | 111 |

N

| | |
|---|-----|
| <i>na ferric gluc cplx in sucrose</i> | 105 |
| <i>nabumetone</i> | 31 |
| <i>nadolol</i> | 87 |
| <i>nafcillin sodium</i> | 39 |
| NAFRINSE DROPS..... | 176 |
| <i>naftifine hcl</i> | 51 |
| NAFTIN..... | 51 |
| NAGLAZYME..... | 115 |
| <i>naloxone hcl</i> | 36 |
| <i>naltrexone hcl</i> | 35 |
| Namenda..... | 158 |
| Namenda XR..... | 158 |
| NAMENDA XR TITRATION PACK..... | 45 |
| NAMZARIC..... | 44 |
| <i>naproxen</i> | 31 |
| <i>naproxen sodium</i> | 31 |
| <i>naratriptan hcl</i> | 53 |
| Nasacort..... | 158 |

| | |
|---|----------|
| Nasonex..... | 158 |
| NATACYN..... | 51 |
| NATALVIT..... | 108 |
| NATAZIA..... | 172 |
| <i>nateglinide</i> | 75 |
| Nateglinide..... | 161 |
| Nebivolol..... | 158, 159 |
| <i>nebivolol hcl</i> | 87 |
| NECON 0.5/35 (28)..... | 172 |
| <i>nefazodone hcl</i> | 47 |
| <i>neomycin sulfate</i> | 36 |
| <i>neomycin-bacitracin zn-polymyx</i> | 140 |
| <i>neomycin-polymyxin-dexameth</i> | 143 |
| <i>neomycin-polymyxin-gramicidin</i> | 140 |
| <i>neomycin-polymyxin-hc</i> | 143, 145 |
| NEO-POLYCIN..... | 140 |
| NEO-POLYCIN HC..... | 143 |
| NEOTUSS PLUS..... | 151 |
| NEPHRONEX..... | 108 |
| NEULASTA..... | 79 |
| NEULASTA ONPRO..... | 79 |
| NEUPOGEN..... | 79 |
| Neupro..... | 161 |
| NEUPRO..... | 62 |
| <i>nevirapine</i> | 69 |
| <i>nevirapine er</i> | 69 |
| NEW DAY..... | 167 |
| NEXAVAR..... | 58 |
| Nexium..... | 160 |
| NEXIUM..... | 114 |
| Nexium OTC..... | 160 |
| NEXPLANON SUBDERMAL IMPLANT 68MG..... | 175 |
| <i>niacin (antihyperlipidemic)</i> | 94 |
| <i>niacin er (antihyperlipidemic)</i> | 94 |
| <i>nicardipine hcl</i> | 88 |
| nicotrol inh..... | 177 |
| nicotrol ns nasal soln..... | 177 |
| <i>nifedipine</i> | 88 |
| <i>nifedipine er</i> | 88 |
| <i>nifedipine er osmotic release</i> | 88 |
| NIKKI..... | 172 |
| <i>nilutamide</i> | 55 |
| <i>nimodipine</i> | 88 |
| NINLARO..... | 58 |
| <i>nisoldipine er</i> | 88 |

| | | | |
|---|-----|--|----------|
| <i>nitazoxanide</i> | 60 | <i>octreotide acetate</i> | 127 |
| <i>nitisinone</i> | 115 | ODEFSEY | 69 |
| NITRO-BID..... | 95 | OFEV | 150 |
| NITRO-DUR..... | 95 | <i>ofloxacin</i> | 141, 145 |
| <i>nitrofurantoin</i> | 37 | <i>olanzapine</i> | 65 |
| <i>nitrofurantoin macrocrystal</i> | 37 | <i>olanzapine-fluoxetine hcl</i> | 47 |
| <i>nitrofurantoin monohyd macro</i> | 37 | Olmesartan..... | 154, 155 |
| <i>nitroglycerin</i> | 95 | <i>olmesartan medoxomil</i> | 84 |
| <i>nitroglycerin er</i> | 95 | <i>olmesartan medoxomil-hctz</i> | 91 |
| NITRO-TIME..... | 95 | Olmesartan-Hydrochlorothiazide | 155 |
| NITYR..... | 115 | Olopatadine..... | 159 |
| NIVA-PLUS | 108 | <i>olopatadine hcl</i> | 140, 146 |
| <i>nizatidine</i> | 112 | OLUMIANT..... | 130 |
| norethin ace-eth estrad-fe..... | 172 | <i>omega-3-acid ethyl esters</i> | 94 |
| norethin ace-eth estrad-fe chew tab..... | 172 | <i>omeprazole</i> | 114 |
| norethin ace-eth estrad-fe tab..... | 172 | Omeprazole..... | 160, 179 |
| norethin acet-ethinyl est chew tab..... | 172 | Omeprazole Magnesium | 179 |
| <i>norethindrone acetate</i> | 126 | Omeprazole Rx | 160 |
| norethindrone tablet 0.35 mg | 175 | <i>omeprazole-sodium bicarbonate</i> | 114 |
| norethin-eth estrad-fe chew tab | 172 | Omeprazole-Sodium Bicarbonate | 160, 179 |
| Norgestimate-Ethinyl Estradiol..... | 172 | OMNIFLEX DIAPHRAGM | 166 |
| norgestim-eth estrad triphasic..... | 172 | <i>ondansetron</i> | 49 |
| NORLYDA..... | 175 | <i>ondansetron hcl</i> | 49, 50 |
| NORPACE CR | 85 | <i>onevite</i> | 108 |
| NORTREL 0.5/35 (28) | 172 | OPCICON ONE STEP | 167 |
| <i>nortriptyline hcl</i> | 48 | OPSUMIT..... | 149 |
| NORVIR..... | 71 | OPTION 2 | 167 |
| NOVAREL..... | 139 | Optivar..... | 159 |
| NOVOEIGHT | 82 | ORACIT..... | 105 |
| NOVOSEVEN RT | 82 | ORENCIA..... | 130 |
| NOXAFIL..... | 51 | ORENCIA CLICKJECT | 130 |
| NUTRIVIT | 108 | ORFADIN | 115 |
| NUWIQ..... | 82 | ORLISSA..... | 127 |
| NYAMYC..... | 51 | <i>orphenadrine citrate</i> | 152 |
| <i>nystatin</i> | 51 | <i>orphenadrine citrate er</i> | 152 |
| <i>nystatin-triamcinolone</i> | 51 | ORSYTHIA..... | 172 |
| O | | <i>oseltamivir phosphate</i> | 71 |
| <i>obizur</i> | 82 | OSPHENA..... | 126 |
| OBSTETRIX DHA | 108 | OTEZLA | 133 |
| OBSTETRIX EC..... | 108 | OVIDREL | 139 |
| OBSTETRIX ONE..... | 108 | <i>oxandrolone</i> | 123 |
| O-CAL PRENATAL | 108 | <i>oxaprozin</i> | 31 |
| OCELLA..... | 172 | <i>oxazepam</i> | 73 |
| OCREVUS | 99 | <i>oxcarbazepine</i> | 44 |
| OCTAGAM..... | 132 | <i>oxiconazole nitrate</i> | 51 |
| | | OXISTAT | 51 |

| | |
|--------------------------------------|--------|
| Oxybutinin..... | 158 |
| <i>oxybutynin chloride</i> | 116 |
| <i>oxybutynin chloride er</i> | 116 |
| <i>oxycodone hcl</i> | 33, 34 |
| <i>oxycodone hcl er</i> | 31 |
| <i>oxycodone-acetaminophen</i> | 34 |
| <i>oxymorphone hcl</i> | 34 |
| Ozempic..... | 157 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)..... | 75 |
| OZEMPIC (1 MG/DOSE)..... | 75 |

P

| | |
|--|-----|
| PACERONE..... | 85 |
| <i>paliperidone er</i> | 65 |
| Paliperidone Palmitate | 160 |
| PANDEL..... | 121 |
| PANRETIN..... | 59 |
| Pantoprazole..... | 160 |
| Pantoprazole RX..... | 160 |
| <i>pantoprazole sodium</i> | 114 |
| PARAGARD INTRAUTERINE COPPER ... | 166 |
| <i>paricalcitol</i> | 138 |
| <i>paromomycin sulfate</i> | 36 |
| <i>paroxetine hcl</i> | 47 |
| <i>paroxetine hcl er</i> | 47 |
| PASER..... | 54 |
| PEDIARIX | 135 |
| PEDVAX HIB | 135 |
| PEG 3350 KCL NA BICARB NACL SOLN.. | 178 |
| PEG 3350/ ELECTROLYTE SOLN..... | 178 |
| <i>peg 3350/electrolytes</i> | 113 |
| <i>peg 3350-kcl-na bicarb-nacl</i> | 113 |
| <i>peg-3350/electrolytes</i> | 113 |
| PEGASYS..... | 67 |
| PEGASYS PROCLICK..... | 67 |
| PEGINTRON..... | 67 |
| PEGYLAX | 113 |
| PEMAZYRE | 58 |
| <i>penicillamine</i> | 106 |
| <i>penicillin g procaine</i> | 39 |
| <i>penicillin v potassium</i> | 40 |
| PENTACEL | 135 |
| <i>pentamidine isethionate</i> | 60 |
| PENTASA | 136 |
| <i>pentoxifylline er</i> | 91 |
| <i>permethrin</i> | 61 |

| | |
|---|----------|
| <i>perphenazine</i> | 63 |
| <i>perphenazine-amitriptyline</i> | 48 |
| <i>phenelzine sulfate</i> | 46 |
| <i>phenobarbital</i> | 42, 43 |
| <i>phenoxybenzamine hcl</i> | 84 |
| <i>phentermine hcl</i> | 138 |
| <i>phenytoin</i> | 44 |
| PHENYTOIN INFATABS..... | 44 |
| <i>phenytoin sodium</i> | 44 |
| <i>phenytoin sodium extended</i> | 44 |
| PHOSPHA 250 NEUTRAL | 105 |
| PHOSPHASAL | 117 |
| PHOSPHOLINE IODIDE | 142 |
| <i>phytonadione</i> | 109 |
| <i>pilocarpine hcl</i> | 100, 142 |
| <i>pimecrolimus</i> | 102 |
| Pimecrolimus..... | 160 |
| <i>pimozide</i> | 63 |
| PIMTREA | 172 |
| <i>pindolol</i> | 87 |
| Pioglitazone..... | 157 |
| <i>pioglitazone hcl</i> | 75 |
| <i>pioglitazone hcl-glimepiride</i> | 75 |
| Pioglitazone HCl-Glimepiride | 157 |
| Pioglitazone HCl-Metformin..... | 157 |
| <i>pioglitazone hcl-metformin hcl</i> | 75 |
| <i>pirfenidone</i> | 150 |
| <i>piroxicam</i> | 31 |
| PLEGRIDY | 99 |
| PLEGRIDY STARTER PACK..... | 99 |
| PLENITY | 138 |
| PLENITY WELCOME KIT | 138 |
| PNEUMOVAX 23 | 135 |
| <i>pnv folic acid + iron</i> | 109 |
| <i>pnv prenatal plus multivit+dha</i> | 109 |
| <i>pnv prenatal plus multivitamin</i> | 109 |
| <i>pnv tabs 29-1</i> | 109 |
| <i>podofilox</i> | 102 |
| POLYCIN | 140 |
| <i>polyethylene glycol 3350</i> | 113 |
| <i>polymyxin b-trimethoprim</i> | 140 |
| POMALYST..... | 55 |
| PORTIA-28..... | 172 |
| <i>posaconazole</i> | 51 |
| <i>pot bicarb-pot chloride</i> | 105 |
| POTABA..... | 109 |

| | | | |
|---|----------|---|-----------|
| <i>potassium bicarbonate</i> | 105 | PREVNAR 13..... | 135 |
| <i>potassium chloride</i> | 105 | PREZCOBIX..... | 71 |
| <i>potassium chloride crys er</i> | 105 | PREZISTA..... | 71 |
| <i>potassium chloride er</i> | 105 | PRIFTIN..... | 55 |
| <i>potassium citrate er</i> | 105 | Prilosec OTC..... | 160 |
| <i>potassium citrate-citric acid</i> | 105 | <i>primaquine phosphate</i> | 60 |
| PRADAXA..... | 78 | <i>primidone</i> | 43 |
| Pramipexole..... | 161 | Pristiq..... | 155 |
| <i>pramipexole dihydrochloride</i> | 62 | PRIVIGEN..... | 132 |
| <i>pramipexole dihydrochloride er</i> | 62 | probenecid..... | 5, 16, 52 |
| PRAMOSONE..... | 52 | <i>prochlorperazine</i> | 64 |
| PRAMOSONE E..... | 52 | <i>prochlorperazine edisylate</i> | 64 |
| <i>prasugrel hcl</i> | 83 | <i>prochlorperazine maleate</i> | 64 |
| pravastatin..... | 177 | PROCORT..... | 102 |
| Pravastatin..... | 162 | PROCTOFOAM HC..... | 102 |
| <i>pravastatin sodium</i> | 93 | PROFERRIN-FORTE..... | 105 |
| <i>praziquantel</i> | 60 | PROFILNINE..... | 82 |
| <i>prazosin hcl</i> | 84 | PROFILNINE SD..... | 82 |
| PRED MILD..... | 143 | <i>progesterone</i> | 126 |
| PRED-G..... | 143 | PROLENSA..... | 144 |
| PRED-G S.O.P..... | 143 | PROLIA..... | 138 |
| <i>prednicarbate</i> | 121 | PROMACTA..... | 79 |
| <i>prednisolone</i> | 121 | <i>promethazine hcl</i> | 49 |
| <i>prednisolone acetate</i> | 143 | <i>promethazine vc/codeine</i> | 151 |
| <i>prednisolone sodium phosphate</i> | 121, 144 | <i>promethazine-codeine</i> | 151 |
| <i>prednisone</i> | 121 | <i>promethazine-dm</i> | 151 |
| PREDNISONA INTENSOL..... | 121 | <i>promethazine-phenyleph-codeine</i> | 151 |
| <i>pregabalin</i> | 98 | <i>Promethegan</i> | 49 |
| Pregabalin..... | 161 | <i>propafenone hcl</i> | 86 |
| <i>pregabalin er</i> | 98 | <i>propafenone hcl er</i> | 86 |
| PREGNYL..... | 139 | <i>propranolol hcl</i> | 87 |
| PREMARIN..... | 125 | <i>propranolol hcl er</i> | 87 |
| PREMPHASE..... | 125 | <i>propranolol-hctz</i> | 91 |
| PREMPRO..... | 125 | <i>propylthiouracil</i> | 128 |
| PRENATABS RX..... | 109 | PROQUAD..... | 135 |
| <i>prenatal</i> | 109 | PROTECTIRON..... | 105 |
| <i>prenatal 19</i> | 109 | Protopic..... | 160 |
| <i>prenatal plus</i> | 109 | <i>protriptyline hcl</i> | 49 |
| <i>prenatal plus iron</i> | 109 | PROVIDA OB..... | 109 |
| <i>prenatal vitamin plus low iron</i> | 109 | Prozac Weekly..... | 156 |
| <i>preplus</i> | 109 | <i>pseudoeph-bromphen-dm</i> | 151 |
| <i>pretab</i> | 109 | PULMOZYME..... | 148 |
| Prevacid..... | 160 | <i>purefe plus</i> | 105 |
| Prevacid OTC..... | 160 | PYLERA..... | 111 |
| Prevacid SoluTab..... | 160 | <i>pyrazinamide</i> | 55 |
| PREVIFEM..... | 173 | <i>pyridostigmine bromide</i> | 54 |

| | |
|--|-----|
| <i>pyridostigmine bromide er</i> | 54 |
| <i>pyridoxine hcl</i> | 109 |
| <i>pyrimethamine</i> | 60 |

Q

| | |
|--|--------|
| Qnasl | 158 |
| QNASL..... | 146 |
| QNASL CHILDRENS | 146 |
| QSYMIA..... | 138 |
| QUADRACEL..... | 135 |
| Quetiapine..... | 161 |
| <i>quetiapine fumarate</i> | 65 |
| <i>quetiapine fumarate er</i> | 65 |
| QUILLICHEW ER..... | 97, 98 |
| QUILLIVANT XR..... | 98 |
| <i>quinapril hcl</i> | 85 |
| <i>quinapril-hydrochlorothiazide</i> | 91 |
| <i>quinidine gluconate er</i> | 86 |
| <i>quinidine sulfate</i> | 86 |
| <i>quinine sulfate</i> | 60 |

R

| | |
|----------------------------------|----------|
| Rabeprazole..... | 160 |
| <i>rabeprazole sodium</i> | 114 |
| <i>raloxifene hcl</i> | 126, 166 |
| <i>ramelteon</i> | 153 |
| <i>ramipril</i> | 85 |
| <i>ranitidine hcl</i> | 112 |
| <i>ranolazine er</i> | 91 |
| Rasagiline | 161 |
| <i>rasagiline mesylate</i> | 63 |
| REA LO 40..... | 102 |
| REACT | 167 |
| REBINYN..... | 82 |
| RECLIPSEN..... | 173 |
| RECOMBINATE..... | 83 |
| RECOMBIVAX HB..... | 135 |
| RECTIV..... | 102 |
| REGRANEX..... | 102 |
| RELAGARD | 37 |
| RELENZA DISKHALER | 71 |
| Relpax..... | 162 |
| RENATABS..... | 109 |
| RENATABS WITH IRON..... | 109 |
| RENFLEXIS | 130 |
| <i>repaglinide</i> | 75 |
| Repaglinide..... | 161 |

| | |
|-------------------------------------|---------|
| REPATHA | 94 |
| REPATHA PUSHTRONEX SYSTEM..... | 94 |
| REPATHA SURECLICK..... | 94 |
| Requip..... | 161 |
| Requip XL | 161 |
| RESCRIPTOR..... | 69 |
| RETACRIT | 79 |
| REVLIMID | 56 |
| REYATAZ..... | 71 |
| Rhinocort..... | 158 |
| RHOGAM ULTRA-FILTERED PLUS..... | 132 |
| RHOPHYLAC | 132 |
| RIBASPHERE | 67 |
| RIBASPHERE RIBAPAK (1000 PACK)..... | 67 |
| RIBASPHERE RIBAPAK (1200 PACK)..... | 67 |
| RIBASPHERE RIBAPAK (600 PACK)..... | 67 |
| RIBASPHERE RIBAPAK (800 PACK)..... | 67 |
| <i>ribavirin</i> | 68, 151 |
| RIDAURA | 133 |
| <i>rifabutin</i> | 54 |
| RIFAMATE | 55 |
| <i>rifampin</i> | 55 |
| RIFATER..... | 55 |
| <i>riluzole</i> | 98 |
| <i>rimantadine hcl</i> | 71 |
| RIMSO-50 | 117 |
| <i>ringers</i> | 105 |
| RINVOQ..... | 130 |
| RIOMET ER | 75 |
| Risedronate..... | 159 |
| <i>risedronate sodium</i> | 138 |
| RISPERDAL CONSTA | 65 |
| <i>risperidone</i> | 65 |
| <i>ritonavir</i> | 71 |
| <i>rivastigmine</i> | 45 |
| <i>rivastigmine tartrate</i> | 45 |
| <i>rixubis</i> | 83 |
| <i>rizatriptan benzoate</i> | 53 |
| Ropinirole | 161 |
| <i>ropinirole hcl</i> | 62 |
| <i>ropinirole hcl er</i> | 62 |
| ROSADAN | 102 |
| Rosuvastatin | 162 |
| <i>rosuvastatin calcium</i> | 177 |
| <i>rosuvastatin calcium</i> | 93 |
| ROTARIX | 135 |

| | |
|--------------------------|-----|
| ROTATEQ..... | 135 |
| Rotigotine TD Patch..... | 161 |
| <i>rufinamide</i> | 44 |
| RUXIENCE..... | 59 |
| Rybelsus..... | 157 |
| RYBELSUS..... | 75 |

S

| | |
|--|----------|
| <i>salsalate</i> | 31 |
| SANTYL..... | 102 |
| <i>sapropterin dihydrochloride</i> | 115 |
| SAVELLA..... | 98 |
| SAVELLA TITRATION PACK..... | 98 |
| SAXENDA..... | 138 |
| <i>scopolamine</i> | 49 |
| Selegiline..... | 161 |
| <i>selegiline hcl</i> | 63 |
| <i>selenium sulfide</i> | 102 |
| SELZENTRY..... | 70 |
| Semaglutide..... | 157 |
| SEMPREX-D..... | 151 |
| <i>se-natal 19</i> | 109 |
| SEREVENT DISKUS..... | 148 |
| Seroquel XR..... | 161 |
| <i>sertraline hcl</i> | 47 |
| <i>se-tan plus</i> | 105 |
| SETLAKIN..... | 174 |
| <i>sevelamer carbonate</i> | 107 |
| <i>sevelamer hcl</i> | 107 |
| SFROWASA..... | 136 |
| SHAROBEL..... | 175 |
| SHINGRIX..... | 135 |
| SHUR-SEAL CONTRACEPTIVE GEL 2%.. | 175 |
| <i>sildenafil citrate</i> | 117, 149 |
| SILIQ..... | 102 |
| <i>silodosin</i> | 116 |
| <i>silver sulfadiazine</i> | 37 |
| SIMLIYA..... | 173 |
| simvastatin..... | 177 |
| <i>simvastatin</i> | 93 |
| Simvastatin..... | 162 |
| SIRTURO..... | 55 |
| Sitagliptin..... | 156 |
| Sitagliptin-Metformin..... | 156 |
| SIVEXTRO..... | 37 |
| SKYRIZI..... | 102 |

| | |
|--|---------------|
| SKYRIZI (150 MG DOSE)..... | 102 |
| SKYRIZI PEN..... | 102 |
| <i>sod citrate-citric acid</i> | 105 |
| <i>sodium chloride</i> | 106, 139, 151 |
| <i>sodium chloride (pf)</i> | 106 |
| SODIUM FLUORIDE..... | 176 |
| SODIUM FLUORIDE TAB..... | 176 |
| SODIUM FLUORIDE TAB CHEW..... | 176 |
| <i>sodium phenylbutyrate</i> | 115 |
| <i>sodium polystyrene sulfonate</i> | 106 |
| <i>sofosbuvir-velpatasvir</i> | 67 |
| <i>solifenacin succinate</i> | 116 |
| SOLU-CORTEF..... | 121 |
| SOLU-MEDROL..... | 121 |
| SOMATULINE DEPOT..... | 128 |
| SOMAVERT..... | 128 |
| <i>sorafenib tosylate</i> | 58 |
| SORINE..... | 86 |
| <i>sotalol hcl</i> | 86 |
| <i>sotalol hcl (af)</i> | 86 |
| SPIRIVA HANDIHALER..... | 147 |
| SPIRIVA RESPIMAT..... | 147 |
| <i>spironolactone</i> | 92 |
| Spironolactone..... | 156 |
| Spironolactone & Hydrochlorothiazide..... | 156 |
| <i>spironolactone-hctz</i> | 91 |
| SPRINTEC..... | 173 |
| SPRYCEL..... | 59 |
| SPS SUSP..... | 106 |
| SRONYX..... | 173 |
| <i>stavudine</i> | 70 |
| STELARA..... | 102 |
| STIMATE..... | 123 |
| STIOLTO RESPIMAT..... | 151 |
| STIVARGA..... | 59 |
| Strattera..... | 154 |
| STRIBILD..... | 68 |
| STRIVERDI RESPIMAT..... | 148 |
| <i>sucralfate</i> | 113 |
| <i>sulconazole nitrate</i> | 51 |
| <i>sulfacetamide sodium (acne)</i> | 41 |
| <i>sulfacetamide sodium-sulfur</i> | 103 |
| <i>sulfacetamide-prednisolone</i> | 144 |
| <i>sulfadiazine</i> | 41 |
| <i>sulfamethoxazole-trimethoprim</i> | 41 |
| SULFAMYLON..... | 37 |

| | |
|---|--------------------|
| <i>sulfasalazine</i> | 137 |
| Sulfonylureas | 156, 157, 161, 162 |
| <i>sulindac</i> | 31 |
| <i>sumatriptan</i> | 53 |
| Sumatriptan..... | 162 |
| <i>sumatriptan succinate</i> | 53 |
| <i>sumatriptan succinate refill</i> | 54 |
| <i>sumatriptan-naproxen sodium</i> | 54 |
| <i>sunitinib malate</i> | 59 |
| SUPERVITE..... | 109 |
| <i>support</i> | 109 |
| SUPPORT-500 | 109 |
| SUPREP BOWEL PREP..... | 178 |
| SUPREP BOWEL PREP KIT | 113 |
| SYEDA..... | 173 |
| SYMAX DUOTAB | 111 |
| SYMAX-SL..... | 111 |
| SYMAX-SR | 111 |
| SYMBICORT..... | 151 |
| SYMPROIC..... | 111 |
| SYMTUZA..... | 69 |
| SYNAGIS | 133 |
| SYNAREL | 128 |
| Synjardy..... | 162 |
| SYNJARDY | 76 |
| Synjardy XR..... | 162 |
| SYNJARDY XR..... | 76 |
| SYNTHROID..... | 126 |

T

| | |
|--------------------------------|----------|
| TABLOID..... | 56 |
| TABRECTA..... | 59 |
| <i>tacrolimus</i> | 103 |
| Tacrolimus | 160 |
| <i>tadalafil</i> | 116, 117 |
| <i>tadalafil (pah)</i> | 149 |
| TAFINLAR..... | 59 |
| TAKE ACTION | 167 |
| TALICIA | 111 |
| TALTZ..... | 103 |
| <i>tamoxifen citrate</i> | 56, 166 |
| <i>tamsulosin hcl</i> | 116 |
| TANDEM F..... | 106 |
| Tanzeum..... | 157 |
| TARGRETIN | 59 |
| TARINA 24 FE | 173 |

| | |
|--|----------|
| TARINA FE 1/20..... | 173 |
| TARINA FE 1/20 EQ | 173 |
| TARON-C DHA | 109 |
| TASIGNA | 59 |
| <i>tazarotene</i> | 103 |
| TAZORAC | 103 |
| TDVAX | 135 |
| TEKTURNA HCT..... | 91 |
| <i>telmisartan</i> | 84 |
| Telmisartan | 155 |
| <i>telmisartan-hctz</i> | 91 |
| Telmisartan-Hydrochlorothiazide..... | 155 |
| <i>temazepam</i> | 152 |
| <i>temozolomide</i> | 55 |
| TENCON | 29 |
| TENIVAC..... | 135 |
| <i>tenofovir disoproxil fumarate</i> | 70 |
| <i>terazosin hcl</i> | 116 |
| <i>terbinafine hcl</i> | 51 |
| <i>terbutaline sulfate</i> | 148 |
| <i>terconazole</i> | 51, 52 |
| <i>testosterone</i> | 123, 124 |
| <i>testosterone cypionate</i> | 124 |
| <i>testosterone enanthate</i> | 124 |
| <i>tetanus-diphtheria toxoids td</i> | 135 |
| <i>tetracycline hcl</i> | 42 |
| TEXACORT..... | 121 |
| THALOMID..... | 56 |
| THEO-24 | 149 |
| <i>theophylline er</i> | 149 |
| <i>thiamine hcl</i> | 109 |
| <i>thioridazine hcl</i> | 64 |
| <i>thiothixene</i> | 64 |
| <i>thrivite 19</i> | 109 |
| <i>thrivite rx</i> | 109 |
| TIBSOVO | 59 |
| <i>timolol maleate</i> | 87, 142 |
| TIVICAY | 68 |
| TIVICAY PD | 68 |
| <i>tizanidine hcl</i> | 66 |
| TL G-FOL OS..... | 110 |
| TOBI PODHALER | 148 |
| TOBRADEX | 144 |
| TOBRADEX ST | 144 |
| <i>tobramycin</i> | 141, 148 |
| <i>tobramycin-dexamethasone</i> | 144 |

| | |
|--|---------------|
| TOBREX | 141 |
| TODAY SPONGE VAGINAL SPONGE 1000MG..... | 175 |
| <i>tolmetin sodium</i> | 31 |
| Tolterodine..... | 158 |
| <i>tolterodine tartrate</i> | 116 |
| <i>tolterodine tartrate er</i> | 116 |
| <i>topiramate</i> | 43 |
| <i>toremifene citrate</i> | 56 |
| <i>torseamide</i> | 92 |
| TOVIAZ..... | 116 |
| Tradjenta..... | 156 |
| TRADJENTA..... | 76 |
| <i>tramadol hcl</i> | 34 |
| <i>tramadol hcl er</i> | 32 |
| <i>tramadol-acetaminophen</i> | 34 |
| <i>trandolapril</i> | 85 |
| <i>trandolapril-verapamil hcl er</i> | 91 |
| <i>tranexamic acid</i> | 83 |
| <i>tranylcypromine sulfate</i> | 46 |
| <i>travoprost (bak free)</i> | 144 |
| <i>trazodone hcl</i> | 47 |
| TRECTOR..... | 55 |
| TRELEGY ELLIPTA..... | 151 |
| <i>treprostinil</i> | 149 |
| <i>tretinoin</i> | 60, 103 |
| <i>tretinoin microsphere</i> | 103 |
| <i>tretinoin microsphere pump</i> | 103 |
| TREXIMET..... | 54 |
| TRI FEMYNOR..... | 173 |
| Triamcinolone..... | 158 |
| <i>triamcinolone acetonide</i> | 100, 122, 146 |
| Triamcinolone Acetonide..... | 158, 180 |
| <i>triamterene-hctz</i> | 91 |
| TRIANEX..... | 122 |
| <i>triazolam</i> | 152 |
| TRI-ESTARYLLA..... | 173 |
| <i>trifluoperazine hcl</i> | 64 |
| <i>trifluridine</i> | 68 |
| <i>trihexyphenidyl hcl</i> | 61 |
| Trijardy XR..... | 162 |
| TRIJARDY XR..... | 76 |
| <i>triklo</i> | 94 |
| TRI-LINYAH..... | 173 |
| TRI-LO-ESTARYLLA..... | 173 |
| TRI-LO-MARZIA..... | 173 |

| | |
|------------------------------------|-----|
| TRI-LO-SPRINTEC..... | 173 |
| TRILYTE..... | 113 |
| <i>trimethobenzamide hcl</i> | 49 |
| <i>trimethoprim</i> | 37 |
| TRI-MILLI..... | 173 |
| <i>trinatal rx 1</i> | 110 |
| TRINESSA (28)..... | 174 |
| TRI-PREVIFEM..... | 174 |
| TRIPTODUR..... | 128 |
| TRI-SPRINTEC..... | 174 |
| TRIUMEQ..... | 68 |
| <i>tri-vit/fluoride</i> | 110 |
| <i>tri-vit/fluoride/iron</i> | 110 |
| <i>tri-vitamin/fluoride</i> | 110 |
| TRIVORA (28)..... | 174 |
| TRI-VYLIBRA..... | 174 |
| TROGARZO..... | 70 |
| TRULICITY..... | 76 |
| TRUMENBA..... | 135 |
| TRUVADA..... | 176 |
| TRUXIMA..... | 59 |
| TWINRIX..... | 135 |
| TYBOST..... | 70 |
| TYMLOS..... | 138 |
| TYSABRI..... | 99 |
| TYVASO..... | 149 |
| TYVASO REFILL..... | 149 |
| TYVASO STARTER..... | 149 |

U

| | |
|------------------------|-------|
| UCERIS..... | 137 |
| ULORIC | 5, 16 |
| <i>urea</i> | 103 |
| <i>urea nail</i> | 103 |
| <i>urea-c40</i> | 103 |
| URETRON D/S..... | 117 |
| <i>urin ds</i> | 117 |
| <i>uro-mp</i> | 117 |
| <i>urosex</i> | 110 |
| <i>ursodiol</i> | 111 |
| UTIRA-C..... | 117 |

V

| | |
|---------------------------------|----|
| <i>valacyclovir hcl</i> | 68 |
| <i>valganciclovir hcl</i> | 66 |
| <i>valproic acid</i> | 43 |
| <i>valsartan</i> | 84 |

| | |
|--|--------|
| Valsartan..... | 154 |
| Valsartan HCT | 154 |
| <i>valsartan-hydrochlorothiazide</i> | 91 |
| <i>vancomycin hcl</i> | 37 |
| <i>Vandazole</i> | 37 |
| VAQTA..... | 135 |
| <i>vardenafil hcl</i> | 117 |
| VARIVAX | 136 |
| VARIZIG..... | 136 |
| VAXNEUVANCE..... | 136 |
| VCF VAGINAL CONTRACEPTIVE | 175 |
| VCF VAGINAL CONTRACEPTIVE FILM 28% | 175 |
| VCF VAGINAL CONTRACEPTIVE FOAM 12.5%..... | 175 |
| VELPHORO | 107 |
| VEMLIDY | 66 |
| VENCLEXTA..... | 59 |
| VENCLEXTA STARTING PACK..... | 59 |
| Venlafaxine | 155 |
| <i>venlafaxine hcl</i> | 48 |
| <i>venlafaxine hcl er</i> | 48 |
| VENTAVIS | 149 |
| <i>verapamil hcl</i> | 88 |
| <i>verapamil hcl er</i> | 88, 89 |
| VERQUVO | 91 |
| VERZENIO..... | 57 |
| VESICARE LS | 116 |
| VIBRAMYCIN..... | 42 |
| Victoza | 157 |
| VICTOZA | 76 |
| VIDEX | 70 |
| VIDEX EC | 70 |
| VIENVA..... | 174 |
| <i>vigabatrin</i> | 43 |
| VIMPAT..... | 44 |
| VINATE II..... | 110 |
| VINATE M..... | 110 |
| VIORELE | 174 |
| VIRACEPT | 71 |
| VIREAD..... | 70 |
| VITAL-D RX | 110 |
| <i>vitamin b complex 100</i> | 110 |
| <i>vitamin b-complex 100</i> | 110 |
| <i>vitamin d (ergocalciferol)</i> | 110 |
| <i>vitamin k1</i> | 110 |

| | |
|---------------------------------------|-----|
| <i>vitamins acd-fluoride</i> | 110 |
| <i>vita-rx diabetic vitamin</i> | 110 |
| VOLNEA..... | 174 |
| <i>vol-plus</i> | 110 |
| <i>vol-tab rx</i> | 110 |
| VONVENDI | 83 |
| <i>voriconazole</i> | 52 |
| VOTRIENT | 59 |
| VPRIV | 115 |
| VYLIBRA | 174 |
| Vytorin | 162 |

W

| | |
|--------------------------------|-----|
| <i>warfarin sodium</i> | 78 |
| WERA | 174 |
| WIDE-SEAL DIAPHRAGM 60 MM..... | 166 |
| WIDE-SEAL DIAPHRAGM 65 MM..... | 167 |
| WIDE-SEAL DIAPHRAGM 70 MM..... | 167 |
| WIDE-SEAL DIAPHRAGM 75 MM..... | 167 |
| WIDE-SEAL DIAPHRAGM 80 MM..... | 167 |
| WIDE-SEAL DIAPHRAGM 85 MM..... | 167 |
| WIDE-SEAL DIAPHRAGM 90 MM..... | 167 |
| WIDE-SEAL DIAPHRAGM 95 MM..... | 167 |
| WILATE..... | 83 |
| WINRHO SDF | 132 |
| WIXELA INHUB..... | 151 |

X

| | |
|--|-----|
| XALKORI..... | 59 |
| XARELTO | 78 |
| XARELTO STARTER PACK | 78 |
| XELJANZ | 130 |
| XELJANZ XR | 130 |
| XENICAL | 138 |
| XIFAXAN | 37 |
| Xigduo XR..... | 162 |
| XIGDUO XR | 76 |
| XIIDRA | 140 |
| XOFLUZA (40 MG DOSE) | 71 |
| XOFLUZA (80 MG DOSE) | 72 |
| XOLAIR | 152 |
| XTANDI | 55 |
| XULANE TRANSDERMAL PATCH 0.53MG- 4.86 MG..... | 175 |
| XYNTHA..... | 83 |
| XYNTHA SOLOFUSE | 83 |
| XYREM | 153 |

| | |
|----------------------------------|----------|
| Xyzal | 159 |
| Y | |
| YUVAFEM..... | 125 |
| Z | |
| Zaditor..... | 159 |
| <i>zafirlukast</i> | 147 |
| <i>zaleplon</i> | 152, 153 |
| Zaleplon | 163 |
| ZARXIO..... | 79 |
| Zegerid..... | 160 |
| Zegerid OTC | 160 |
| ZEJULA..... | 59 |
| ZELBORAF | 59 |
| ZENPEP | 115 |
| ZEPOSIA | 99 |
| ZEPOSIA 7-DAY STARTER PACK | 99 |

| | |
|-----------------------------------|--------|
| ZEPOSIA STARTER KIT | 99 |
| Zetia | 156 |
| <i>zidovudine</i> | 70 |
| ZIEXTENZO | 79 |
| <i>ziprasidone hcl</i> | 66 |
| <i>zoledronic acid</i> | 138 |
| ZOLINZA | 57 |
| <i>zolmitriptan</i> | 54 |
| Zolpidem | 163 |
| <i>zolpidem tartrate</i> | 153 |
| <i>zolpidem tartrate er</i> | 153 |
| ZOSTAVAX | 136 |
| ZUBSOLV | 35 |
| ZYDELIG | 57, 59 |
| ZYKADIA | 59 |
| Zyloprim | 5, 16 |
| Zyrtec | 159 |

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