DRUG LIST
FOR FEDERAL EMPLOYEES & ANNUITANTS
Lista de medicamentos para empleados y retirados federales

FEHB 2027







TRIPLE-S SALUD

ESTAMOS CONTIGO

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 2027 (FEHB)

Drug List or Formulary
FEHB Federal Plan 2027

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** 12
- **Derechos Reservados** 13

English 14

Introduction 14

Part I - Drug List Design 15

- **Presentation** 15
- **How do I use the Drug List?** 15
- **How much will I pay for covered drugs?** 15
- **What are Generic Drugs (Level 1)?** 16
- **What are Preferred Brand Drugs (Level 2)?** 16
- **What are Non-Preferred Brand Drugs (Level 3)?** 16
- **What are Preferred Specialty Drugs (Level 4)?** 17
- **What are Non-Preferred Specialty or Biotech Drugs (Level 5)?** 17
- **Can the Drug List change?** 17
- **Reference Guide** 18

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

Table of Abbreviations and Symbols **21**
Reserved Rights **23**
PARTE II - LISTA DE MEDICAMENTOS / *PART II - DRUG LIST* **28**
APÉNDICE I – TERAPIAS ESCALONADAS / *APPENDIX I – STEP THERAPIES* **123**
APÉNDICE II – LÍMITES DE ESPECIALIDAD / *APPENDIX II – SPECIALTY LIMITATIONS* **132**
APÉNDICE III – LISTA DE PREVENTIVOS / *APPENDIX III - PREVENTIVE DRUG LIST* **134**
Index **145**

Español

Introducción

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

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

La segunda parte tiene los medicamentos por clase terapéutica.

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

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

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

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

Parte I – Diseño y Manejo de la Lista de Medicamentos

Presentación de la Lista de Medicamentos

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

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

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

¿Cómo puedo usar mi Lista de Medicamentos?

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

¿Cuánto voy a pagar por los medicamentos cubiertos?

Los medicamentos en la lista se clasifican por niveles, menos aquellos que tienen $0 copago, si son recetados o provistos por proveedores de la red de Triple-S Salud. Estos niveles 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 manufacturero 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 manufacturero 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
GL	Identifica aquellos medicamentos para los cuales existe algún límite por género
Inh	Inhalador
Inj	Inyectable
Lot	Loción
Negrilla (*Bold*)	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
QL	Identifica aquellos medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar
SHA	Champú
Sl	Sublingual
SL	Identifica aquellos medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos
SNC	Sistema Nervioso Central
Soln	Solución
ST	Terapia Escalonada
Supp	Supositorio
Susp	Suspensión

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

Símbolos y Abreviaturas	Descripción
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
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	1	
colchicine oral tablet 0.6 mg	Colcrys	1	
colchicine-probenecid oral tablet 0.5-500 mg		1	
probenecid oral tablet 500 mg		1	
ULORIC ORAL TABLET 40 MG, 80 MG		2	PA; QL (1 TAB per 1 day)

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

How do I use the Drug List?

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

How much will I pay for covered drugs?

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

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

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

- 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 o 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 enzime 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)

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
Bold	If the drug has a generic available in all its dose forms
Cap	Capsule
Conc	Concentrated
Cr	Cream
ER, SR, CR	Extended release, sustained release, controlled release
GL	Drugs for which a gender limit exists
Inh	Inhaler
Inj	Injectable
Lot	Lotion
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.
QL	Drugs for which a dispensing limit exists
SHA	Shampoo
Sl	Sublingual
SL	Drugs for which a limit in the medical specialty exists
SNC	Central Nervous System
Soln	Solution
ST	Step Therapy
Supp	Suppository
Susp	Suspension
Tab	Tablet
Td	Transdermal
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

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

ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES] 28

ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER] 31

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] 32

ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS] 33

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES] 37

ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA] 39

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN] 40

ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO] 43

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS] 43

ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA] 45

ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN] 45

ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA] 46

ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE] 47

ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES] 47

ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER] 47

ANTIPARASITICS - DRUGS TO TREAT PARASITIC INFECTIONS [ANTIPARASITARIOS - MEDICAMENTOS PARA TRATAR INFECCIONES PARASITARIAS] 52

ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON] ... 52

ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] 54

ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD] 56

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES] 57

ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD] 60

BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO] 61

BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE] 62

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] 65

CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN] 69

CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS] 78

DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA] 82

DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL] 82

ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS] 85

GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO] 89

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS GENÉTICO O ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO] 91

GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES] 92

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 94

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 98

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 99

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] 99

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES) - MEDICAMENTOS PARA REEMPLAZAR LAS HORMONAS TIROIDEAS] 101

HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 102

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS] 102

HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS TO SUPPRESS THYROID HORMONES [AGENTES HORMONALES, SUPRESORES (TIROIDE) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS] 103

IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE] 103

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] 110

METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS] 111

MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS] .. 112

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS] 113

OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS] 116

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] 116

SKELETAL MUSCLE RELAXANTS - DRUGS TO TREAT MUSCLE TENSION AND SPASM [RELAJANTES MUSCULOESQUELÉTICOS - MEDICAMENTOS PARA TRATAR LA TENSIÓN MUSCULAR Y ESPASMO] 122

SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO] 122

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
butalbital-acetaminophen 50-325 mg tab	1	TENCON	QL(18 / 30)
butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab	1	ESGIC	QL(18 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	1	FIORICET	QL(18 / 30)
butalbital-aspirin-caffeine 50-325-40 mg cap	1	FIORINAL	QL(18 / 30)
JOURNAVX 50 mg tab	3		QL(30 / 90)
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]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	1	CELEBREX	ST
diclofenac epolamine 1.3 % Topical Patch	1	FLECTOR	
diclofenac potassium 50 mg tab	1	CATAFLAM	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	VOLTAREN	
diclofenac sodium 1 % Topical Gel	1	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	1	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	1	ARTHROTEC	
diflunisal 500 mg tab	1	DOLOBID	
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	1	LODINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	1	LODINE XL	
flurbiprofen 100 mg tab, 50 mg tab	1	ANSAID	
ibu 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	1	MOTRIN CHILDRENS	
indomethacin 25 mg cap, 50 mg cap	1	INDOCIN	
indomethacin er 75 mg cap er	1	INDOCIN	
ketoprofen 50 mg cap, 75 mg cap	1	ORUDIS	
ketoprofen er 200 mg cap er 24 hr	1	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	1		QL(20 / 5)
ketorolac tromethamine 10 mg tab	1	TORADOL	QL(20 / 5)
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	1	TORADOL	QL(20 / 5)
ketorolac tromethamine +rfid 30 mg/ml inj soln	1	TORADOL	QL(20 / 5)
meclofenamate sodium 100 mg cap, 50 mg cap	1	MECLOMEN	
mefenamic acid 250 mg cap	1	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	1	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	NAPROSYN	
naproxen 125 mg/5ml susp	1	NAPROSYN	
naproxen sodium 275 mg tab	1	ANAPROX	
naproxen sodium 550 mg tab	1	ANAPROX DS	
oxaprozin 600 mg tab	1	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	1	FELDENE	
salsalate 500 mg tab, 750 mg tab	1	DISALCID	
sulindac 150 mg tab, 200 mg tab	1	CLINORIL	
tolmetin sodium 400 mg cap, 600 mg tab	1	TOLECTIN	
Opioid Analgesics, Long-acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk	1	BUTRANS	QL(4 / 28)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch			
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	1	DURAGESIC	QL(10 / 30), ST
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	1	MS CONTIN	QL(60 / 30)
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	1	OXYCONTIN	QL(60 / 30)
tramadol hcl er 200 mg tab er 24 hr, 300 mg tab er 24 hr	1	ULTRAM ER	QL(30 / 30)
tramadol hcl er 100 mg tab er 24 hr	1	ULTRAM ER	QL(90 / 30)
Opioid Analgesics, Short-acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
acetaminophen-codeine 300-60 mg tab	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine 120-12 mg/5ml soln, 300-30 mg/12.5ml soln	1	TYLENOL WITH CODEINE	QL(2700 / 30), AL
butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap	1	FIORICET WITH CODEINE	QL(180 / 30), AL
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	FIORINAL WITH CODEINE	QL(180 / 30), AL
butorphanol tartrate 10 mg/ml nasal soln	1	STADOL	QL(150 / 30)
codeine sulfate 60 mg tab	1		QL(180 / 30), AL
codeine sulfate 30 mg tab	1		QL(360 / 30), AL
codeine sulfate 15 mg tab	1		QL(720 / 30), AL
fentanyl citrate (pf) 100 mcg/2ml inj soln	1		QL(2 / 30)
hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	1	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	1	NORCO	QL(240 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab	1	VICODIN	QL(180 / 30)
hydrocodone-acetaminophen 5-300 mg tab	1	VICODIN	QL(240 / 30)
hydrocodone-ibuprofen 10-200 mg tab, 5-200 mg tab	1	REPREXAIN	QL(150 / 30)
hydrocodone-ibuprofen 7.5-200 mg tab	1	VICOPROFEN	QL(150 / 30)
hydromorphone hcl 8 mg tab	1	DILAUDID	QL(90 / 30)
hydromorphone hcl 4 mg tab	1	DILAUDID	QL(180 / 30)
hydromorphone hcl 2 mg tab	1	DILAUDID	QL(540 / 30)
meperidine hcl 100 mg/ml inj soln, 25 mg/ml inj soln, 50 mg/ml inj soln	1	DEMEROL	QL(2 / 30)
morphine sulfate 30 mg tab	1		QL(60 / 30)
morphine sulfate 20 mg/5ml soln	1		QL(90 / 30)
morphine sulfate 15 mg tab	1		QL(120 / 30)
morphine sulfate 10 mg/5ml soln	1		QL(1800 / 30)
morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln	1	ROXANOL	QL(180 / 30)
oxycodone hcl 15 mg tab abuse-deterr	1	OXYCONTIN	QL(180 / 30)
oxycodone hcl 5 mg cap	1	OXYIR	QL(540 / 30)
oxycodone hcl 100 mg/5ml oral conc	1	ROXICODONE	QL(150 / 30)
oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab	1	ROXICODONE	QL(180 / 30)
oxycodone hcl 5 mg tab	1	ROXICODONE	QL(360 / 30)
oxycodone hcl 5 mg/5ml soln	1	ROXICODONE	QL(5400 / 30)
oxycodone-acetaminophen 10-325 mg tab	1	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	1	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	1	PERCOCET	QL(360 / 30)
oxymorphone hcl 10 mg tab	1	OPANA	QL(90 / 30)
tramadol hcl 50 mg tab	1	ULTRAM	QL(360 / 30)
tramadol-acetaminophen 37.5-325 mg tab	1	ULTRACET	QL(240 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
ethyl chloride Topical Aerosol	1		
lidocaine 5 % Topical Ointment	1		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lidocaine 5 % Topical Patch	1	LIDODERM	PA
lidocaine hcl 3 % Topical Cream	1	LIDAMANTLE	
lidocaine hcl 3 % Topical Lotion	1	LIDAMANTLE	
lidocaine hcl 1 % inj soln, 2 % inj soln, 4 % Topical Solution	1	XYLOCAINE	
lidocaine hcl (pf) 1 % inj soln, 2 % inj soln	1	XYLOCAINE	
lidocaine hcl urethral/mucosal 2 % Topical Prefilled Syringe	1	GLYDO	
lidocaine hcl urethral/mucosal 2 % Topical Gel	1	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % Topical Cream	1	EMLA	
lidocaine-prilocaine 2.5-2.5 % Topical Kit	1	EMLA/TEGADERM	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - DRUGS FOR OVERDOSE OR DETERRENCE [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS - MEDICAMENTOS PARA LA SOBREDOSIS O DISUASIÓN]			
Alcohol Deterrents/anti-craving - Antidotes/deterrents/protectants [Disuasivos Del Alcohol/Anti Ansiedad - Antídotos/Disuasivos/Protectores]			
acamprosate calcium 333 mg tab dr	1	CAMPRAL	
disulfiram 250 mg tab, 500 mg tab	1	ANTABUSE	
Opioid Dependence Treatments - Antidotes/deterrents/protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 2 mg tab subl	1	SUBUTEX	PA, QL(60 / 30)
buprenorphine hcl 8 mg tab subl	1	SUBUTEX	PA, QL(240 / 30)
buprenorphine hcl-naloxone hcl 12-3 mg subl film	1	SUBOXONE	PA, QL(60 / 30)
buprenorphine hcl-naloxone hcl 8-2 mg subl film, 8-2 mg tab subl	1	SUBOXONE	PA, QL(90 / 30)
buprenorphine hcl-naloxone hcl 4-1 mg subl film	1	SUBOXONE	PA, QL(180 / 30)
buprenorphine hcl-naloxone hcl 2-0.5 mg subl film, 2-0.5 mg tab subl	1	SUBOXONE	PA, QL(360 / 30)
naltrexone hcl 50 mg tab	1	REVIA	
ZUBSOLV 11.4-2.9 mg tab subl	2		PA, QL(30 / 30)
ZUBSOLV 8.6-2.1 mg tab subl	2		PA, QL(60 / 30)
ZUBSOLV 5.7-1.4 mg tab subl	2		PA, QL(90 / 30)
ZUBSOLV 2.9-0.71 mg tab subl	2		PA, QL(150 / 30)
ZUBSOLV 1.4-0.36 mg tab subl	2		PA, QL(360 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ZUBSOLV 0.7-0.18 mg tab subl	2		PA, QL(720 / 30)
Opioid Reversal Agents - Antidotes/deterrents/protectants [Agentes Para La Reversión De Opioides - Antídotos/Disuasivos/Protectores]			
flumazenil 0.5 mg/5ml iv soln, 1 mg/10ml iv soln	1	ROMAZICON	
naloxone hcl 4 mg/0.1ml nasal liq	1	NARCAN	
naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs, 4 mg/10ml inj soln	1	NARCAN	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
gentamicin sulfate 0.1 % Topical Cream, 0.1 % Topical Ointment	1	GARAMYCIN	
gentamicin sulfate 40 mg/ml inj soln	1	GENTAK	
neomycin sulfate 500 mg tab	1		
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CLEOCIN 100 mg vag supp	3		
clindamycin hcl 150 mg cap, 300 mg cap	1	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	1	CLEOCIN	
clindamycin phos (once-daily) 1 % Topical Gel	1	CLEOCIN-T	
clindamycin phos (twice-daily) 1 % Topical Gel	1	CLEOCIN-T	
clindamycin phosphate 2 % vag crm	1	CLEOCIN	
clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 900 mg/6ml inj soln	1	CLEOCIN	
clindamycin phosphate 1 % Topical Swab	1	CLEOCIN-T	
clindamycin phosphate 1 % Topical Lotion, 1 % Topical Solution	1	CLEOCIN-T	
colistimethate sodium (cba) 150 mg inj soln	1	COLY-MYCIN	
fosfomycin tromethamine 3 gm pckt	1	MONUROL	
lincomycin hcl 300 mg/ml inj soln	1	LINCOCIN	
linezolid 600 mg tab	1	ZYVOX	PA
linezolid 100 mg/5ml susp	1	ZYVOX	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mafenide acetate 5 % Topical Packet	1	SULFAMYLON	
methenamine hippurate 1 gm tab	1	HIPREX	
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 0.75 % vag gel	1	METROGEL	
mupirocin 2 % Topical Ointment	1	BACTROBAN	
mupirocin calcium 2 % Topical Cream	1	BACTROBAN	
nitrofurantoin 25 mg/5ml susp	1	FURADANTIN	
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	1	MACRODANTIN	
nitrofurantoin monohyd macro 100 mg cap	1	MACROBID	
silver sulfadiazine 1 % Topical Cream	1	SILVADENE	
SIVEXTRO 200 mg tab	3		PA
SULFAMYLON 85 mg/gm Topical Cream	3		
trimethoprim 100 mg tab	1	PROLOPRIM	
vancomycin hcl 25 mg/ml soln	1		
vancomycin hcl 250 mg/5ml soln	1	FIRVANQ	
vancomycin hcl 125 mg cap, 250 mg cap	1	VANCOCIN	
VANDAZOLE 0.75 % vag gel	3		
XIFAXAN 200 mg tab, 550 mg tab	3		PA
Beta-lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap, 500 mg cap	1	CECLOR	
cefadroxil 1 gm tab, 500 mg cap	1	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	1	DURICEF	
cefdinir 300 mg cap	1	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	1	OMNICEF	
cefpodoxime proxetil 100 mg tab, 200 mg tab	1	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	1	VANTIN	
cefprozil 250 mg tab, 500 mg tab	1	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	1	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 1 gm iv soln, 10 gm iv soln, 2 gm inj soln, 2	1	ROCEPHIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
gm iv soln, 250 mg inj soln, 500 mg inj soln			
cefuroxime axetil 250 mg tab, 500 mg tab	1	CEFTIN	
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	1	KEFLEX	
Beta-lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ertapenem sodium 1 gm inj soln	4	INVANZ	
Beta-lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	1	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	1	AUGMENTIN XR	
ampicillin 500 mg cap	1		
ampicillin sodium 125 mg inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	1		
ampicillin sodium 1 gm inj soln	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 pfs, 600000 unit/ml im susp pfs	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
dicloxacillin sodium 250 mg cap, 500 mg cap	1	DYCILL	
nafcillin sodium 10 gm iv soln	1		
penicillin g procaine 600000 unit/ml im susp	1		
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	1	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 250 mg tab, 500 mg tab, 600 mg tab	1	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	1	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	1	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	1	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	1	BIAXIN XL	
ery 2 % Topical Pad	3		
ery-tab 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	ERY-TAB	
ERYTHROCIN STEARATE 250 mg tab	3		
erythromycin 2 % Topical Solution	1	ERYDERM	
erythromycin 2 % Topical Gel	1	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	1		
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	1	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	1	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	1	ERYPED	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	1	CIPRO	
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
moxifloxacin hcl 400 mg tab	1	AVELOX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium (acne) 10 % Topical Lotion	1	KLARON	
sulfadiazine 500 mg tab	1		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	1	SEPTRA	
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	DORYX	
doxycycline hyclate 20 mg tab	1	PERIOSTAT	
doxycycline hyclate 100 mg tab	1	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	1	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 50 mg tab, 75 mg tab	1	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	1	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	1	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	1	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	1	MINOCIN	
tetracycline hcl 250 mg cap, 500 mg cap	1		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES [ANTICONVULSIVOS - MEDICAMENTOS PARA TRATAR CONVULSIONES]			
Anticonvulsants, Other - Seizure Control Drugs [Anticonvulsivos, Otros - Medicamentos Para El Control De Convulsiones]			
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	1	KEPPRA	
levetiracetam 100 mg/ml soln, 500 mg/5ml soln	1	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	KEPPRA XR	ST
phenobarbital 20 mg/5ml oral elix, 30 mg/7.5ml oral elix, 60 mg/15ml oral elix	1		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Gamma-aminobutyric Acid (gaba) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba) - Medicamentos Para El Control De Convulsiones]			
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	1	KLONOPIN	
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	1	DIASTAT	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	1	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	1	DEPAKOTE ER	
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	1	NEURONTIN	
gabapentin 250 mg/5ml soln, 300 mg/6ml soln	1	NEURONTIN	
phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab	1		
primidone 250 mg tab, 50 mg tab	1	MYSOLINE	
valproic acid 250 mg cap	1	DEPAKENE	
valproic acid 250 mg/5ml soln	1	DEPAKENE	
vigabatrin 500 mg pckt, 500 mg tab	4	SABRIL	PA
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	1	LAMICTAL	
lamotrigine er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 250 mg tab er 24 hr, 300 mg tab er 24 hr, 50 mg tab er 24 hr	1	LAMICTAL	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle, 50 mg cap sprinkle	1	TOPAMAX SPRINKLE	
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Sodium Channel Agents - Seizure Control Drugs [Agentes De Los Canales De Sodio - Medicamentos Para El Control De Convulsiones]			
carbamazepine 100 mg tab chew, 200 mg tab chew, 200 mg tab	1	TEGRETOL	
carbamazepine 100 mg/5ml susp	1	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	1	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	1	TEGRETOL XR	
DILANTIN 30 mg cap	3		
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	VIMPAT	AL
lacosamide 10 mg/ml soln	1	VIMPAT	AL
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	1	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	1	TRILEPTAL	
phenytoin 50 mg tab chew	1	DILANTIN	
phenytoin 100 mg/4ml susp, 125 mg/5ml susp	1	DILANTIN	
phenytoin infatabs 50 mg tab chew	1	DILANTIN	
phenytoin sodium 50 mg/ml inj soln	1	DILANTIN	
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	1	DILANTIN	
rufinamide 200 mg tab, 400 mg tab	1	BANZEL	PA
rufinamide 40 mg/ml susp	1	BANZEL	PA
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]			
ergoloid mesylates 1 mg tab	1	HYDERGINE	
memantine hcl-donepezil hcl er 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr	1	NAMZARIC	
NAMZARIC 7 & 14 & 21 &28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	2		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	1	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	1	ARICEPT ODT	
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	1	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	1	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	1	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	1	EXELON	QL(30 / 30)
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist - Alzheimer's Disease And Dementia Drugs [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda) - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab	1	NAMENDA	
memantine hcl 2 mg/ml soln	1	NAMENDA	
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	1	NAMENDA XR	ST
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
bupropion hcl 100 mg tab, 75 mg tab	1	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	1	WELLBUTRIN SR	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	1	WELLBUTRIN XL	
mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab	1	REMERON	
ZURZUVAE 20 mg cap, 25 mg cap, 30 mg cap	5		PA, QL(28 / 365)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	3		PA
MARPLAN 10 mg tab	3		
phenelzine sulfate 15 mg tab	1	NARDIL	
tranylcypromine sulfate 10 mg tab	1	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [Isrss/Irsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina) - Antidepresivos]			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	
citalopram hydrobromide 10 mg/5ml soln, 20 mg/10ml soln	1	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	1	KHEDEZLA	ST
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	PRISTIQ	ST
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	1	CYMBALTA	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	1	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	1	PROZAC	
fluoxetine hcl 90 mg cap dr	1	PROZAC	ST
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	1	LUVOX	
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	1	SERZONE	
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap, 6-50 mg cap	1	SYMBYAX	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	
paroxetine hcl 10 mg/5ml susp	1	PAXIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	1	PAXIL CR	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	1	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	1	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	1	EFFEXOR	
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	1	EFFEXOR XR	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	1	ASENDIN	
chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab	1	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	1	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	1	NORPRAMIN	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	1	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	
nortriptyline hcl 10 mg/5ml soln	1	PAMELOR	
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	1	TRIAVIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
protriptyline hcl 10 mg tab, 5 mg tab	1	VIVACTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
AKYNZEO 300-0.5 mg cap	3		PA, QL(1 / 7)
meclizine hcl 12.5 mg tab, 25 mg tab	1	ANTIVERT	
promethazine hcl 6.25 mg/5ml soln	1		
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab	1	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln	1	PHENERGAN	
PROMETHEGAN 50 mg rect supp	3		
promethegan 12.5 mg rect supp, 25 mg rect supp	1	PHENERGAN	
scopolamine 1 mg/3days td patch 72 hr	1	TRANSDERM-SCOP	
trimethobenzamide hcl 300 mg cap	1	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
ANZEMET 50 mg tab	3		
aprepitant 125 mg cap	1	EMEND	PA, QL(1 / 7)
aprepitant 80 mg cap	1	EMEND	PA, QL(2 / 7)
aprepitant 80 & 125 mg cap pack	1	EMEND	PA, QL(3 / 7)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	1	MARINOL	
granisetron hcl 1 mg tab	1	KYTRIL	
ondansetron 4 mg tab disint, 8 mg tab disint	1	ZOFRAN ODT	
ondansetron hcl 4 mg/2ml inj soln pfs	4		
ondansetron hcl 4 mg tab, 8 mg tab	1	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	4	ZOFRAN	
ondansetron hcl +rfid 4 mg/2ml inj soln pfs	4		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
ciclopirox 0.77 % Topical Gel	1	LOPROX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ciclopirox 1 % Topical Shampoo	1	LOPROX	
ciclopirox 8 % Topical Solution	1	PENLAC	QL(6.6 / 90)
ciclopirox olamine 0.77 % Topical Cream	1	LOPROX	
ciclopirox olamine 0.77 % Topical Suspension	1	LOPROX	
clotrimazole 1 % Topical Cream	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	1	MYCELEX	
clotrimazole 1 % Topical Solution	1	MYCELEX	
clotrimazole-betamethasone 1-0.05 % Topical Cream	1	LOTRISONE	AL
clotrimazole-betamethasone 1-0.05 % Topical Lotion	1	LOTRISONE	AL
CRESEMBA 186 mg cap, 74.5 mg cap	3		
econazole nitrate 1 % Topical Cream	1	SPECTAZOLE	
EXODERM 25-1 % Topical Lotion	3		
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	1	ANCOBON	
griseofulvin microsize 500 mg tab	1	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	1	GRIS-PEG	
iodoquinol-hc-aloe polysacch 1-2-1 % Topical Gel	1	ALCORTIN A	
itraconazole 100 mg cap	1	SPORANOX	
itraconazole 10 mg/ml soln	1	SPORANOX	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % Topical Cream	1	NIZORAL	
ketoconazole 2 % Topical Shampoo	1	NIZORAL	
MENTAX 1 % Topical Cream	3		
naftifine hcl 2 % Topical Gel	1		
naftifine hcl 1 % Topical Cream, 2 % Topical Cream	1	NAFTIN	
NATACYN 5 % ophth susp	3		
nyamyc 100000 unit/gm Topical Powder	1	MYCOSTATIN	
nystatin 500000 unit tab	1	MYCOSTATIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
nystatin 100000 unit/gm Topical Cream, 100000 unit/gm Topical Ointment, 100000 unit/gm Topical Powder	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% Topical Cream, 100000-0.1 unit/gm-% Topical Ointment	1	MYCOLOG	
oxiconazole nitrate 1 % Topical Cream	1	OXISTAT	
OXISTAT 1 % Topical Lotion	3		
posaconazole 40 mg/ml susp	1		
posaconazole 100 mg tab dr	1	NOXAFIL	
sulconazole nitrate 1 % Topical Cream	1	EXELDERM	
sulconazole nitrate 1 % Topical Solution	1	EXELDERM	
terbinafine hcl 250 mg tab	1	LAMISIL	QL(84 / 365)
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	
terconazole 80 mg vag supp	1	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	1	VFEND	
voriconazole 40 mg/ml susp	1	VFEND	
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	1	COLCRYS	
colchicine-probenecid 0.5-500 mg tab	1	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	1	ULORIC	PA, QL(30 / 30)
probenecid 500 mg tab	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		
hydrocortisone (perianal) 2.5 % Topical Cream	1	ANUSOL HC	
hydrocortisone ace-pramoxine 2.5-1 % Topical Cream	1	PRAMOSONE	
hydrocortisone acetate 25 mg rect supp	1		
hydrocortisone acetate 30 mg rect supp	1	PROCTOCORT	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
PRAMOSONE 1-1 % Topical Cream, 1-1 % Topical Ointment, 1-2.5 % Topical Ointment	3		
PRAMOSONE 1-1 % Topical Lotion, 1-2.5 % Topical Lotion	3		
ANTIMIGRAINE AGENTS - DRUGS TO TREAT MIGRAINES [AGENTES ANTIMIGRAÑA - MEDICAMENTOS PARA TRATAR LA MIGRAÑA]			
Ergot Alkaloids - Migraine Drugs [Alcaloides De Ergot - Medicamentos Para Migraña]			
dihydroergotamine mesylate 4 mg/ml nasal soln	1	MIGRANAL	QL(8 / 30)
ERGOMAR 2 mg tab subl	3		QL(20 / 30)
ergotamine-caffeine 1-100 mg tab	1	CAFERGOT	QL(40 / 30)
MIGERGOT 2-100 mg rect supp	3		QL(20 / 30)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	2		PA, QL(4.5 / 90)
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	2		PA, QL(1 / 30)
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	2		PA, QL(3 / 30)
NURTEC 75 mg tab disint	2		PA, QL(18 / 30)
UBRELVY 100 mg tab, 50 mg tab	2		PA
Serotonin (5-ht) 1b/1d Receptor Agonists - Migraine Drugs [Agonistas Receptores De Serotonina (5-Ht) 1B/1D - Medicamentos Para Migraña]			
almotriptan malate 12.5 mg tab, 6.25 mg tab	1	AXERT	QL(6 / 30)
eletriptan hydrobromide 20 mg tab, 40 mg tab	1	RELPAX	QL(6 / 30), ST
frovatriptan succinate 2.5 mg tab	1	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	1	AMERGE	QL(9 / 30)
rizatriptan benzoate 10 mg tab	1	MAXALT	QL(12 / 30)
rizatriptan benzoate 5 mg tab	1	MAXALT	QL(24 / 30)
rizatriptan benzoate 10 mg tab disint	1	MAXALT MLT	QL(12 / 30)
rizatriptan benzoate 5 mg tab disint	1	MAXALT MLT	QL(24 / 30)
sumatriptan 20 mg/act nasal soln, 5 mg/act nasal soln	1	IMITREX	QL(6 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln	1	IMITREX	QL(5 / 30)
sumatriptan succinate 100 mg tab	1	IMITREX	QL(9 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sumatriptan succinate 25 mg tab, 50 mg tab	1	IMITREX	QL(18 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	1	IMITREX STATDOSE	QL(5 / 30)
sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	1	IMITREX STATDOSE	QL(5 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	1	TREXIMET	QL(10 / 30)
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	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]			
pyridostigmine bromide 60 mg tab	1	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	1	MESTINON	
pyridostigmine bromide er 180 mg tab er	1	MESTINON	
ANTIMYCOBACTERIALS - DRUGS TO TREAT INFECTIONS [ANTIMICOBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES]			
Antimycobacterials, Other - Miscellaneous Anti-infectives [Antimicobacterianos, Otros - Antiinfecciosos Misceláneos]			
dapsone 100 mg tab, 25 mg tab	1		
rifabutin 150 mg cap	1	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	1		
ethambutol hcl 100 mg tab, 400 mg tab	1	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		
isoniazid 50 mg/5ml syr	1		
PRIFTIN 150 mg tab	3		
pyrazinamide 500 mg tab	1		
rifampin 150 mg cap, 300 mg cap	1	RIFADIN	
rifapentine 150 mg tab	1		
SIRTURO 100 mg tab, 20 mg tab	5		PA
TRECATOR 250 mg tab	3		
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
LEUKERAN 2 mg tab	5		
lomustine 10 mg cap, 100 mg cap, 40 mg cap	4	GLEOSTINE	
MATULANE 50 mg cap	5		
melphalan 2 mg tab	4	ALKERAN	
temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	4	TEMODAR	PA
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
abiraterone acetate 250 mg tab, 500 mg tab	4	ZYTIGA	PA
bicalutamide 50 mg tab	1	CASODEX	SL
ERLEADA 240 mg tab, 60 mg tab	4		PA
flutamide 125 mg cap	1	EULEXIN	
nilutamide 150 mg tab	4	NILANDRON	PA
pomalidomide 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5	POMALYST	PA
XTANDI 40 mg cap, 40 mg tab, 80 mg tab	4		PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	4	REVLIMID	PA
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		
INLURIYO 200 mg tab	5		PA
tamoxifen citrate 10 mg tab, 20 mg tab	1	NOLVADEX	PA
toremifene citrate 60 mg tab	1	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
capecitabine 150 mg tab, 500 mg tab	4	XELODA	PA
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	3		
fluorouracil 0.5 % Topical Cream	1	CARAC	
fluorouracil 5 % Topical Cream	1	EFUDEX	
fluorouracil 2 % Topical Solution	1	EFUDEX	
hydroxyurea 500 mg cap	1	HYDREA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mercaptopurine 50 mg tab	1	PURINETHOL	
TABLOID 40 mg tab	5		
Antineoplastics- Chemotherapy Agents [Antineoplásicos- Agentes De Quimioterapia]			
ORSERDU 345 mg tab, 86 mg tab	5		PA
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
KISQALI (200 MG DOSE) 200 mg tab pack	5		PA
KISQALI (400 MG DOSE) 200 mg tab pack	5		PA
KISQALI (600 MG DOSE) 200 mg tab pack	5		PA
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 mg tab pack	5		PA
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 mg tab pack	5		PA
LEDERLE LEUCOVORIN 5 mg tab	1		
leucovorin calcium 10 mg tab, 5 mg tab	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]			
anastrozole 1 mg tab	1	ARIMIDEX	
letrozole 2.5 mg tab	1	FEMARA	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
etoposide 50 mg cap	4		
ZYDELIG 150 mg tab	5		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			
ALECENSA 150 mg cap	4		PA
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	5		PA
BOSULIF 100 mg cap, 100 mg tab, 400 mg tab, 50 mg cap, 500 mg tab	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
bosutinib 100 mg tab, 400 mg tab, 500 mg tab	5	BOSULIF	PA
BRAFTOVI 75 mg cap	5		PA
CABOMETYX 20 mg tab, 40 mg tab, 60 mg tab	5		PA
CALQUENCE 100 mg cap, 100 mg tab	4		PA
CAPRELSA 100 mg tab, 300 mg tab	5		PA
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PA
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PA
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PA
dasatinib 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	4	SPRYCEL	PA
ERIVEDGE 150 mg cap	5		PA
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	4	TARCEVA	PA
everolimus 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	4	AFINITOR	PA
everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	4	AFINITOR DISPERZ	PA
GOMEKLI 2 mg cap	5		PA, QL(84 / 28)
GOMEKLI 1 mg cap, 1 mg tab sol	5		PA, QL(168 / 28)
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
imatinib mesylate 100 mg tab, 400 mg tab	4	GLEEVEC	PA
IMBRUVICA 140 mg cap, 140 mg tab, 280 mg tab, 420 mg tab, 560 mg tab, 70 mg cap	5		PA
IMBRUVICA 70 mg/ml susp	5		PA
INLYTA 1 mg tab, 5 mg tab	5		PA
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
JAKAFI XR 11 mg tab er 24 hr, 22 mg tab er 24 hr, 33 mg tab er 24 hr, 44 mg tab er 24 hr, 55 mg tab er 24 hr	5		PA, QL(30 / 30)
KOSELUGO 10 mg cap, 25 mg cap, 5 mg cap sprinkle, 7.5 mg cap sprinkle	4		PA
lapatinib ditosylate 250 mg tab	4	TYKERB	PA
LYNPARZA 100 mg tab, 150 mg tab	4		PA
MEKINIST 0.5 mg tab, 2 mg tab	5		PA
MEKINIST 0.05 mg/ml soln	5		PA
MEKTOVI 15 mg tab	5		PA
nilotinib hcl 150 mg cap, 200 mg cap, 50 mg cap	4	TASIGNA	PA
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PA
pazopanib hcl 200 mg tab	5	VOTRIENT	PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	4		PA
sorafenib tosylate 200 mg tab	5	NEXAVAR	PA
STIVARGA 40 mg tab	5		PA
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	4	SUTENT	PA
TABRECTA 150 mg tab, 200 mg tab	4		PA
TAFINLAR 10 mg tab sol, 50 mg cap, 75 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
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 200 mg cap, 250 mg cap, 50 mg cap sprinkle	5		PA
ZEJULA 100 mg cap, 100 mg tab, 200 mg tab, 300 mg tab	5		PA
ZELBORAF 240 mg tab	5		PA
ZYDELIG 100 mg tab	5		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 75 mg cap	4	TARGRETIN	
bexarotene 1 % Topical Gel	5	TARGRETIN	
PANRETIN 0.1 % Topical Gel	5		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	1		
trihexyphenidyl hcl 2 mg tab, 5 mg tab	1	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap, 100 mg tab	1	SYMMETREL	
entacapone 200 mg tab	1	COMTAN	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
apomorphine hcl 30 mg/3ml sc soln cart	5	APOKYN	
bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	4		PA
KYNMOBI TITRATION KIT 10&15&20&25&30 mg Sublingual Kit	4		PA
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		ST
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	
pramipexole dihydrochloride 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	1	MIRAPEX ER	
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab	1	REQUIP	
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	1	REQUIP XL	ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs [Precursores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido - Medicamentos Para La Enfermedad De Parkinson]			
carbidopa 25 mg tab	1	LODOSYN	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	1	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	1	SINEMET CR	
carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab	1	STALEVO	
Monoamine Oxidase B (mao-b) Inhibitors - Parkinson's Disease Drugs [Inhibidores De La Monoaminooxidasa B (Mao-B) - Medicamentos Para La Enfermedad De Parkinson]			
rasagiline mesylate 0.5 mg tab, 1 mg tab	1	AZILECT	QL(60 / 30), ST
selegiline hcl 5 mg tab	1		QL(60 / 30)
selegiline hcl 5 mg cap	1	ELDEPRYL	QL(60 / 30)
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	1		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	THORAZINE	
fluphenazine decanoate 25 mg/ml inj soln	1	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 2.5 mg/ml inj soln, 5 mg/ml oral conc	1	PROLIXIN	
haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab	1	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	1	HALDOL	
haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln	1	HALDOL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	1	LOXITANE	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	TRILAFON	
pimozide 1 mg tab, 2 mg tab	1	ORAP	
prochlorperazine 25 mg rect supp	1	COMPRO	
prochlorperazine edisylate 10 mg/2ml inj soln	1		
prochlorperazine maleate 10 mg tab, 5 mg tab	1	COMPAZINE	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	MELLARIL	
thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	NAVANE	
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	1	STELAZINE	
2nd Generation/atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
ABILIFY ASIMTUFII 720 mg/2.4ml im pfs	4		QL(2.4 / 180)
ABILIFY ASIMTUFII 960 mg/3.2ml im pfs	4		QL(3.2 / 180)
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)
aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ABILIFY	QL(30 / 30)
asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	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,	4		ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
546 mg/1.75ml im susp pfs, 819 mg/2.63ml im susp pfs			
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	LATUDA	QL(30 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	1	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 6 mg tab er 24 hr	1	INVEGA	QL(30 / 30)
paliperidone er 9 mg tab er 24 hr	1	INVEGA	QL(60 / 30)
quetiapine fumarate 400 mg tab	1	SEROQUEL	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	1	SEROQUEL	QL(90 / 30)
quetiapine fumarate er 150 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr, 400 mg tab er 24 hr, 50 mg tab er 24 hr	1	SEROQUEL XR	QL(60 / 30), ST
risperidone 1 mg/ml soln	1	RISPERDAL	
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint, 3 mg tab, 3 mg tab disint, 4 mg tab, 4 mg tab disint	1	RISPERDAL	QL(60 / 30)
risperidone microspheres er 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	RISPERDAL CONSTA	
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	GEODON	QL(60 / 30)
Treatment-resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	CLOZARIL	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	1		
baclofen 10 mg tab, 20 mg tab	1	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	1	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-cytomegalovirus (cmv) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (Cmv) - Medicamentos Antivirales Misceláneos]			
foscarnet sodium 6000 mg/250ml iv soln	4	FOSCAVIR	
valganciclovir hcl 450 mg tab	4	VALCYTE	
Anti-hepatitis B (hbv) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (Vhb) - Medicamentos Para Hepatitis B]			
BARACLUDE 0.05 mg/ml soln	4		PA
entecavir 0.5 mg tab, 1 mg tab	4	BARACLUDE	PA
VEMLIDY 25 mg tab	4		PA
Anti-hepatitis C (hcv) Agents, Direct Acting Agents - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Agentes De Acción Directa - Medicamentos Para Hepatitis C]			
MAVYRET 100-40 mg tab, 50-20 mg pckt	4		PA
sofosbuvir-velpatasvir 400-100 mg tab	4	EPCLUSA	PA
Anti-hepatitis C (hcv) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (Vhc), Otros - Medicamentos Para Hepatitis C]			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		PA
ribavirin 200 mg tab	4	COPEGUS	PA
ribavirin 200 mg cap	4	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % Topical Cream	1	ZOVIRAX	
acyclovir 200 mg/5ml susp	1	ZOVIRAX	
acyclovir 5 % Topical Ointment	1	ZOVIRAX	QL(30 / 15)
famciclovir 125 mg tab, 500 mg tab	1	FAMVIR	QL(21 / 7)
famciclovir 250 mg tab	1	FAMVIR	QL(60 / 30)
penciclovir 1 % Topical Cream	1	DENAVIR	
trifluridine 1 % ophth soln	1	VIROPTIC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores De La Integrasa (Insti) - Medicamentos Para Vih]			
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	3		
GENVOYA 150-150-200-10 mg tab	3		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	2		
ISENTRESS HD 600 mg tab	2		
JULUCA 50-25 mg tab	2		
STRIBILD 150-150-200-300 mg tab	3		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	2		
TIVICAY PD 5 mg tab sol	2		
TRIUMEQ 600-50-300 mg tab	2		
triumeq pd 60-5-30 mg tab sol	2		
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) - Hiv Drugs [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti) - Medicamentos Para Vih]			
DELSTRIGO 100-300-300 mg tab	3		
EDURANT PED 2.5 mg tab sol	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	
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	1	COMPLERA	
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		
rilpivirine hcl 25 mg tab	1	EDURANT	
SYMTUZA 800-150-200-10 mg tab	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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	
CIMDUO 300-300 mg tab	3		
DESCOVY 120-15 mg tab, 200-25 mg tab	3		PA
emtricitabine 200 mg cap	1	EMTRIVA	
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	1	TRUVADA	
emtricitabine-tenofovir df 200-300 mg tab	1	TRUVADA	PA
EMTRIVA 10 mg/ml soln	2		
lamivudine 150 mg tab, 300 mg tab	1	EPIVIR	
lamivudine 10 mg/ml soln	1	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	1	COMBIVIR	
stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ZERIT	
tenofovir disoproxil fumarate 300 mg tab	1	VIREAD	PA
TRUVADA 200-300 mg tab	3		PA
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	2		
VIREAD 40 mg/gm oral pwdr	2		
zidovudine 100 mg cap, 300 mg tab	1	RETROVIR	
zidovudine 50 mg/5ml syr	1	RETROVIR	
Anti-hiv Agents, Other - Hiv Drugs [Agentes Anti-Vih, Otros - Medicamentos Para Vih]			
FUZEON 90 mg sc soln	5		PA
IDVYNSO 100-0.25 mg tab	3		PA, QL(30 / 30)
maraviroc 150 mg tab, 300 mg tab	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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	1	REYATAZ	
darunavir 600 mg tab, 800 mg tab	1	PREZISTA	
EVOTAZ 300-150 mg tab	2		
fosamprenavir calcium 700 mg tab	1	LEXIVA	
LEXIVA 50 mg/ml susp	3		
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	1	KALETRA	
lopinavir-ritonavir 400-100 mg/5ml soln	1	KALETRA	
NORVIR 100 mg pckt	3		
NORVIR 80 mg/ml soln	3		
PREZCOBIX 675-150 mg tab, 800-150 mg tab	2		
PREZISTA 150 mg tab, 75 mg tab	2		
PREZISTA 100 mg/ml susp	2		
REYATAZ 50 mg pckt	3		
ritonavir 100 mg tab	1	NORVIR	
VIRACEPT 250 mg tab, 625 mg tab	2		
Anti-influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
oseltamivir phosphate 30 mg cap, 45 mg cap, 75 mg cap	1	TAMIFLU	
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	3		
rimantadine hcl 100 mg tab	1	FLUMADINE	
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack	3		
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	3		
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Tratar Infecciones Virales]			
LAGEVRIO 200 mg cap	3		QL(40 / 5), AL
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	2		QL(20 / 5), AL
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	2		QL(11 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	BUSPAR	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	
alprazolam er 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	1	XANAX XR	
alprazolam xr 0.5 mg tab er 24 hr, 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr	1	XANAX XR	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	1	TRANXENE	
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	
lorazepam 4 mg/ml inj soln	1	ATIVAN	
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	1	ATIVAN	
lorazepam 2 mg/ml inj soln	1	ATIVAN	
midazolam hcl 10 mg/10ml inj soln, 10 mg/2ml inj soln, 2 mg/2ml inj soln, 2 mg/ml syr, 25 mg/5ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln, 50 mg/10ml inj soln	1		
midazolam hcl (pf) 10 mg/2ml inj soln, 2 mg/2ml inj soln, 5 mg/5ml inj soln, 5 mg/ml inj soln	1		
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	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]			
lithium 8 meq/5ml soln	1		
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	1	ESKALITH CR	
lithium carbonate er 300 mg tab er	1	LITHOBID	
BLOOD GLUCOSE REGULATORS - DRUGS TO REGULATE BLOOD SUGAR [REGULADORES DE GLUCOSA EN SANGRE - MEDICAMENTOS PARA REGULAR EL AZÚCAR EN LA SANGRE]			
Antidiabetic Agents - Diabetic Drugs [Agentes Antidiabéticos - Medicamentos Para La Diabetes]			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	1	PRECOSE	
dapagliflozin 10 mg tab, 5 mg tab	1	FARXIGA	QL(30 / 30), ST
dapagliflozin-metformin hcl er 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	1	XIGDUO XR	QL(30 / 30), ST
dapagliflozin-metformin hcl er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	1	XIGDUO XR	QL(60 / 30), ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	1	AMARYL	
glipizide 10 mg tab, 5 mg tab	1	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	1	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	1	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	1	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	2		QL(30 / 30), ST
JANUMET 50-1000 mg tab, 50-500 mg tab	2		QL(60 / 30), ST
JANUMET XR 100-1000 mg tab er 24 hr	2		QL(30 / 30), ST
JANUMET XR 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		QL(60 / 30), ST
JANUVIA 100 mg tab, 25 mg tab, 50 mg tab	2		QL(30 / 30), ST
JARDIANCE 10 mg tab, 25 mg tab	2		QL(30 / 30), ST

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	2		QL(60 / 30), ST
JENTADUETO XR 5-1000 mg tab er 24 hr	2		QL(30 / 30), ST
JENTADUETO XR 2.5-1000 mg tab er 24 hr	2		QL(60 / 30), ST
linagliptin-metformin hcl 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	1	JENTADUETO	QL(60 / 30), ST
metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab	1	GLUCOPHAGE	
metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr	1	GLUCOPHAGE XR	
metformin hcl er (osm) 1000 mg tab er 24 hr, 500 mg tab er 24 hr	1	FORTAMET	ST
miglitol 100 mg tab, 25 mg tab, 50 mg tab	1	GLYSET	ST
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	2		PA, QL(2 / 28)
nateglinide 120 mg tab, 60 mg tab	1	STARLIX	
OZEMPIC 1.5 mg tab, 4 mg tab, 9 mg tab	2		PA, QL(30 / 30)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/1.5ml sc soln pen-inj, 2 mg/3ml sc soln pen-inj	2		PA, QL(3 / 28)
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	2		PA, QL(3 / 28)
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	2		PA, QL(3 / 28)
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	1	ACTOS	ST
pioglitazone hcl-metformin hcl 15-500 mg tab, 15-850 mg tab	1	ACTOPLUS MET	ST
repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab	1	PRANDIN	ST
RYBELSUS 14 mg tab, 3 mg tab, 7 mg tab	2		PA, QL(30 / 30)
saxagliptin hcl 2.5 mg tab, 5 mg tab	1	ONGLYZA	QL(30 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	1	KOMBIGLYZE XR	QL(30 / 30)
saxagliptin-metformin er 2.5-1000 mg tab er 24 hr	1	KOMBIGLYZE XR	QL(60 / 30)
sitaglip phos-metformin hcl er 100-1000 mg tab er 24 hr	1	JANUMET XR	QL(30 / 30), ST
sitaglip phos-metformin hcl er 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	1	JANUMET XR	QL(60 / 30), ST
sitagliptin phos-metformin hcl 50-1000 mg tab, 50-500 mg tab	1	JANUMET	QL(60 / 30), ST
sitagliptin phosphate 100 mg tab, 25 mg tab, 50 mg tab	1	JANUVIA	QL(30 / 30), ST
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	2		QL(60 / 30), ST
SYNJARDY XR 10-1000 mg tab er 24 hr, 12.5-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	2		QL(60 / 30), ST
TRADJENTA 5 mg tab	2		QL(30 / 30), ST
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	2		QL(30 / 30), ST
TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	2		QL(60 / 30), ST
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	2		PA, QL(2 / 28)
XIGDUO XR 2.5-1000 mg tab er 24 hr	2		QL(60 / 30), ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	2		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	2		
glucagon emergency 1 mg inj soln	1	GLUCAGON EMERGENCY	
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMALOG 100 unit/ml inj soln, 100 unit/ml sc soln cart	3		QL(120 / 90), ST
HUMALOG JUNIOR KWIKPEN 100 unit/ml sc soln pen-inj	3		QL(120 / 90), ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
HUMALOG KWIKPEN 100 unit/ml sc soln pen-inj, 200 unit/ml sc soln pen-inj	3		QL(120 / 90), ST
HUMALOG MIX 50/50 (50-50) 100 unit/ml sc susp	2		QL(120 / 90)
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMALOG MIX 75/25 (75-25) 100 unit/ml sc susp	3		QL(120 / 90), ST
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 unit/ml sc susp pen-inj	3		QL(120 / 90), ST
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMULIN N 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	2		QL(120 / 90)
HUMULIN R 100 unit/ml inj soln	2		QL(120 / 90)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	2		QL(120 / 90)
insulin lispro 100 unit/ml inj soln	2	HUMALOG	QL(120 / 90)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	2	HUMALOG KWIKPEN	QL(120 / 90)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	2	HUMALOG JUNIOR KWIKPEN	QL(120 / 90)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	2	HUMALOG MIX 75/25 KWIKPEN	QL(120 / 90)
LANTUS 100 unit/ml sc soln	2		QL(120 / 90)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	2		QL(120 / 90)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS - DRUGS TO TREAT BLOOD DISORDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN - MEDICAMENTOS PARA TRATAR TRASTORNOS DE LA SANGRE]			
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
dabigatran etexilate mesylate 150 mg cap, 110 mg cap, 75 mg cap	1	PRADAXA	
ELIQUIS 0.15 mg cap sprinkle, 0.5 mg tab sol, 2.5 mg tab, 5 mg tab	2		
ELIQUIS (1.5 MG PACK) 3 x 0.5 mg tab sol	2		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
ELIQUIS (2 MG PACK) 4 x 0.5 mg tab sol	2		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	2		
enoxaparin sodium 100 mg/ml inj soln pfs, 120 mg/0.8ml inj soln pfs, 150 mg/ml inj soln pfs, 30 mg/0.3ml inj soln pfs, 300 mg/3ml inj soln, 40 mg/0.4ml inj soln pfs, 60 mg/0.6ml inj soln pfs, 80 mg/0.8ml inj soln pfs	1	LOVENOX	
fondaparinux sodium 10 mg/0.8ml sc soln, 2.5 mg/0.5ml sc soln, 5 mg/0.4ml sc soln, 7.5 mg/0.6ml sc soln	1	ARIXTRA	
FRAGMIN 10000 unit/4ml sc soln, 10000 unit/ml sc soln pfs, 12500 unit/0.5ml sc soln pfs, 15000 unit/0.6ml sc soln pfs, 18000 unt/0.72ml sc soln pfs, 2500 unit/0.2ml sc soln pfs, 5000 unit/0.2ml sc soln pfs, 7500 unit/0.3ml sc soln pfs, 95000 unit/3.8ml sc soln	3		
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	1		
heparin sodium (porcine) pf 1000 unit/ml inj soln	1		
rivaroxaban 2.5 mg tab	1	XARELTO	
rivaroxaban 1 mg/ml susp	1	XARELTO	
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 20 mg tab	2		
XARELTO STARTER PACK 15 & 20 mg tab pack	2		
Blood Formation Modifiers - Blood Formation Drugs [Modificadores De La Formación De La Sangre - Medicamentos Para La Formación De La Sangre]			
anagrelide hcl 0.5 mg cap, 1 mg cap	1	AGRYLIN	
eltrombopag olamine 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	4	PROMACTA	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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
JESDUVROQ 1 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	3		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
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	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
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
aminocaproic acid 1000 mg tab, 500 mg tab	1	AMICAR	
BENEFIX 1000 unit iv kit, 2000 unit iv kit, 250 unit iv kit, 3000 unit iv kit, 500 unit iv kit	5		PA, 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, 500 unit iv soln, 5000 unit iv soln, 6000 unit iv soln, 750 unit iv soln	5		PA, SL
FEIBA 1000 unit iv soln, 2500 unit iv soln, 500 unit iv soln	4		PA, SL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
HEMLIBRA 105 mg/0.7ml sc soln, 12 mg/0.4ml sc soln, 150 mg/ml sc soln, 30 mg/ml sc soln, 300 mg/2ml sc soln, 60 mg/0.4ml sc soln	5		PA, SL
HEMOFIL M 1000 unit iv soln, 1700 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
HUMATE-P 1000-2400 unit iv soln, 250-600 unit iv soln, 500-1200 unit iv soln	5		PA, SL
IDELVION 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 500 unit iv soln	5		PA, SL
IXINITY 1000 unit iv soln, 1500 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA, SL
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 4000 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, 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
KOVALTRY 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 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	5		PA, SL

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
unit iv soln, 500 unit iv kit, 500 unit iv soln			
obizur 500 unit iv soln	5		PA, SL
PROFILNINE 1000 unit iv soln, 1500 unit iv soln, 500 unit iv soln	5		PA, SL
REBINYN 1000 unit iv soln, 2000 unit iv soln, 500 unit iv soln	5		PA, SL
RECOMBINATE 1241-1800 unit iv soln, 1801-2400 unit iv soln, 220-400 unit iv soln, 401-800 unit iv soln, 801-1240 unit iv soln	5		PA, SL
rixubis 1000 unit iv soln, 2000 unit iv soln, 250 unit iv soln, 3000 unit iv soln, 500 unit iv soln	5		PA, SL
tranexamic acid 1000 mg/10ml iv soln	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]			
aspirin-dipyridamole er 25-200 mg cap er 12 hr	1	AGGRENOX	
cilostazol 100 mg tab, 50 mg tab	1	PLETAL	
clopidogrel bisulfate 75 mg tab	1	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	1	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	1	EFFIENT	
ticagrelor 60 mg tab, 90 mg tab	1	BRILINTA	
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	1	CATAPRES-TTS	
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	
guanfacine hcl 1 mg tab, 2 mg tab	1	TENEX	
methyldopa 250 mg tab, 500 mg tab	1	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROAMATINE	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
phenoxybenzamine hcl 10 mg cap	1	DIBENZYLINE	
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	1	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
azilsartan medoxomil 40 mg tab, 80 mg tab	1	EDARBI	ST
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	1	ATACAND	ST
EDARBI 40 mg tab, 80 mg tab	3		ST
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	1	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	1	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	1	BENICAR	ST
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	1	MICARDIS	ST
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors - Blood Pressure Drugs [Inhibidores De La Enzima Convertidora De Angiotensina (Eca) - Medicamentos Para La Presión Sanguínea]			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	1	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	VASOTEC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	1	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	1	ZESTRIL	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	1	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	1	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	1	CORDARONE	
disopyramide phosphate 100 mg cap, 150 mg cap	1	NORPACE	
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	1	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	1	TAMBOCOR	
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	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	CORDARONE	
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	1	RYTHMOL	
propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	1	RYTHMOL SR	
quinidine gluconate er 324 mg tab er	1		
quinidine sulfate 200 mg tab, 300 mg tab	1		
sorine 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1	BETAPACE	
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	1	BETAPACE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	1	BETAPACE AF	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	1	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	1	KERLONE	
bisoprolol fumarate 2.5 mg tab	1		QL(30 / 30)
bisoprolol fumarate 10 mg tab, 5 mg tab	1	ZEBETA	
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
carvedilol phosphate er 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	1	COREG CR	ST
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	1	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL XL	
metoprolol tartrate 37.5 mg tab, 75 mg tab	1		
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	1	CORGARD	
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	BYSTOLIC	ST
pindolol 10 mg tab, 5 mg tab	1	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	1	INDERAL	
propranolol hcl 1 mg/ml iv soln, 20 mg/5ml soln, 40 mg/5ml soln	1	INDERAL	
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	1	INDERAL LA	
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	1	BLOCADREN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Calcium Channel Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores De Los Canales De Calcio - Medicamentos Para La Presión Sanguínea]			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1	CARDIZEM	
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	1	CARDIZEM	
diltiazem hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	1	DILACOR XR	
diltiazem hcl er beads 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	1	TIAZAC	
diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	1	CARDIZEM CD	
felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	1	PLENDIL	
isradipine 2.5 mg cap, 5 mg cap	1	DYNACIRC	
nicardipine hcl 20 mg cap, 30 mg cap	1	CARDENE	
nifedipine 10 mg cap, 20 mg cap	1	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	1	PROCARDIA XL	
nimodipine 30 mg cap	1	NIMOTOP	
nisoldipine er 17 mg tab er 24 hr, 20 mg tab er 24 hr, 25.5 mg tab er 24 hr, 30 mg tab er 24 hr, 34 mg tab er 24 hr, 40 mg tab er 24 hr, 8.5 mg tab er 24 hr	1	SULAR	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	1	CALAN	
verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr	1	VERELAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
aliskiren fumarate 150 mg tab, 300 mg tab	1	TEKTURNA	
amiloride-hydrochlorothiazide 5-50 mg tab	1	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	1	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	1	EXFORGE	ST
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	1	CADUET	
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	1	AZOR	ST
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	1	EXFORGE HCT	ST
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	1	TENORETIC	
BAXFENDY 1 mg tab, 2 mg tab	2		PA, QL(30 / 30)
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	1	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	1	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	1	ATACAND HCT	ST
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab	1	CAPOZIDE	
digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab	1	LANOXIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
digoxin 0.05 mg/ml soln	1	LANOXIN	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		ST
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	1	VASERETIC	
ENTRESTO 15-16 mg cap sprinkle, 6-6 mg cap sprinkle	2		
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	1	MONOPRIL-HCT	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	1	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	1	HYZAAR	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	1	LOPRESSOR HCT	
metyrosine 250 mg cap	1	DEMSER	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	1	BENICAR HCT	ST
pentoxifylline er 400 mg tab er	1	TRENTAL	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	1	ACCURETIC	
ranolazine er 1000 mg tab er 12 hr, 500 mg tab er 12 hr	1	RANEXA	PA
sacubitril-valsartan 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	1	ENTRESTO	
spironolactone-hctz 25-25 mg tab	1	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 300-12.5 mg tab, 300-25 mg tab	2		
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	1	MICARDIS-HCT	ST
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	1	TARKA	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	1	DIOVAN HCT	
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		PA
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	1	BUMEX	
bumetanide 0.25 mg/ml inj soln	1	BUMEX	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln	1	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	1	DEMADEX	
Diuretics, Potassium-sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
amiloride hcl 5 mg tab	1	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	1	INSPRA	ST
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
chlorthalidone 25 mg tab, 50 mg tab	1	HYGROTON	
DIURIL 250 mg/5ml susp	3		
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
fenofibrate 150 mg cap, 50 mg cap	1	LIPOFEN	
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab	1	TRICOR	
fenofibrate micronized 130 mg cap, 43 mg cap	1	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	1	TRICOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fenofibric acid 135 mg cap dr, 45 mg cap dr	1	TRILIPIX	
gemfibrozil 600 mg tab	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa - Medicamentos Para Control Del Colesterol]			
ALTOPREV 20 mg tab er 24 hr, 40 mg tab er 24 hr, 60 mg tab er 24 hr	3		ST
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	1	LESCOL	
fluvastatin sodium er 80 mg tab er 24 hr	1	LESCOL XL	
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	1	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	CRESTOR	
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	1	ZOCOR	
simvastatin 80 mg tab	1	ZOCOR	ST
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs [Dislipidémicos, Otros - Medicamentos Para Control Del Colesterol Misceláneos]			
cholestyramine 4 gm pckt	1	QUESTRAN	
cholestyramine 4 gm/dose oral pwdr	1	QUESTRAN	
cholestyramine light 4 gm pckt	1	QUESTRAN LIGHT	
cholestyramine light 4 gm/dose oral pwdr	1	QUESTRAN LIGHT	
colesevelam hcl 3.75 gm pckt, 625 mg tab	1	WELCHOL	
colestipol hcl 1 gm tab, 5 gm pckt	1	COLESTID	
colestipol hcl 5 gm oral gr	1	COLESTID	
ezetimibe 10 mg tab	1	ZETIA	ST
ezetimibe-simvastatin 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab	1	VYTORIN	ST
icosapent ethyl 0.5 gm cap, 1 gm cap	1	VASCEPA	
niacin (antihyperlipidemic) 500 mg tab	1	NIACOR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
niacin er (antihyperlipidemic) 1000 mg tab er, 500 mg tab er, 750 mg tab er	1	NIASPAN	
omega-3-acid ethyl esters 1 gm cap	1	LOVAZA	
REPATHA 140 mg/ml sc soln pfs	2		PA
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	2		PA
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	2		PA
Vasodilators, Direct-acting Arterial - Chest Pain Drugs [Vasodilatadores Arteriales De Acción Directa - Medicamentos Para Dolor De Pecho]			
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	1	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous - Chest Pain Drugs [Vasodilatadores Arteriovenosos De Acción Directa - Medicamentos Para Dolor De Pecho]			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	1	ISORDIL TITRADOSE	
isosorbide mononitrate 10 mg tab, 20 mg tab	1	MONOKET	
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
nitro-bid 2 % td oint	1		
NITRO-DUR 0.3 mg/hr td patch 24hr, 0.8 mg/hr td patch 24hr	3		
NITRO-TIME 2.5 mg cap er, 6.5 mg cap er, 9 mg cap er	3		
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	1	NITRO-DUR	
nitroglycerin 0.4 mg/spray tl soln	1	NITROLINGUAL	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	1	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - Adhd Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para Adhd]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 5 mg cap er 24 hr	1	ADDERALL XR	QL(30 / 30), ST
amphetamine-dextroamphet er 30 mg cap er 24 hr	1	ADDERALL XR	QL(90 / 30), ST
amphetamine-dextroamphetamine 30 mg tab	1	ADDERALL	QL(30 / 30)
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	1	ADDERALL	QL(90 / 30)
dextroamphetamine sulfate 5 mg tab	1	DEXTROSTAT	QL(90 / 30)
dextroamphetamine sulfate 10 mg tab	1	DEXTROSTAT	QL(120 / 30)
dextroamphetamine sulfate er 5 mg cap er 24 hr	1	DEXEDRINE	QL(90 / 30)
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr	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]			
atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	1	STRATTERA	PA, ST, AL
clonidine hcl er 0.1 mg tab er 12 hr	1	KAPVAY	QL(120 / 30)
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	1	FOCALIN	QL(60 / 30)
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	1	FOCALIN XR	QL(30 / 30)
guanfacine hcl er 4 mg tab er 24 hr	1	INTUNIV	QL(60 / 30)
guanfacine hcl er 1 mg tab er 24 hr, 3 mg tab er 24 hr	1	INTUNIV	QL(90 / 30)
guanfacine hcl er 2 mg tab er 24 hr	1	INTUNIV	QL(120 / 30)
methylphenidate hcl 5 mg/5ml soln	1	METHYLIN	QL(90 / 30)
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	1	RITALIN	QL(90 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr	1		QL(30 / 30)
methylphenidate hcl er 10 mg tab er, 20 mg tab er	1	RITALIN SR	QL(30 / 30)
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	1	METADATE CD	QL(30 / 30)
methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr	1	RITALIN LA	QL(30 / 30)
methylphenidate hcl er (osm) 72 mg tab er	1		QL(30 / 30)
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 54 mg tab er	1	CONCERTA	QL(30 / 30)
methylphenidate hcl er (osm) 36 mg tab er	1	CONCERTA	QL(60 / 30)
methylphenidate hcl er(diffus) 27 mg tab er, 54 mg tab er	1	CONCERTA	QL(30 / 30)
methylphenidate hcl er(diffus) 36 mg tab er	1	CONCERTA	QL(60 / 30)
QUILLICHEW ER 40 mg tab chew er	2		QL(30 / 30), AL
QUILLICHEW ER 30 mg tab chew er	2		QL(60 / 30), AL
QUILLICHEW ER 20 mg tab chew er	2		QL(90 / 30), AL
QUILLIVANT XR 25 mg/5ml Oral Suspension Reconstituted ER	2		QL(360 / 30), AL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
riluzole 50 mg tab	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]			
milnacipran hcl 100 mg tab, 12.5 & 25 & 50 mg oral misc, 12.5 mg tab, 25 mg tab, 50 mg tab	1	SAVELLA	
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 25 mg cap, 300 mg cap, 50 mg cap, 75 mg cap	1	LYRICA	ST
pregabalin 20 mg/ml soln	1	LYRICA	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	1	LYRICA CR	ST
Multiple Sclerosis Agents - Multiple Sclerosis Drugs [Agentes Para La Esclerosis Múltiple - Medicamentos Para Esclerosis Múltiple]			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	4		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	4		PA
BETASERON 0.3 mg sc kit	4		PA
cladribine (10 tabs) 10 mg tab pack	4	MAVENCLAD (10 Tabs)	PA
cladribine (4 tabs) 10 mg tab pack	4	MAVENCLAD (4 Tabs)	PA
cladribine (5 tabs) 10 mg tab pack	4	MAVENCLAD (5 Tabs)	PA
cladribine (6 tabs) 10 mg tab pack	4	MAVENCLAD (6 Tabs)	PA
cladribine (7 tabs) 10 mg tab pack	4	MAVENCLAD (7 Tabs)	PA
cladribine (8 tabs) 10 mg tab pack	4	MAVENCLAD (8 Tabs)	PA
cladribine (9 tabs) 10 mg tab pack	4	MAVENCLAD (9 Tabs)	PA
dalfampridine er 10 mg tab er 12 hr	4	AMPYRA	PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	4	TECFIDERA	PA
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	PA
fingolimod hcl 0.5 mg cap	4	GILENYA	PA
GILENYA 0.25 mg cap	4		PA
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	4	COPAXONE	PA
KESIMPTA 20 mg/0.4ml sc soln auto-inj	4		PA
MAYZENT 0.25 mg tab, 1 mg tab, 2 mg tab	4		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack, 7 x 0.25 mg tab pack	4		PA
OCREVUS 300 mg/10ml iv soln	4		PA
OCREVUS ZUNOVO 920-23000 mg-ut/23ml sc soln	4		PA
PLEGRIDY 125 mcg/0.5ml im soln pfs, 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	4		PA
PLEGRIDY STARTER PACK 63 & 94 mcg/0.5ml sc soln auto-inj, 63 & 94 mcg/0.5ml sc soln pfs	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
teriflunomide 14 mg tab, 7 mg tab	4	AUBAGIO	PA
TYRUKO 300 mg/15ml iv conc	5		PA
ZEPOSIA 0.92 mg cap	4		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	4		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG &0.46MG 0.92mg(21) cap pack	4		PA
DENTAL AND ORAL AGENTS - DRUGS TO TREAT MOUTH AND THROAT CONDITIONS [AGENTES DENTALES Y ORALES - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA BOCA Y GARGANTA]			
Dental And Oral Agents - Drugs To Treat Mouth And Throat Conditions [Agentes Dentales Y Orales - Medicamentos Para Tratar Condiciones De La Boca Y Garganta]			
cevimeline hcl 30 mg cap	1	EVOXAC	
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
lidocaine viscous hcl 2 % m/t soln	1	XYLOCAINE	
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS - DRUGS TO TREAT SKIN CONDITIONS [AGENTES DERMATOLÓGICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA PIEL]			
Dermatological Agents - Drugs To Treat Skin Conditions [Agentes Dermatológicos - Medicamentos Para Tratar Condiciones De La Piel]			
accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	1	SORIATANE	
adapalene 0.1 % Topical Cream, 0.1 % Topical Gel, 0.3 % Topical Gel	1	DIFFERIN	
adapalene-benzoyl peroxide 0.1-2.5 % Topical Gel, 0.3-2.5 % Topical Gel	1	EPIDUO	
ammonium lactate 12 % Topical Cream, 12 % Topical Lotion	1	LAC-HYDRIN	
ANALPRAM-HC 2.5-1 % Topical Lotion	3		
azelaic acid 15 % Topical Gel	1	FINACEA	
AZELEX 20 % Topical Cream	3		
benzoyl peroxide-erythromycin 5-3 % Topical Gel	1	BENZAMYCIN	
bp 10-1 10-1 % Topical Emulsion	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
brimonidine tartrate 0.33 % Topical Gel	1	MIRVASO	
calcipotriene 0.005 % Topical Cream	1	DOVONEX	
calcipotriene 0.005 % Topical Solution	1	DOVONEX	
calcitriol 3 mcg/gm Topical Ointment	1	VECTICAL	
CEM-UREA 45 % Topical Solution	3		
claravis 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	1	ABSORICA	
clindamycin phos-benzoyl perox 1.2-2.5 % Topical Gel	1	ACANYA	
clindamycin phos-benzoyl perox 1-5 % Topical Gel	1	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % Topical Gel	1	DUAC	
clindamycin-tretinoin 1.2-0.025 % Topical Gel	1	ZIANA	
dapsone 5 % Topical Gel, 7.5 % Topical Gel	1	ACZONE	
doxycycline 40 mg cap dr	1	ORACEA	
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	4		PA
EBGLYSS 250 mg/2ml sc soln auto-inj, 250 mg/2ml sc soln pfs	4		PA
FINACEA 15 % Topical Foam	3		
hydrocort-pramoxine (perianal) 2.5-1 % Topical Cream	1	ANALPRAM HC	
hydrocortisone ace-pramoxine 1-1 % Topical Cream	1	ANALPRAM HC	
imiquimod 5 % Topical Cream	1	ALDARA	
isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	1	ABSORICA	
ivermectin 1 % Topical Cream	1	SOOLANTRA	
lidocaine-hydrocort (perianal) 3-0.5 % Topical Cream	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	1	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	1	PERANEX HC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
methoxsalen rapid 10 mg cap	1	OXSORALEN-ULTRA	
metronidazole 0.75 % Topical Cream	1	METROCREAM	
metronidazole 0.75 % Topical Gel, 1 % Topical Gel	1	METROGEL	
metronidazole 0.75 % Topical Lotion	1	METROLOTION	
nitroglycerin 0.4 % rect oint	1	RECTIV	
pimecrolimus 1 % Topical Cream	1	ELIDEL	ST
podofilox 0.5 % Topical Gel	1	CONDYLOX	
podofilox 0.5 % Topical Solution	1	CONDYLOX	
PROCORT 1.85-1.15 % Topical Cream	3		
PROCTOFOAM HC 1-1 % Topical Foam	3		
REGRANEX 0.01 % Topical Gel	5		PA
rosadan 0.75 % Topical Cream	1	METROCREAM	
rosadan 0.75 % Topical Gel	1	METROGEL	
SANTYL 250 unit/gm Topical Ointment	3		
SELARSDI 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
selenium sulfide 2.5 % Topical Lotion	1	SELSUN	
SILIQ 210 mg/1.5ml sc soln pfs	5		PA
SKYRIZI 150 mg/ml sc soln pfs, 180 mg/1.2ml sc soln cart, 360 mg/2.4ml sc soln cart, 55 mg/0.37ml sc soln pfs	4		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	4		PA
sulfacetamide sodium-sulfur 10-5 % Topical Liquid, 10-5 % Topical Lotion, 10-5 % Topical Suspension	1		
sulfacetamide sodium-sulfur 10-2 % Topical Liquid	1	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 10-5 % Topical Cream	1	PLEXION	
sulfacetamide sodium-sulfur 8-4 % Topical Suspension	1	SUMAXIN TS	
tacrolimus 0.03 % Topical Ointment, 0.1 % Topical Ointment	1	PROTOPIC	ST
TALTZ 20 mg/0.25ml sc soln pfs, 40 mg/0.5ml sc soln pfs, 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	4		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tazarotene 0.05 % Topical Cream	1	TAZORAC	PA
tazarotene 0.05 % Topical Gel, 0.1 % Topical Cream, 0.1 % Topical Gel	1	TAZORAC	PA
tretinoin 0.05 % Topical Gel	1	ATRALIN	AL
tretinoin 0.01 % Topical Gel, 0.025 % Topical Cream, 0.025 % Topical Gel, 0.05 % Topical Cream, 0.1 % Topical Cream	1	RETIN-A	AL
tretinoin microsphere 0.04 % Topical Gel, 0.1 % Topical Gel	1	RETIN-A	AL
tretinoin microsphere pump 0.04 % Topical Gel, 0.1 % Topical Gel	1	RETIN-A	AL
urea 39 % Topical Cream, 40 % Topical Cream	1		
urea 40 % Topical Lotion	1	CARMOL 40	
urea nail 45 % Topical Gel	1		
VTAMA 1 % Topical Cream	2		PA
YESINTEK 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
ZELSUVMI 10.3 % Topical Gel	3		PA, QL(62 / 84)
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 pckt	3		
ferocon cap	1		
ferotrinsic cap	1		
ferrocite plus 106-1 mg tab	1		
foltrin cap	1		
FUSION PLUS cap	3		
hematinic plus vit/minerals 106-1 mg tab	1		
hematinic/folic acid 324-1 mg tab	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		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
K-PHOS NO 2 305-700 mg tab	3		
k-tan plus 162-115.2-1 mg cap	1		
klor-con 20 meq pckt	1		
klor-con 8 meq tab er	1	KLOR-CON	
klor-con 10 10 meq tab er	1	KLOR-CON	
klor-con m10 10 meq tab er	1	KLOR-CON	
klor-con m15 15 meq tab er	1	KLOR-CON	
klor-con m20 20 meq tab er	1	KLOR-CON	
lactated ringers iv soln	1		
MULTIGEN 70 mg tab	3		
MULTIGEN PLUS tab	3		
na ferric gluc cplx in sucrose 12.5 mg/ml iv soln	1	FERRLECIT	
ORACIT 490-640 mg/5ml soln	3		
phospha 250 neutral 155-852-130 mg tab	1		
potassium chloride 20 meq pckt	1		
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	1	K-SOL	
potassium chloride crys er 10 meq tab er	1		
potassium chloride crys er 15 meq tab er, 20 meq tab er	1	KLOR-CON	
potassium chloride er 10 meq tab er, 8 meq tab er	1	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	1	MICRO-K	
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	1	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	1		
ringers iv soln	1		
se-tan plus 162-115.2-1 mg cap	1		
sod citrate-citric acid 500-334 mg/5ml soln	1	SHOHLS MODIFIED	
sodium chloride 0.45 % iv soln, 0.9 % iv soln, 2.5 meq/ml inj soln	1		
sodium chloride (pf) 0.9 % inj soln	1		
tandem plus 162-115.2-1 mg cap	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
CHEMET 100 mg cap	3		
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	4	EXJADE	PA
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	4	JADENU	PA
deferasirox 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	4	JADENU SPRINKLE	PA
deferiprone 500 mg tab	4	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
kionex 15 gm/60ml Multiple Routes Suspension	1		
penicillamine 250 mg tab	1	DEPEN TITRATABS	
sodium polystyrene sulfonate oral pwdr	1	KAYEXALATE	
sps (sodium polystyrene sulf) 15 gm/60ml Multiple Routes Suspension	1		
SPS (SODIUM POLYSTYRENE SULF) 30 gm/120ml Rectal Suspension	3		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			
calcium acetate (phos binder) 667 mg cap	1	PHOSLO	
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	1	RENVELA	PA
sevelamer hcl 800 mg tab	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		
ascorbic acid 500 mg/ml inj soln	1		
ATABEX EC 29-1 mg tab dr	3		
ATABEX OB 29-1 mg tab	3		
b-plex tab	1		
CO-NATAL FA tab	3		
complete natal dha 29-1-200 & 200 mg oral misc	3		
completenate 29-1 mg tab chew	3		
CONCEPT DHA 53.5-38-1 mg cap	3		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
CONCEPT OB 130-92.4-1 mg cap	3		
CORVITA tab	3		
cyanocobalamin 1000 mcg/ml inj soln	1		
DIALYVITE 3000 3 mg tab	3		
DIALYVITE 5000 5 mg tab	3		
DIALYVITE/ZINC tab	3		
FOLBEE PLUS CZ 5 mg tab	3		
folic acid 1 mg tab	1		
folic acid 5 mg/ml inj soln	1		
FOLIVANE-OB 85-1 mg cap	3		
hydroxocobalamin acetate 1000 mcg/ml im soln	1		
INFUVITE PEDIATRIC iv soln	3		
m-natal plus 27-1 mg tab	3		
multi-vitamin/fluoride 0.25 mg/ml susp	1		
multi-vitamin/fluoride/iron 0.25-10 mg/ml soln	1		
NATALVIT tab	3		
nephronex tab	1		
NIVA-PLUS 27-1 mg tab	3		
NUTRIVIT liq	3		
OBSTETRIX EC (WITH DOCUSATE) 29-1 mg tab	3		
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 mg cap	3		
onevite tab	3		
phytonadione 1 mg/0.5ml inj soln	1		
phytonadione 5 mg tab	1	MEPHYTON	
pnv prenatal plus multivit+dha 27-1 & 312 mg oral misc	3		
prenatal 27-1 mg tab	3		
prenatal 19 tab chew, 29-1 mg tab, 29-1 mg tab chew	3		
prenatal plus 27-1 mg tab	3		
PROVIDA OB 20-20-1.25 mg cap	3		
pyridoxine hcl 100 mg/ml inj soln	1		
RENATABS 1 mg tab	3		
RENATABS WITH IRON 1 & 100 mg oral misc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
se-natal 19 29-1 mg tab, 29-1 mg tab chew	3		
SUPERVITE liq	3		
support liq	3		
TARON-C DHA 35-1 mg cap	3		
thiamine hcl 100 mg/ml inj soln	1		
thrivite rx 29-1 mg tab	3		
trinatal rx 1 60-1 mg tab	3		
urosex tab	1		
VITAL-D RX 1 mg tab	3		
vitamin b complex 100 inj soln	1		
vitamin b-complex 100 inj soln	1		
vitamin d (ergocalciferol) 1.25 MG (50000 ut) cap	1	DRISDOL	
vitamin k1 1 mg/0.5ml inj soln, 10 mg/ml inj soln	1		
GASTROINTESTINAL AGENTS - DRUGS TO TREAT BOWEL, INTESTINE AND STOMACH CONDITIONS [AGENTES GASTROINTESTINALES - MEDICAMENTOS PARA TRATAR CONDICIONES INTESTINALES, INTESTINO Y ESTÓMAGO]			
Antispasmodics, Gastrointestinal - Stomach And Intestine Drugs [Antiespasmódicos, Gastrointestinales - Medicamentos Para Estómago E Intestino]			
chlordiazepoxide-clidinium 5-2.5 mg cap	1	LIBRAX	
dicyclomine hcl 10 mg cap, 20 mg tab	1	BENTYL	
dicyclomine hcl 10 mg/5ml soln	1	BENTYL	
glycopyrrolate 1 mg tab, 2 mg tab	1	ROBINUL	
hyoscyamine sulfate 0.125 mg tab	1	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	1	LEVSIN/SL	
hyoscyamine sulfate er 0.375 mg tab er 12 hr	1	LEVBID	
methscopolamine bromide 2.5 mg tab, 5 mg tab	1	PAMINE	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
bis subcit-metronid-tetracyc 140-125-125 mg cap	1	PYLERA	
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	1	PYLERA	
cromolyn sodium 100 mg/5ml oral conc	1	GASTROCROM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	1	LOMOTIL	
loperamide hcl 2 mg cap	1	IMODIUM	
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	1	REGLAN	
MYTESI 125 mg tab dr	5		PA
SYMPROIC 0.2 mg tab	2		PA, QL(30 / 30)
TALICIA 250-12.5-10 mg cap dr	3		
ursodiol 300 mg cap	1	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	1	URSO	
VELSIPITY 2 mg tab	5		PA
Histamine2 (h2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	1	TAGAMET	
cimetidine hcl 300 mg/5ml soln	1	TAGAMET	
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
famotidine 40 mg/5ml susp	1	PEPCID	
famotidine (pf) 20 mg/2ml iv soln	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	1	AXID	
ranitidine hcl 150 mg tab, 300 mg tab	1	ZANTAC	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	1	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	2		PA, QL(30 / 30)
lubiprostone 24 mcg cap, 8 mcg cap	1	AMITIZA	PA, QL(60 / 30)
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
GAVILYTE-C 240 gm soln	3		QL(4000 / 15)
gavilyte-g 236 gm soln	1	GOLYTELY	QL(4000 / 15)
gavilyte-n with flavor pack 420 gm soln	1	NULYTELY	QL(4000 / 15)
generlac 10 gm/15ml soln	1	CONSTULOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
peg 3350-kcl-na bicarb-nacl 420 gm soln	1	NULYTELY	QL(4000 / 15)
peg-3350/electrolytes 236 gm soln	1	GOLYTELY	QL(4000 / 15)
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
misoprostol 100 mcg tab, 200 mcg tab	1	CYTOTEC	
sucralfate 1 gm tab	1	CARAFATE	
sucralfate 1 gm/10ml susp	1	CARAFATE	
Proton Pump Inhibitors - Ulcer And Stomach Acid Drugs [Inhibidores De La Bomba De Protones - Medicamentos Para Úlceras Y Ácido Estomacal]			
dexlansoprazole 30 mg cap dr	1	DEXILANT	ST
dexlansoprazole 60 mg cap dr	1	DEXILANT	ST
esomeprazole magnesium 2.5 mg pckt, 5 mg pckt, 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt	1	NEXIUM	ST
lansoprazole 15 mg cap dr, 30 mg cap dr	1	PREVACID	
lansoprazole 15 mg Oral Tablet Delayed Release Disintegrating, 30 mg Oral Tablet Delayed Release Disintegrating	1	PREVACID SOLUTAB	ST
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap	1	ZEGERID	ST
pantoprazole sodium 20 mg tab dr, 40 mg iv soln, 40 mg tab dr	1	PROTONIX	
pantoprazole sodium 40 mg pckt	1	PROTONIX	ST
rabeprazole sodium 20 mg tab dr	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]			
ALDURAZYME 2.9 mg/5ml iv soln	5		PA
betaine oral pwdr	4	CYSTADANE	PA
CERDELGA 84 mg cap	5		PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
CEREZYME 400 unit iv soln	5		PA
CHOLBAM 250 mg cap, 50 mg cap	5		PA
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	2		
CYSTAGON 150 mg cap, 50 mg cap	5		PA
ELELYSO 200 unit iv soln	5		PA
FABRAZYME 35 mg iv soln, 5 mg iv soln	5		PA
MEPSEVII 10 mg/5ml iv soln	5		PA
miglustat 100 mg cap	4	ZAVESCA	PA
NAGLAZYME 1 mg/ml iv soln	5		PA
nitisinone 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	4	ORFADIN	PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 4 mg/ml susp	5		PA
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	4	KUVAN	PA
sodium phenylbutyrate 500 mg tab	4	BUPHENYL	PA
sodium phenylbutyrate 3 gm/tsp oral pwdr	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, 60000-189600 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]			
darifenacin hydrobromide er 15 mg tab er 24 hr, 7.5 mg tab er 24 hr	1	ENABLEX	
fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr	1	TOVIAZ	
flavoxate hcl 100 mg tab	1		
GEMTESA 75 mg tab	3		PA
mirabegron er 8 mg/ml Oral Suspension Reconstituted ER	1	MYRBETRIQ	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
mirabegron er 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	MYRBETRIQ	ST
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	2		ST
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
solifenacin succinate 10 mg tab, 5 mg tab	1	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	1	DETROL LA	
VESICARE LS 5 mg/5ml susp	2		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	1	CARDURA	
dutasteride 0.5 mg cap	1	AVODART	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	1	JALYN	
finasteride 5 mg tab	1	PROSCAR	
silodosin 4 mg cap, 8 mg cap	1	RAPAFLO	
tadalafil 2.5 mg tab, 5 mg tab	1	CIALIS	PA, QL(30 / 30), AL
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	HYTRIN	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, And Kidney Conditions Drugs [Agentes Genitourinarios, Otros - Medicamentos Para Condiciones De La Vejiga, Genitales Y Renales Misceláneos]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	1	URECHOLINE	
dimethyl sulfoxide 50 % i-vesic soln	1	RIMSO-50	
ELMIRON 100 mg cap	3		
phosphasal 81.6 mg tab	1		
RIMSO-50 50 % i-vesic soln	3		
sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab	1	VIAGRA	QL(6 / 30), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
tadalafil 10 mg tab, 20 mg tab	1	CIALIS	QL(6 / 30), AL
uretron d/s 81.6 mg tab	1		
urin ds 81.6 mg tab	1		
uro-mp 118 mg cap	1		
utira-c 81.6 mg tab	1		
vardenafil hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	1	LEVITRA	QL(6 / 30), AL
vardenafil hcl 10 mg tab disint	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]			
alclometasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment	1	ACLOVATE	
APEXICON E 0.05 % Topical Cream	3		AL
betamethasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment	1	DIPROSONE	AL
betamethasone dipropionate 0.05 % Topical Lotion	1	DIPROSONE	AL
betamethasone dipropionate aug 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment	1	DIPROLENE	AL
betamethasone dipropionate aug 0.05 % Topical Lotion	1	DIPROLENE	AL
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	1	CELESTONE SOLUSPAN	
betamethasone valerate 0.1 % Topical Cream	1	BETA-VAL	
betamethasone valerate 0.1 % Topical Lotion	1	BETA-VAL	
betamethasone valerate 0.1 % Topical Ointment	1	BETA-VAL	AL
betamethasone valerate 0.12 % Topical Foam	1	LUXIQ	AL
CAPEX 0.01 % Topical Shampoo	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
clobetasol prop emollient base 0.05 % Topical Cream	1	TEMOVATE-E	AL
clobetasol propionate 0.05 % Topical Liquid, 0.05 % Topical Lotion, 0.05 % Topical Shampoo	1	CLOBEX	AL
clobetasol propionate 0.05 % Topical Foam	1	OLUX	AL
clobetasol propionate 0.05 % Topical Gel, 0.05 % Topical Ointment	1	TEMOVATE	AL
clobetasol propionate 0.05 % Topical Solution	1	TEMOVATE	AL
clobetasol propionate 0.05 % Topical Cream	1	TEMOVATE-E	AL
clocortolone pivalate 0.1 % Topical Cream	1	CLODERM	
cortisone acetate 25 mg tab	1	CORTONE	
DEPO-MEDROL 20 mg/ml inj susp	3		
desonide 0.05 % Topical Cream, 0.05 % Topical Ointment	1	DESOWEN	
desonide 0.05 % Topical Lotion	1	DESOWEN	
desoximetasone 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment, 0.25 % Topical Cream, 0.25 % Topical Ointment	1	TOPICORT	AL
dexamethasone 1 mg tab, 2 mg tab	1		
dexamethasone 0.5 mg/5ml soln	1		
dexamethasone 0.5 mg/5ml oral elix	1	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	1	DECADRON	
DEXAMETHASONE INTENSOL 1 mg/ml oral conc	3		
dexamethasone sod phosphate pf 10 mg/ml inj soln	1	HEXADROL	
dexamethasone sodium phosphate 20 mg/5ml inj soln, 4 mg/ml inj soln, 4 mg/ml inj soln pfs	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
diflorasone diacetate 0.05 % Topical Cream, 0.05 % Topical Ointment	1	PSORCON	AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
fludrocortisone acetate 0.1 mg tab	1	FLORINEF	
fluocinolone acetonide 0.01 % Topical Cream	1	SYNALAR	
fluocinolone acetonide 0.01 % Topical Solution	1	SYNALAR	
fluocinolone acetonide 0.025 % Topical Cream, 0.025 % Topical Ointment	1	SYNALAR	AL
fluocinolone acetonide body 0.01 % Topical Oil	1	DERMA-SMOOTHE/FS	
fluocinolone acetonide scalp 0.01 % Topical Oil	1	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment	1	LIDEX	AL
fluocinonide 0.05 % Topical Solution	1	LIDEX	AL
fluocinonide 0.1 % Topical Cream	1	VANOS	AL
fluocinonide emulsified base 0.05 % Topical Cream	1	LIDEX-E	AL
flurandrenolide 0.05 % Topical Cream	1	CORDRAN	
flurandrenolide 0.05 % Topical Lotion	1	CORDRAN	
fluticasone propionate 0.005 % Topical Ointment, 0.05 % Topical Cream	1	CUTIVATE	
fluticasone propionate 0.05 % Topical Lotion	1	CUTIVATE	
halcinonide 0.1 % Topical Solution	1	HALOG	
halcinonide 0.1 % Topical Cream	1	HALOG	AL
halobetasol propionate 0.05 % Topical Cream, 0.05 % Topical Ointment	1	ULTRAVATE	AL
hydrocortisone 1 % Topical Cream	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	1	CORTEF	
hydrocortisone 1 % Topical Ointment, 2.5 % Topical Cream, 2.5 % Topical Ointment	1	HYTONE	
hydrocortisone 2.5 % Topical Lotion	1	HYTONE	
hydrocortisone butyr lipo base 0.1 % Topical Cream	1	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % Topical Cream, 0.1 % Topical Ointment	1	LOCOID	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
hydrocortisone butyrate 0.1 % Topical Lotion, 0.1 % Topical Solution	1	LOCOID	
hydrocortisone sod suc (pf) 100 mg inj soln	1	SOLU-CORTEF	
hydrocortisone valerate 0.2 % Topical Cream, 0.2 % Topical Ointment	1	WESTCORT	
MEDROL 2 mg tab	3		
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	1	MEDROL	
methylprednisolone acetate 50 mg/ml inj susp	1		
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	1	DEPO-MEDROL	
methylprednisolone sodium succ 1000 mg inj soln, 125 mg inj soln, 40 mg inj soln, 500 mg inj soln	1	SOLU-MEDROL	
millipred 5 mg tab	1	MILLIPRED	
mometasone furoate 0.1 % Topical Cream, 0.1 % Topical Ointment	1	ELOCON	
mometasone furoate 0.1 % Topical Solution	1	ELOCON	
PANDEL 0.1 % Topical Cream	3		AL
prednicarbate 0.1 % Topical Ointment	1	DERMATOP	
prednisolone 5 mg tab	1	MILLIPRED	
prednisolone 15 mg/5ml soln	1	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	1		
prednisolone sodium phosphate 15 mg/5ml soln	1	ORAPRED	
prednisolone sodium phosphate 5 mg/5ml soln	1	PEDIAPRED	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	1		
prednisone 5 mg/5ml soln	1		
PREDNISONE INTENSOL 5 mg/ml oral conc	3		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
SOLU-CORTEF 1000 mg inj soln, 250 mg inj soln, 500 mg inj soln	3		
SOLU-MEDROL 2 gm inj soln	3		
TEXACORT 2.5 % Topical Solution	3		
triamcinolone acetonide 10 mg/ml inj susp	1	KENALOG-10	
triamcinolone acetonide 0.025 % Topical Ointment, 0.1 % Topical Ointment	1	KENALOG	
triamcinolone acetonide 0.025 % Topical Lotion, 0.1 % Topical Lotion, 40 mg/ml inj susp	1	KENALOG	
triamcinolone acetonide 0.5 % Topical Ointment	1	KENALOG	AL
triamcinolone acetonide 0.05 % Topical Ointment	1	TRIANEX	
triamcinolone acetonide 0.025 % Topical Cream, 0.1 % Topical Cream	1	TRIDERM	
triamcinolone acetonide 0.5 % Topical Cream	1	TRIDERM	AL
trianex 0.05 % Topical Ointment	1	TRIANEX	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
desmopressin ace spray refrig 0.01 % nasal soln	1	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	1	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	1	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	1	DDAVP	
GENOTROPIN 12 mg sc cart, 5 mg sc cart	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
GENOTROPIN MINIQUICK 0.2 mg Subcutaneous Prefilled Syringe, 0.4 mg Subcutaneous Prefilled Syringe, 0.6 mg Subcutaneous Prefilled Syringe, 0.8 mg Subcutaneous Prefilled Syringe, 1 mg Subcutaneous Prefilled Syringe, 1.2 mg Subcutaneous Prefilled Syringe, 1.4 mg Subcutaneous Prefilled Syringe, 1.6 mg Subcutaneous Prefilled Syringe, 1.8 mg Subcutaneous Prefilled Syringe, 2 mg Subcutaneous Prefilled Syringe	4		PA
INCRELEX 40 mg/4ml sc soln	5		PA
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]			
mifepristone 300 mg tab	4	KORLYM	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]			
oxandrolone 10 mg tab, 2.5 mg tab	1	OXANDRIN	
Androgens - Hormone Replacement/modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	2		
danazol 100 mg cap, 200 mg cap, 50 mg cap	1	DANOCRINE	
depo-testosterone 100 mg/ml im soln, 200 mg/ml im soln	1	DEPO-TESTOSTERONE	GL
testosterone 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	1	ANDROGEL	GL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel			
testosterone 30 mg/act td soln	1	AXIRON	GL
testosterone 10 MG/ACT (2%) td gel	1	FORTESTA	GL
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln, 200 mg/ml inj soln	1	DEPO-TESTOSTERONE	GL
testosterone enanthate 200 mg/ml im soln	1	DELATESTRYL	GL
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	ACTIVELLA	
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	ESTRATEST	
COVARYX HS 0.625-1.25 mg tab	1		
DUAVEE 0.45-20 mg tab	2		
EEMT 1.25-2.5 mg tab	1	ESTRATEST	
EEMT HS 0.625-1.25 mg tab	1		
est estrogens-methyltest 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest ds 1.25-2.5 mg tab	1	ESTRATEST	
est estrogens-methyltest hs 0.625-1.25 mg tab	1		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	1	ESTROGEL	GL
estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	1	CLIMARA	GL
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	GL
estradiol 0.01 % vag crm	1	ESTRACE	
estradiol 10 mcg vag tab	1	VAGIFEM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	1	VIVELLE-DOT	GL
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	1	ACTIVELLA	
ESTRING 2 mg vag ring, 7.5 mcg/24hr vag ring	3		
estrogens conjugated 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	1	PREMARIN	
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	2		
mimvey 1-0.5 mg tab	1	ACTIVELLA	
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	VAGIFEM	
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)
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	1	MEGACE	
megestrol acetate 40 mg/ml susp, 400 mg/10ml susp, 625 mg/5ml susp	1	MEGACE	
norethindrone acetate 5 mg tab	1	AYGESTIN	
progesterone 100 mg cap, 200 mg cap	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		
raloxifene hcl 60 mg tab	1	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS TO REPLACE THYROID HORMONES [AGENTES HORMONALES,			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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]			
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	1	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	1	CYTOMEL	
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
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]			
cabergoline 0.5 mg tab	1	DOSTINEX	
lanreotide acetate 120 mg/0.5ml sc soln	4	SOMATULINE DEPOT	PA
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	4		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	4		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	4		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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 im kit, 30 mg im kit	4		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	4		PA
octreotide acetate 100 mcg/ml sc soln pfs, 50 mcg/ml sc soln pfs, 500 mcg/ml sc soln pfs	4		PA
octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	4	SANDOSTATIN	PA
ORILISSA 150 mg tab, 200 mg tab	3		
SOMATULINE DEPOT 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]			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants - Immune System Drugs [Inmunosupresores - Medicamentos Para El Sistema Inmune]			
adalimumab-adbm (2 pen) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	4	CYLTEZO	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
adalimumab-adbm (2 syringe) 10 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	CYLTEZO	PA
adalimumab-adbm(cd/uc/hs strt) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	4	CYLTEZO	PA
adalimumab-adbm(ps/uv starter) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	4	CYLTEZO	PA
azathioprine 50 mg tab	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
CIBINQO 100 mg tab, 200 mg tab, 50 mg tab	4		PA
CIMZIA 2 X 200 mg sc kit	5		PA
CIMZIA (2 SYRINGE) 200 mg/ml sc pfs kit	5		PA
CIMZIA STARTER 200 mg/ml sc pfs kit	5		PA
cyclosporine 100 mg cap, 25 mg cap	1	SANDIMMUNE	
cyclosporine 50 mg/ml iv soln	4	SANDIMMUNE	
cyclosporine modified 100 mg cap, 25 mg cap	1	NEORAL	
cyclosporine modified 100 mg/ml soln	1	NEORAL	
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	NEORAL	
gengraf 100 mg/ml soln	1	NEORAL	
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	4		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	4		PA
methotrexate sodium 2.5 mg tab	1		
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	4		
mycophenolate mofetil 250 mg cap, 500 mg tab	1	CELLCEPT	
mycophenolate mofetil 200 mg/ml susp	1	CELLCEPT	
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	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
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	4		PA
RINVOQ LQ 1 mg/ml soln	4		PA
tofacitinib citrate 10 mg tab, 5 mg tab	4	XELJANZ	PA
tofacitinib citrate 1 mg/ml soln	4	XELJANZ	PA
tofacitinib citrate er 11 mg tab er 24 hr, 22 mg tab er 24 hr	4	XELJANZ XR	PA
XELJANZ 10 mg tab, 5 mg tab	4		PA
XELJANZ 1 mg/ml soln	4		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	4		PA
Immunizing Agents, Passive - Immune System Drugs [Agentes Inmunizantes, Pasivos - Medicamentos Para El Sistema Inmune]			
CUVITRU 1 gm/5ml sc soln, 2 gm/10ml sc soln, 4 gm/20ml sc soln	5		
CYTOGAM 50 mg/ml iv soln	5		
FLEBOGAMMA DIF 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
FLEBOGAMMA DIF 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 soln	5		
GAMMAGARD 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln, 5 gm/50ml inj soln	5		
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	4		
GAMMAKED 1 gm/10ml inj soln, 10 gm/100ml inj soln, 20 gm/200ml inj soln, 5 gm/50ml inj soln	5		
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		
GAMUNEX-C 1 gm/10ml inj soln, 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	5		
HEPAGAM B 312 unit/ml inj soln	5		
HIZENTRA 1 gm/5ml sc soln, 10 gm/50ml sc soln, 10 gm/50ml sc soln pfs, 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	5		
HYPERRHO 1500 unit im soln pfs	3		
HYPERRHO MINI-DOSE 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 300 unit/2ml inj soln	5		
OCTAGAM 10 gm/100ml iv soln, 5 gm/50ml iv soln	4		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits [Requisitos/Límites][1]
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, 5 gm/100ml iv soln	5		
PRIVIGEN 20 gm/200ml iv soln, 40 gm/400ml iv soln	5		
RHOGAM ULTRA-FILTERED PLUS 1500 unit im soln pfs	3		
RHOPHYLAC 1500 unit/2ml inj soln pfs	3		
WINRHO SDF 1500 unit/1.3ml inj soln, 15000 unit/13ml inj soln, 2500 unit/2.2ml inj soln, 5000 unit/4.4ml inj soln	3		
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
ACTEMRA 162 mg/0.9ml sc soln pfs, 200 mg/10ml iv soln, 400 mg/20ml iv soln, 80 mg/4ml iv soln	4		PA
ACTEMRA ACTPEN 162 mg/0.9ml sc soln auto-inj	4		PA
ARCALYST 220 mg sc soln	5		PA
ENFLONSIA 105 mg/0.7ml im soln pfs	3		QL(0.7 / lifetime), AL
ENTYVIO 300 mg iv soln	5		PA
ENTYVIO PEN 108 mg/0.68ml sc soln auto-inj	5		PA
leflunomide 10 mg tab, 20 mg tab	1	ARAVA	
OTEZLA 10 & 20 & 30 mg tab pack, 20 mg tab, 30 mg tab, 4 x 10 & 51 x20 mg tab pack	4		PA
OTEZLA XR 75 mg tab er 24 hr	4		PA
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 mg tab pack	4		PA
RHAPSIDO 25 mg tab	3		PA, QL(60 / 30)
RIDAURA 3 mg cap	3		
SYNAGIS 100 mg/ml im soln, 50 mg/0.5ml im soln	5		PA
Angioedema Agents- Immune System Drugs [Agente Angioedema - Medicamentos Para El Sistema Inmune]			

ORLADEYO 108 mg pckt, 110 mg cap, 132 mg pckt, 150 mg cap, 72 mg pckt, 96 mg pckt	4		PA
Vaccines [Vacunas]			
ABRYSVO 120 mcg/0.5ml im soln	2		
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp, 5-2-15.5 lf-mcg/0.5 im susp pfs	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		
AREXVY 120 mcg/0.5ml im susp	2		
bcg vaccine 50 mg inj soln	1		
BEXSERO 0.5 ml im susp pfs	3		
BIOTHRAX im susp	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp pfs	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp	3		
CAPVAXIVE 0.5 ml im soln pfs	3		
COMIRNATY 30 mcg/0.3ml im susp, 30 mcg/0.3ml im susp pfs	2		
DAPTACEL 23-15-5 im susp	3		
DENGVAXIA sc susp	3		
ENGERIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
ENGERIX-B 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	3		
FLUAD 0.5 ml im susp pfs	3		
FLUARIX 0.5 ml im susp pfs	3		
FLUARIX QUADRIVALENT 0.5 ml im susp pfs	3		
FLUBLOK 0.5 ml im soln pfs	3		
FLUCELVAX im susp, 0.5 ml im susp pfs	3		
FLUCELVAX QUADRIVALENT 0.5 ml im susp pfs	3		
FLULAVAL 0.5 ml im susp pfs	3		
FLULAVAL QUADRIVALENT 0.5 ml im susp pfs	3		

FLUMIST nasal liq	3		
FLUMIST QUADRIVALENT nasal susp	3		
FLUZONE 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, 0.5 ml im susp, 0.5 ml im susp pfs	3		
GARDASIL 9 0.5 ml im susp, 0.5 ml im susp pfs	3		
HAVRIX 720 el u/0.5ml im susp, 720 el u/0.5ml im susp pfs	3		
HAVRIX 1440 el u/ml im susp pfs	3		
HEPLISAV-B 20 mcg/0.5ml im soln pfs	3		
HIBERIX 10 mcg inj soln	3		
HYPERTET 250 unit/ml im soln pfs	5		
IMOVAX RABIES 2.5 unit/ml im susp	3		
INFANRIX 25-58-10 im susp	3		
IPOL inj susp	3		
IXCHIQ im soln	3		
IXIARO im susp	3		
JYNNEOS 0.5 ml sc susp	3		
KINRIX 0.5 ml im susp pfs	3		
M-M-R II inj soln	3		
MENACTRA im soln	3		
MENQUADFI 0.5 ml im soln	3		
MENVEO im soln	3		
MENVEO im soln	3		
MRESVIA 50 mcg/0.5ml im susp pfs	3		
PEDIARIX im susp pfs	3		
PEDVAXHIB 7.5 mcg/0.5ml im susp	3		
PENBRAYA im susp	3		
penmenvy im susp	3		
PENTACEL im susp	3		
PNEUMOVAX 23 25 mcg/0.5ml inj soln, 25 mcg/0.5ml inj soln pfs	3		
PREHEVBRIO 10 mcg/ml im susp	3		
PREVNAR 13 im susp	3		
PREVNAR 20 0.5 ml im susp pfs	3		
PRIORIX sc susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp	3		

RABAVERT im susp	3		
RECOMBIVAX HB 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe	3		
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe	3		
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		
SHINGRIX 50 mcg/0.5ml im susp pfs	3		
TDVAX 2-2 lf/0.5ml im susp	3		
TENIVAC 5-2 lf/0.5ml im susp	3		
tetanus-diphtheria toxoids td 2-2 lf/0.5ml im susp	1		
TICOVAC 1.2 mcg/0.25ml im susp pfs, 2.4 mcg/0.5ml im susp pfs	3		
TRUMENBA 0.5 ml im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		
TYPHIM VI 25 mcg/0.5ml im soln, 25 mcg/0.5ml im soln pfs	3		
VAQTA 25 unit/0.5ml im susp, 25 unit/0.5ml im susp pfs	3		
VAQTA 50 unit/ml im susp, 50 unit/ml im susp pfs	3		
VARIVAX 1350 pfu/0.5ml inj susp	3		
VARIZIG 125 unit/1.2ml im soln	5		
VAXCHORA susp	3		
VAXELIS im susp, im susp pfs	3		
VAXNEUVANCE 0.5 ml im susp pfs	3		
VIMKUNYA 40 mcg/0.8ml im susp pfs	3		
VIVOTIF cap dr	3		
YF-VAX 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]			
balsalazide disodium 750 mg cap	1	COLAZAL	
mesalamine 800 mg tab dr	1	ASACOL HD	
mesalamine 1000 mg rect supp	1	CANASA	
mesalamine 1.2 gm tab dr	1	LIALDA	

mesalamine 4 gm rect enema	1	ROWASA	
mesalamine er 250 mg cap er	1		
mesalamine er 0.375 gm cap er 24 hr	1	APRISO	
mesalamine er 500 mg cap er	1	PENTASA	
mesalamine-cleanser 4 gm rect kit	1	ROWASA	
PENTASA 250 mg cap er	3		
SFROWASA 4 gm/60ml rect enema	3		
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
budesonide 2 mg rect foam	1	UCERIS	
budesonide 3 mg cap dr prt	1	ENTOCORT	PA
budesonide er 9 mg tab er 24 hr	1	UCERIS	PA
CORTIFOAM 10 % Topical Foam	3		
hydrocortisone 100 mg/60ml rect enema	1	CORTENEMA	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfasalazine 500 mg tab, 500 mg tab dr	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS - DRUGS TO TREAT BONE CONDITIONS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS HUESOS]			
Metabolic Bone Disease Agents - Osteoporosis (bone Loss) Drugs [Agentes Para La Enfermedad Metabólica Del Hueso - Medicamentos Para Osteoporosis (Pérdida De Hueso)]			
alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab	1	FOSAMAX	
alendronate sodium 70 mg/75ml soln	1	FOSAMAX	ST
BILDYOS 60 mg/ml sc soln pfs	4		PA, QL(1 / 180)
calcitonin (salmon) 200 unit/ml inj soln	1	MIACALCIN	
calcitonin (salmon) 200 unit/act nasal soln	1	MIACALCIN	QL(3.7 / 30)
calcitriol 1 mcg/ml iv soln	1	CALCIJEX	
calcitriol 0.25 mcg cap, 0.5 mcg cap	1	ROCALTROL	
calcitriol 1 mcg/ml soln	1	ROCALTROL	
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	1	SENSIPAR	PA
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	1	HECTOROL	PA
FOSAMAX PLUS D 70-2800 mg-unit tab, 70-5600 mg-unit tab	3		ST
ibandronate sodium 150 mg tab	1	BONIVA	ST
ibandronate sodium 3 mg/3ml iv soln	4	BONIVA	PA
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	1	ZEMPLAR	PA

paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln	1	ZEMPLAR	PA
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	1	ACTONEL	ST
risedronate sodium 35 mg tab dr	1	ATELVIA	ST
teriparatide 560 mcg/2.24ml sc soln pen-inj	4		PA, QL(2.4 / 30)
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(2.4 / 30)
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	PA, QL(100 / 365)
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Anti-Obesity Agents [Agentes Anti-Obesidad]			
CONTRAVE 8-90 mg tab er 12 hr	2		PA
IMCIVREE 10 mg/ml sc soln	5		PA
liraglutide -weight management 18 mg/3ml sc soln pen-inj	1	SAXENDA	PA
phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab	1		PA
phentermine-topiramate er 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	1	Qsymia	PA
PLENITY cap	2		PA
PLENITY WELCOME KIT cap	2		PA
WEGOVY 1.5 mg tab, 25 mg tab, 4 mg tab, 9 mg tab	2		PA
WEGOVY 0.25 mg/0.5ml sc soln auto-inj, 0.5 mg/0.5ml sc soln auto-inj, 1 mg/0.5ml sc soln auto-inj, 1.7 mg/0.75ml sc soln auto-inj, 2.4 mg/0.75ml sc soln auto-inj	2		PA
WEGOVY HD 7.2 mg/0.75ml sc soln auto-inj	2		PA
XENICAL 120 mg cap	2		PA
ZEPBOUND 10 mg/0.5ml sc soln, 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln, 7.5 mg/0.5ml sc soln auto-inj	2		PA

Infertility Agents [Agentes para la Infertilidad]			
chorionic gonadotropin 10000 unit im soln	4	PREGNYL	SL
clomiphene citrate 50 mg tab	1		SL
FOLLISTIM AQ 300 unt/0.36ml sc soln, 600 unt/0.72ml sc soln, 900 unt/1.08ml sc soln	5		SL
ganirelix acetate 250 mcg/0.5ml sc soln pfs	5		SL
MENOPUR 75 unit sc soln	5		SL
NOVAREL 5000 unit im soln	5		SL
OVIDREL 250 mcg/0.5ml sc soln pfs	5		SL
PREGNYL 10000 unit im soln	5		SL
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
ANASCORP iv soln	5		
antivenin latrodectus mactans inj kit	4		
antivenin micrurus fulvius iv soln	4		
argyle sterile saline 0.9 % irrig soln	1		
CROFAB iv soln	5		
deferoxamine mesylate 500 mg inj soln	4	DESFERAL	PA
levocarnitine 200 mg/ml iv soln	1		
levocarnitine 330 mg tab	1	CARNITOR	
levocarnitine 1 gm/10ml soln	1	CARNITOR	
methylergonovine maleate 0.2 mg tab	1	METHERGINE	
sodium chloride 0.9 % irrig soln	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]			
ak-poly-bac 500-10000 unit/gm ophth oint	1	POLYSPORIN	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	1	POLYSPORIN	
cyclosporine (pf) 0.05 % ophth emul	1	RESTASIS	PA
neo-polycin 3.5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint	1	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	1	NEOSPORIN	
polycin 500-10000 unit/gm ophth oint	1	POLYSPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	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]			
azelastine hcl 0.05 % ophth soln	1	OPTIVAR	ST
cromolyn sodium 4 % ophth soln	1	OPTICROM	
olopatadine hcl 0.1 % ophth soln	1	PATADAY	
olopatadine hcl 0.2 % ophth soln	1	PATADAY	ST
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
bacitracin 500 unit/gm ophth oint	1	BACI-IM	
BESIVANCE 0.6 % ophth susp	3		
CILOXAN 0.3 % ophth oint	3		
ciprofloxacin hcl 0.3 % ophth soln	1	CILOXAN	
erythromycin 5 mg/gm ophth oint	1	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	1	ZYMAXID	
GENTAK 0.3 % ophth oint	3		
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
levofloxacin 0.5 % ophth soln	1	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	1	VIGAMOX	
moxifloxacin hcl (2x day) 0.5 % ophth soln	1	MOXEZA	
ofloxacin 0.3 % ophth soln	1	OCUFLOX	
tobramycin 0.3 % ophth soln	1	TOBREX	
TOBREX 0.3 % ophth oint	3		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	1	DIAMOX	
betaxolol hcl 0.5 % ophth soln	1	BETOPTIC	
BETIMOL 0.25 % ophth soln	3		
BETOPTIC-S 0.25 % ophth susp	3		
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	1	ALPHAGAN	
brimonidine tartrate 0.1 % ophth soln	1	ALPHAGAN P	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	1	COMBIGAN	
brinzolamide 1 % ophth susp	1	AZOPT	ST
carteolol hcl 1 % ophth soln	1	OCUPRESS	
dorzolamide hcl 2 % ophth soln	1	TRUSOPT	
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	1	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	1	COSOPT	
IOPIDINE 1 % ophth soln	3		

levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	1	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	3		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	1	ISOPTO CARPINE	
timolol hemihydrate 0.5 % ophth soln	1	BETIMOLOL	
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	1	TIMOPTIC XE	
Ophthalmic Anti-inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
ACUVAIL 0.45 % ophth soln	3		
bacitra-neomycin-polymyxin-hc 1 % ophth oint	1	CORTISPORIN	
BLEPHAMIDE 10-0.2 % ophth susp	3		
BLEPHAMIDE S.O.P. 10-0.2 % ophth oint	3		
bromfenac sodium 0.07 % ophth soln	1	PROLENSA	
dexamethasone sodium phosphate 0.1 % ophth soln	1	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	1	VOLTAREN	
difluprednate 0.05 % ophth emul	1	DUREZOL	
FLAREX 0.1 % ophth susp	3		
fluorometholone 0.1 % ophth susp	1	FML	
flurbiprofen sodium 0.03 % ophth soln	1	OCUFEN	
FML 0.1 % ophth oint	2		
ketorolac tromethamine 0.5 % ophth soln	1	ACULAR	
ketorolac tromethamine 0.4 % ophth soln	1	ACULAR LS	
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
loteprednol etabonate 0.2 % ophth susp	1	ALREX	
loteprednol etabonate 0.5 % ophth gel	1	LOTEMAX	
loteprednol etabonate 0.5 % ophth susp	1	LOTEMAX	
MAXIDEX 0.1 % ophth susp	3		
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	1	MAXITROL	

neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	1	MAXITROL	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	1	CORTISPORIN	
neo-polycin hc 1 % ophth oint	1	CORTISPORIN	
PRED MILD 0.12 % ophth susp	2		
PRED-G 0.3-1 % ophth susp	3		
PRED-G S.O.P. 0.3-0.6 % ophth oint	3		
prednisolone acetate 1 % ophth susp	1	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	1		
sulfacetamide-prednisolone 10-0.23 % ophth soln	1	VASOCIDIN	
TOBRADEX 0.3-0.1 % ophth oint	3		
TOBRADEX ST 0.3-0.05 % ophth susp	3		
tobramycin-dexamethasone 0.3-0.1 % ophth susp	1	TOBRADEX	
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.01 % ophth soln	1	LUMIGAN	
latanoprost 0.005 % ophth soln	1	XALATAN	
travoprost (bak free) 0.004 % ophth soln	1	TRAVATAN	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs For The Ear [Agentes Óticos - Medicamentos Para El Oído]			
acetic acid 2 % otic soln	1	VOSOL	
ciprofloxacin hcl 0.2 % otic soln	1	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	1	CIPRODEX	
ciprofloxacin-hydrocortisone 0.2-1 % otic susp	1	CIPRO HC	
flac 0.01 % otic oil	1	DERMOTIC	
fluocinolone acetonide 0.01 % otic oil	1	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	1	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	1	CORTISPORIN	
ofloxacin 0.3 % otic soln	1	FLOXIN	
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR -			

MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	1	ASTELIN	
azelastine hcl 0.15 % nasal soln	1	ASTEPRO	
azelastine-fluticasone 137-50 mcg/act nasal susp	1	DYMISTA	
cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln	1	ZYRTEC	
cyproheptadine hcl 4 mg tab	1	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	1	PERIACTIN	
desloratadine 2.5 mg tab disint, 5 mg tab, 5 mg tab disint	1	CLARINEX	
diphenhydramine hcl 50 mg/ml inj soln	1	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine hcl 25 mg/ml im soln, 50 mg/ml im soln	1	VISTARIL	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	1	XYZAL	
olopatadine hcl 0.6 % nasal soln	1	PATANASE	
Anti-inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	2		QL(30 / 30)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	1	PULMICORT	QL(120 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	1	NASALIDE	
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	
mometasone furoate 50 mcg/act nasal susp	1	NASONEX	ST
QNASL 80 mcg/act nasal aer soln	3		ST

QNASL CHILDRENS 40 mcg/act nasal aer soln	3		ST
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	2		QL(21.2 / 30)
Antileukotrienes - Asthma/lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	1	ACCOLATE	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	2		QL(4 / 30)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	1	ATROVENT	
ipratropium bromide 0.02 % inh soln	1	ATROVENT	QL(300 / 30)
ipratropium bromide hfa 17 mcg/act inh aer soln	1	ATROVENT HFA	QL(25.8 / 30)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	1	DUONEB	QL(360 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	2		QL(4 / 30)
Bronchodilators, Sympathomimetic - Asthma/lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	ACCUNEB	QL(360 / 30)
albuterol sulfate 2 mg tab, 4 mg tab	1	PROVENTIL	
albuterol sulfate 2 mg/5ml syr	1	PROVENTIL	
albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln	1	PROVENTIL	QL(40 / 30)
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	1	PROVENTIL	QL(40 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	1	PROVENTIL	QL(540 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	1	PROAIR HFA	QL(18 / 30)
epinephrine 0.3 mg/0.3ml inj soln auto-inj	1	ADRENACLICK	QL(2 / 365)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	1	EPIPEN JR	QL(2 / 365)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	1	XOPENEX	QL(90 / 30)
levalbuterol hcl 0.63 mg/3ml inh neb soln	1	XOPENEX	QL(270 / 30)

levalbuterol hcl 0.31 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	1	XOPENEX	QL(288 / 30)
levalbuterol tartrate 45 mcg/act inh aer	1	XOPENEX HFA	QL(30 / 30)
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	2		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 30)
terbutaline sulfate 2.5 mg tab, 5 mg tab	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
tobramycin 300 mg/4ml inh neb soln	4	BETHKIS	PA
tobramycin 300 mg/5ml inh neb soln	4	TOBI	PA
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
cromolyn sodium 20 mg/2ml inh neb soln	1	INTAL	QL(240 / 30)
Phosphodiesterase Inhibitors, Airways Disease - Drugs For The Lungs [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias - Medicamentos Para Los Pulmones]			
elixophyllin 80 mg/15ml oral elix	1		
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		
theophylline 80 mg/15ml oral elix	1		
theophylline er 300 mg tab er 12 hr, 450 mg tab er 12 hr	1	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	1	UNIPHYL	
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
ambrisentan 10 mg tab, 5 mg tab	4	LETAIRIS	PA
bosentan 125 mg tab, 62.5 mg tab	4	TRACLEER	PA
epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln	4	FLOLAN	PA
macitentan 10 mg tab	4	OPSUMIT	PA
OPSUMIT 10 mg tab	4		PA
riociguat 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	4	ADEMPAS	PA
sildenafil citrate 20 mg tab	4	REVATIO	PA
tadalafil (pah) 20 mg tab	4	ADCIRCA	PA

treprostinil 100 mg/20ml inj soln, 20 mg/20ml inj soln, 200 mg/20ml inj soln, 50 mg/20ml inj soln	4	REMODULIN	PA
TYVASO 0.6 mg/ml inh soln	5		PA
TYVASO REFILL KIT 0.6 mg/ml inh soln	5		PA
TYVASO STARTER KIT 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]			
nintedanib esylate 100 mg cap, 150 mg cap	4	OFEV	PA
pirfenidone 267 mg cap	5	ESBRIET	PA
pirfenidone 267 mg tab, 801 mg tab	5	ESBRIET	PA
Respiratory Tract Agents, Other - Asthma/lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acetylcysteine 10 % inh soln, 20 % inh soln	1	MUCOMYST	
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
ARALAST NP 1000 mg iv soln, 500 mg iv soln	5		PA
benzonatate 100 mg cap, 200 mg cap	1	TESSALON	
BEYFORTUS 50 mg/0.5ml im soln pfs	4		QL(0.5 / 365), AL
BEYFORTUS 100 mg/ml im soln pfs	4		QL(1 / 365), AL
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act, 50-25 mcg/inh inh aer pwdr br act	2		QL(60 / 30)
breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1	SYMBICORT	
budesonide-formoterol fumarate 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	1	SYMBICORT	
CLARINEX-D 12 HOUR 2.5-120 mg tab er 12 hr	3		
FASENRA 10 mg/0.5ml sc soln pfs	4		PA, QL(0.5 / 30)
FASENRA 30 mg/ml sc soln pfs	4		PA, QL(1 / 30)

FASENRA PEN 30 mg/ml sc soln auto-inj	4		PA, QL(1 / 30)
fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
GLASSIA 1000 mg/50ml iv soln, 4 gm/200ml iv soln, 5 gm/250ml iv soln	5		PA
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er	1	TUSSIONEX PENNKINETIC ER	AL
NEOTUSS PLUS 7.5-4-30 mg/5ml liq	3		
promethazine vc/codeine 6.25-5-10 mg/5ml syr	3		AL
promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	1		AL
promethazine-dm 6.25-15 mg/5ml syr	1		
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr	1		AL
pseudoeph-bromphen-dm 30-2-10 mg/5ml syr	1		
ribavirin 6 gm inh soln	4	VIRAZOLE	
sodium chloride 0.9 % inh neb soln	1		
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	2		QL(4 / 30)
SYMBICORT 160-4.5 mcg/act inh aer	2		QL(12 / 30)
SYMBICORT 80-4.5 mcg/act inh aer	2		QL(13.8 / 30)
TEZSPIRE 210 mg/1.91ml sc soln auto-inj, 210 mg/1.91ml sc soln pfs	4		PA
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	2		QL(60 / 30)
wixela inhub 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	1	ADVAIR DISKUS	QL(60 / 30)
XOLAIR 150 mg sc soln	4		PA
XOLAIR 150 mg/ml sc soln auto-inj, 150 mg/ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs, 75 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln pfs	4		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 Musculoesqueléticos - Medicamentos Para Dolor Muscular Y Espasmo]			
carisoprodol 250 mg tab, 350 mg tab	1	SOMA	
chlorzoxazone 500 mg tab	1	PARAFON FORTE	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	
metaxalone 800 mg tab	1	SKELAXIN	
methocarbamol 500 mg tab, 750 mg tab	1	ROBAXIN	
orphenadrine citrate 30 mg/ml inj soln	1	NORFLEX	
orphenadrine citrate er 100 mg tab er 12 hr	1	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
Gaba Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De Gaba - Medicamentos Para Dormir]			
dexmedetomidine hcl 200 mcg/2ml iv soln	1	PRECEDEX	
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	1	LUNESTA	QL(30 / 30)
flurazepam hcl 15 mg cap, 30 mg cap	1	DALMANE	QL(30 / 30)
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	1	RESTORIL	QL(30 / 30)
triazolam 0.125 mg tab	1	HALCION	QL(30 / 30)
triazolam 0.25 mg tab	1	HALCION	QL(60 / 30)
zaleplon 5 mg cap	1	SONATA	QL(30 / 30)
zaleplon 10 mg cap	1	SONATA	QL(60 / 30)
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	QL(30 / 30)
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	1	INTERMEZZO	QL(30 / 30)
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	1	AMBIEN CR	QL(30 / 30), ST
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
doxepin hcl 3 mg tab, 6 mg tab	1	SILENOR	QL(30 / 30)
modafinil 100 mg tab, 200 mg tab	1	PROVIGIL	PA
ramelteon 8 mg tab	1	ROZEREM	QL(30 / 30)
sodium oxybate 500 mg/ml soln	5	XYREM	PA

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
ADHD - Stimulants	30 days in 365 days	STEP 1	Amphetamine-Dextroamphetamine IR
			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 Recetor Antagonists
			Dihydropyridine CCB
			Diurectics
		STEP 2	Amlodipine-Olmesartan
			Amlodipine-Valsartan
			Amlodipine-Valsartan-Hydrochlorothiazide
ARB	30 days in 365 days	STEP 1	Irbesartan +/- htcz
			Losartan +/- htcz
			Valsartan +/- htcz
		STEP 2	Azilsartan / Edarbi
			Azilsartan-Chlorthalidone / Edarbyclor

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Candesartan
			Candesartan-Hydrochlorothiazide
			Olmesartan
			Olmesartan-Hydrochlorothiazide
			Telmisartan
			Telmisartan-Hydrochlorothiazide
Brinzolamide	15 days in 365 days	STEP 1	Dorzolamide
		STEP 2	Brinzolamide
Carvedilol SR	30 days in 365 days	STEP 1	Carvedilol IR
		STEP 2	Carvedilol Phosphate Cap SR
Celecoxib	15 days in 365 days	STEP 1	Nonsteroidal Anti-Inflammatory Agents (Nsaids)**
		STEP 2	Celecoxib
Desvenlafaxine	30 days in 365 days	STEP 1	Duloxetine
			Venlafaxine
		STEP 2	Desvenlafaxine Succinate Tab SR
			Desvenlafaxine Tab SR
DPP-4	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
			Glitazones
		STEP 2	Linagliptin / Tradjenta
			Linagliptin-Metformin / Jentadueto / Jentadueto XR
			Sitagliptin / Januvia

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			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
Ezetimibe	60 days in 365 days	STEP 1	Statins (e.g., atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin)
		STEP 2	Ezetimibe
Fluoxetine DR	30 days in 365 days	STEP 1	Fluoxetine
		STEP 2	Fluoxetine HCl Cap Delayed Release
Glitazones	60 days in 365 days	STEP 1	Biguanides
			Sulfonylureas
		STEP 2	Pioglitazone
			Pioglitazone HCl-Metformin
Insulin Lispro (Humalog)	60 days in 365 days	STEP 1	Insulin Lispro
		STEP 2	Humalog
Insulin Lispro Prot & Lispro	60 days in 365 days	STEP 1	Insulin Lispro Prot & Lispro

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
(Humalog Mix)		STEP 2	Humalog Mix
Levetiracetam (SR)	30 days in 365 days	STEP 1	Levetiracetam
		STEP 2	Levetiracetam Tab ER
Long Acting Opioids	7 days in 15 days	STEP 1	Short Acting Opioids
		STEP 2	Fentanyl TD Patch
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
Miglitol	60 days in 365 days	STEP 1	Acarbose
		STEP 2	Miglitol
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

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Beclomethasone Dipropionate Nasal Aerosol / Qnasl
			Mometasone Furoate Nasal Susp
Nebivolol	30 days in 365 days	STEP 1	Alpha-Beta Blockers
			Beta Blockers Cardio-Selective
		STEP 2	Nebivolol
Ocular Allergies	15 days in 365 days	STEP 1	Olopatadine Ophth Soln 0.1 %
		STEP 2	Alcaftadine / Lastacaft
			Azelastine
			Olopatadine
Oral Biphosphonates	28 days in 365 days	STEP 1	Alendronate Tab
		STEP 2	Alendronate Oral Soln
			Alendronate -Cholecalciferol / Fosamax Plus D
			Ibandronate
			Risedronate
			Risedronate
Paliperidone Palmitate (Invega 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 (Invega Trinza)	120 days in 365 days	STEP 1	Paliperidone Palmitate IM / Invega Sustenna
		STEP 2	Paliperidone Palmitate IM / Invega Trinza

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
Pimecrolimus / Tacrolimus	15 days in 365 days	STEP 1	Corticosteroids - Topical**
			Lactic Acid (Ammonium Lactate)
		STEP 2	Pimecrolimus
			Tacrolimus
PPIs	30 days in 365 days	STEP 1	Lansoprazole Rx
			Omeprazole Rx
			Pantoprazole RX
		STEP 2	Dexlansoprazole
			Esomeprazole
			Lansoprazole Oral Disintegrating Tablet
			Omeprazole-Sodium Bicarbonate
			Pantoprazole Oral Pack
			Rabeprazole
Pregabalin	30 days in 365 days	STEP 1	Anticonvulsants
			Duloxetine
			Tricyclic Antidepressants
		STEP 2	Pregabalin
Quetiapine SR	30 days in 365 days	STEP 1	Quetiapine
		STEP 2	Quetiapine Fumarate Tab SR
Rasagiline	30 days in 365 days	STEP 1	Selegiline
		STEP 2	Rasagiline Mesylate
Repaglinide	60 days in 365 days	STEP 1	Nateglinide

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Repaglinide Tab
Ropinirole SR	30 days in 365 days	STEP 1	Ropinirole
		STEP 2	Ropinirole Hydrochloride Tab SR
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
			Glitazones
			Sulfonylureas
			Captopril
			Enalapril
			Fosinopril
			Lisinopril
			Quinapril
			Ramipril
			Trandolapril
			Candesartan
			Irbesartan
			Losartan
			Valsartan
			Bisoprolol
			Carvedilol IR
			Carvedilol ER
			Metoprolol ER

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
			Eplerenone
			Spironolactone
			Sacubitril-Valsartan / Entresto
		STEP 2	Dapagliflozin
			Dapagliflozin-Metformin / Xigduo XR
			Empagliflozin / Jardiance
			Empagliflozin-Metformin / Synjardy / Synjardy XR
			Empagliflozin-Linagliptin / Glyxambi
			Empaglifozin-Linagliptin-Metformin / Trijardy 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
			Lovastatin Tab SR / Altoprev
Triptans	30 days in 365 days	STEP 1	Sumatriptan
		STEP 2	Eletriptan
Zolpidem	60 days in 365 days	STEP 1	Zaleplon
			Zolpidem

ST Description	System will search use of Step 1 drugs for	STEP	Drugs
		STEP 2	Zolpidem Tartrate Tab CR

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

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
	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

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

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

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

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: Pregnant Persons at High Risk for Preeclampsia (Uso de Aspirina para Prevenir la Preeclampsia y la Morbilidad y Mortalidad Relacionadas: Medicamento Preventivo: Personas Embarazadas con Alto Riesgo de Preeclampsia)	
Low-Dose Aspirin (Aspirina en Dosis Baja)	
aspirin chewable tablet 81 mg	GL (Female only), AL (For patients greater than or equal to 15 years up to less than or equal to 45 years)
aspirin delayed release oral tablet 81 mg	GL (Female only), AL (For patients greater than or equal to 15 years up to less than or equal to 45 years)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)	
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)	
tamoxifen citrate oral tablet 10 mg, 20 mg	PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)	
raloxifene hcl oral tablet 60 mg	PA
Contraceptive Methods (Métodos Anticonceptivos)	
Cervical Cap (Cápsula Cervical)	
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)

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

Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
CURAE 1.5 MG ORAL TABLET	
ECONTRA 1.5 MG ORAL TABLET	
HER STYLE 1.5 MG ORAL TABLET	
levonorgestrel oral tablet 1.5 mg	
MY CHOICE 1.5 MG ORAL TABLET	
MY WAY ORAL TABLET 1.5 MG	
NEW DAY 1.5 MG ORAL TABLET	
OPCICON ONE-STEP 1.5 MG ORAL TABLET	
OPTION 2 ORAL TABLET 1.5 MG	
REACT 1.5 MG ORAL TABLET	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	

medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2920 days)
Oral Contraceptive (Combined Pill) [Anticonceptivos Orales (Píldora Combinada)]	
AFIRMELLE ORAL TABLET 0.10-20 MG-MCG	QL (28 tablets per 28 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AYUNA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JASMIEL ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)

LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)
NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NIKKI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)

norethin ace-eth estrad-fe oral tablet chewable 1.5-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG	QL (28 tablets per 28 days)
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)

TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TURQOZ ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) [Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)]	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) [Anticonceptivos Orales (Minipildora Sólo Progestina)]	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)

DEBLITANE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
EMZAHH ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
MELEYA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
SHAROBEL ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
ZAFEMY TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30 MG	
Vaginal Ring (Anillo Vaginal)	
etonogestrel-ethinyl estradiol vaginal ring	QL (1EA per 28 days)
ELURYNG Vaginal Ring	QL (1EA per 28 days)
HALOETTE Vaginal Ring	QL (1EA per 28 days)

Dental Caries Prevention (Prevención de Caries Dental)	
sodium fluoride oral solution 0.275 (0.125 f) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 f) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 f) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
APRETUDE 600 mg/3ml Intramuscular Suspension Extended Release	PA
DESCOVY 120-15 mg tab, 200-25 mg tab	PA
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
TRUVADA 200-300 mg tab	PA
YEZTUGO 300 mg tab	PA
YEZTUGO 463.5 mg/1.5ml sc soln	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral solution 75 (15 fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
iron oral tablet 325 (65 fe) mg	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
Statin Preventive Medication (Medicación Preventiva con Estatinas)	

Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 mg (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
nicotine polacrilex mouth/throat gum 2mg, 4mg	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.
nicotine polacrilex mouth/throat lozange 2mg, 4mg	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.
varenicline tartrate oral tablet 0.5mg, 1mg	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)	
gavilyte-c oral solution reconstituted 240 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL

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

A

abacavir sulfate 59
abacavir sulfate-lamivudine 59
abaneu-sl 87
ABILIFY ASIMTUFII 55
ABILIFY MAINTENA 55
abiraterone acetate 48
ABRYSVO 108
acamprosate calcium 32
acarbose 62
Acarbose 126
accutane 82
ACE Inhibitors 123
acebutolol hcl 72
acetaminophen-codeine 30
acetazolamide 114
acetic acid 116
acetylcysteine 120
acitretin 82
ACTEMRA 107
ACTEMRA ACTPEN 107
ACTHIB 108
ACUVAIL 115
acyclovir 57
ADACEL 108
adalimumab-adbm (2 pen) 103
adalimumab-adbm (2 syringe) 104
adalimumab-adbm(cd/uc/hs strt) 104
adalimumab-adbm(ps/uv starter) 104
adapalene 82
adapalene-benzoyl peroxide 82
ADEMPAS 119
ADHD - Non Stimulant 123
ADHD - Stimulants 123
ADVAIR HFA 120
ADVATE 67
adynovate 67
AFIRMELLE 136
AFLURIA 108
AFLURIA PRESERVATIVE FREE 108
AFLURIA QUADRIVALENT 108
AFSTYLA 67
AFTERA 135
airavite 87
AJOVY 46
ak-poly-bac 113
AKYNZEO 43
albendazole 52
albuterol sulfate 118
albuterol sulfate hfa 118
Alcaftadine 127
alclometasone dipropionate 94
ALDURAZYME 91
ALECENSA 49
Alendronate 127
alendronate sodium 111
alfuzosin hcl er 93
ALINIA 52
aliskiren fumarate 74
allopurinol 5, 15, 45
almotriptan malate 46
alosetron hcl 90
Alpha Beta Blockers 127
ALPHANATE 67
ALPHANINE SD 67
alprazolam 61
alprazolam er 61
alprazolam xr 61
ALPROLIX 67
ALTAVERA 136
Altoprev 130
ALTOPREV 77
ALUNBRIG 49
ALYACEN 1/35 136
amabelz 100
amantadine hcl 53
ambrisentan 119
amiloride hcl 76
amiloride-hydrochlorothiazide 74
aminocaproic acid 67
Amiodarone 125
amiodarone hcl 71
amitriptyline hcl 42
Amlodipine 123
amlodipine besy-benazepril hcl 74
amlodipine besylate 73
amlodipine besylate-valsartan 74

amlodipine-atorvastatin 74
amlodipine-olmesartan 74
Amlodipine-Olmesartan 123
Amlodipine-Valsartan 123
amlodipine-valsartan-hctz 74
Amlodipine-Valsartan-Hydrochlorothiazide . 123
ammonium lactate 82
Ammonium Lactate 128
amoxapine 42
amoxicillin 35
amoxicillin-pot clavulanate 35
amoxicillin-pot clavulanate er 35
Amphetamine 123
amphetamine-dextroamphet er 79
amphetamine-dextroamphetamine 79
Amphetamine-Dextroamphetamine 123
Amphetamine-Dextroamphetamine IR 123
ampicillin 35
ampicillin sodium 35
anagrelide hcl 66
ANALPRAM-HC 82
ANASCORP 113
anastrozole 49
ANDRODERM 99
ANGELIQ 100
Angiotensin II Receptor Antagonists 123
ANORO ELLIPTA 120
Anticonvulsant 128
antivenin latrodectus mactans 113
antivenin micrurus fulvius 113
ANUSOL-HC 45
ANZEMET 43
APEXICON E 94
apomorphine hcl 53
aprepitant 43
APRETUDE 142
APRI 136
APTIVUS 59
ARALAST NP 120
ARB 123
ARCALYST 107
AREXVY 108
argyle sterile saline 113
aripiprazole 55
ARNUITY ELLIPTA 117
ascorbic acid 87
asenapine maleate 55
aspirin chewable 134
aspirin delayed release 134
aspirin-dipyridamole er 69
ATABEX EC 87
ATABEX OB 87
atazanavir sulfate 60
atenolol 72
atenolol-chlorthalidone 74
Atomoxetine 123
atomoxetine hcl 79
atorvastatin 143
Atorvastatin 130
atorvastatin calcium 77
atovaquone 52
atovaquone-proguanil hcl 52
AUBRA EQ 136
AUGMENTIN 35
AUROVELA 136
AUROVELA 24 FE 136
AUROVELA FE 1.5/30 136
AUROVELA FE 1/20 136
AVIANE 136
AVONEX PEN 81
AVONEX PREFILLED 81
AYUNA 136
azathioprine 104
azelaic acid 82
Azelastine 127
azelastine hcl 114, 117
azelastine-fluticasone 117
AZELEX 82
Azilsartan 123
azilsartan medoxomil 70
Azilsartan-Chlorthalidone 123
azithromycin 36
AZURETTE 136

B

bacitracin 114
bacitracin-polymyxin b 113
bacitra-neomycin-polymyxin-hc 115
baclofen 57
balsalazide disodium 110
BAQSIMI ONE PACK 64
BAQSIMI TWO PACK 64
BARACLUDE 57

BAXFENDY 74
bcg vaccine 108
Beclomethasone 127
benazepril hcl 70
benazepril-hydrochlorothiazide 74
BENEFIX 67
BENLYSTA 104
benzonatate 120
benzoyl peroxide-erythromycin 82
benztropine mesylate 53
BESIVANCE 114
Beta-Blockers Cardio-Selective 127
betaine 91
betamethasone dipropionate 94
betamethasone dipropionate aug 94
betamethasone sod phos & acet 94
betamethasone valerate 94
BETASERON 81
betaxolol hcl 72, 114
bethanechol chloride 93
BETIMOL 114
BETOPTIC-S 114
bexarotene 51
BEXSERO 108
BEYFORTUS 120
bicalutamide 48
BICILLIN C-R 35
BICILLIN C-R 900/300 35
BICILLIN L-A 35
Biguanides 124, 125, 129
BIKTARVY 58
BILDYOS 111
bimatoprost 116
BIOTHRAX 108
bis subcit-metronid-tetracyc 89
bismuth/metronidaz/tetracyclin 89
Bisoprolol 129
bisoprolol fumarate 72
bisoprolol-hydrochlorothiazide 74
BLEPHAMIDE 115
BLEPHAMIDE S.O.P. 115
BLISOVI 24 FE 136
BLISOVI FE 1.5/30 136
BLISOVI FE 1/20 136
BOOSTRIX 108
bosentan 119
BOSULIF 49
bosutinib 50
bp 10-1 82
b-plex 87
BRAFTOVI 50
BREO ELLIPTA 120
breyna 120
brimonidine tartrate 83, 114
brimonidine tartrate-timolol 114
brinzolamide 114
Brinzolamide 124
bromfenac sodium 115
bromocriptine mesylate 53
budesonide 111, 117
Budesonide 126
budesonide er 111
budesonide-formoterol fumarate 120
bumetanide 76
buprenorphine 29
buprenorphine hcl 32
buprenorphine hcl-naloxone hcl 32
bupropion hcl 143
bupropion hcl 40
bupropion hcl er (sr) 40
bupropion hcl er (xl) 40
buspirone hcl 61
butalbital-acetaminophen 28
butalbital-apap-caff-cod 30
butalbital-apap-caffeine 28
butalbital-asa-caff-codeine 30
butalbital-aspirin-caffeine 28
butorphanol tartrate 30

C

cabergoline 102
CABOMETYX 50
calcipotriene 83
calcitonin (salmon) 111
calcitriol 83, 111
calcium acetate (phos binder) 87
CALQUENCE 50
CAMILA 140
CAMRESE LO 136
Candesartan 124, 129
candesartan cilexetil 70
candesartan cilexetil-hctz 74
Candesartan-Hydrochlorothiazide 124

capecitabine 48
CAPEX 94
CAPRELSA 50
captopril 70
Captopril 129
captopril-hydrochlorothiazide 74
CAPVAXIVE 108
carbamazepine 39
carbamazepine er 39
carbidopa 54
carbidopa-levodopa 54
carbidopa-levodopa er 54
carbidopa-levodopa-entacapone 54
carisoprodol 122
carteolol hcl 114
carvedilol 72
Carvedilol 124
Carvedilol ER 129
Carvedilol IR 124, 129
carvedilol phosphate er 72
CAYA CONTOURED DIAPHRAGM 135
cefaclor 34
cefadroxil 34
cefdinir 34
cefpodoxime proxetil 34
cefprozil 34
ceftriaxone sodium 34
cefuroxime axetil 35
celecoxib 28
Celecoxib 124
CEM-UREA 83
cephalexin 35
CERDELGA 91
CEREZYME 92
cetirizine hcl 117
cevimeline hcl 82
CHATEAL EQ 136
CHEMET 87
chlordiazepoxide hcl 61
chlordiazepoxide-amitriptyline 42
chlordiazepoxide-clidinium 89
chlorhexidine gluconate 82
chloroquine phosphate 52
chlorpromazine hcl 54
chlorthalidone 76
chlorzoxazone 122
CHOLBAM 92
cholestyramine 77
cholestyramine light 77
chorionic gonadotropin 113
CIBINQO 104
ciclopirox 43, 44
ciclopirox olamine 44
cilostazol 69
CILOXAN 114
CIMDUO 59
cimetidine 90
cimetidine hcl 90
CIMZIA 104
CIMZIA (2 SYRINGE) 104
CIMZIA STARTER KIT 104
cinacalcet hcl 111
ciprofloxacin 36
ciprofloxacin hcl 36, 114, 116
ciprofloxacin-dexamethasone 116
ciprofloxacin-hydrocortisone 116
citalopram hydrobromide 41
cladribine (10 tabs) 81
cladribine (4 tabs) 81
cladribine (5 tabs) 81
cladribine (6 tabs) 81
cladribine (7 tabs) 81
cladribine (8 tabs) 81
cladribine (9 tabs) 81
claravis 83
CLARINEX-D 12 HOUR 120
clarithromycin 36
clarithromycin er 36
CLEOCIN 33
CLIMARA PRO 100
clindamycin hcl 33
clindamycin palmitate hcl 33
clindamycin phos (once-daily) 33
clindamycin phos (twice-daily) 33
clindamycin phos-benzoyl perox 83
clindamycin phosphate 33
clindamycin-tretinoin 83
clobetasol prop emollient base 95
clobetasol propionate 95
clocortolone pivalate 95
clomiphene citrate 113
clomipramine hcl 42

clonazepam 38
clonidine 70
clonidine hcl 70
clonidine hcl er 79
clopidogrel bisulfate 69
clorazepate dipotassium 61
clotrimazole 44
clotrimazole-betamethasone 44
clozapine 56
COAGADEX 67
COARTEM 52
codeine sulfate 30
colchicine 5, 15, 45
colchicine-probenecid 5, 15, 45
Colcrys 5, 15
colesevelam hcl 77
colestipol hcl 77
colistimethate sodium (cba) 33
COMBIPATCH 100
COMBIVENT RESPIMAT 118
COMETRIQ (100 MG DAILY DOSE) 50
COMETRIQ (140 MG DAILY DOSE) 50
COMETRIQ (60 MG DAILY DOSE) 50
COMIRNATY 108
complete natal dha 87
completenate 87
CO-NATAL FA 87
CONCEPT DHA 87
CONCEPT OB 88
CONTRAVE 112
Corticosteroids - Topical 128
CORTIFOAM 111
cortisone acetate 95
CORVITA 88
COVARYX 100
COVARYX HS 100
CREON 92
CRESEMBA 44
CRINONE 101
CROFAB 113
cromolyn sodium 89, 114, 119
CRYSELLE-28 136
CURAE 135
CUVITRU 105
cyanocobalamin 88
cyclobenzaprine hcl 122
cycloserine 47
cyclosporine 104, 113
cyclosporine modified 104
cyproheptadine hcl 117
CYRED EQ 136
CYSTAGON 92
CYTOGAM 105
cytra k crystals 85

D

dabigatran etexilate mesylate 65
dalfampridine er 81
danazol 99
dantrolene sodium 57
dapagliflozin 62
Dapagliflozin 130
Dapagliflozin-Metformin 130
dapagliflozin-metformin hcl er 62
dapsone 47, 83
DAPTACEL 108
darifenacin hydrobromide er 92
darunavir 60
dasatinib 50
DEBLITANE 141
deferasirox 87
deferasirox granules 87
deferiprone 87
deferoxamine mesylate 113
DELSTRIGO 58
DELYLA 137
DENGVAXIA 108
DEPO-MEDROL 95
depo-testosterone 99
DESCOVY 59, 142
desipramine hcl 42
desloratadine 117
desmopressin ace spray refrig 98
desmopressin acetate 98
desmopressin acetate pf 98
desmopressin acetate spray 98
desogestrel-ethinyl estradiol 137
desonide 95
desoximetasone 95
Desvenlafaxine 124
desvenlafaxine er 41
desvenlafaxine succinate er 41
Desvenlafaxine Tab SR 124

dexamethasone 95
DEXAMETHASONE INTENSOL..... 95
dexamethasone sod phosphate pf 95
dexamethasone sodium phosphate 95, 115
dexlansoprazole 91
Dexlansoprazole 128
dexmedetomidine hcl 122
Dexmethylphenidate 123
dexmethylphenidate hcl 79
dexmethylphenidate hcl er 79
Dextroamphetamine..... 123
dextroamphetamine sulfate..... 79
dextroamphetamine sulfate er..... 79
DIALYVITE 3000..... 88
DIALYVITE 5000..... 88
DIALYVITE/ZINC 88
diazepam 38, 61
diclofenac epolamine 28
diclofenac potassium 28
diclofenac sodium 28, 115
diclofenac sodium er 28
diclofenac-misoprostol 28
dicloxacillin sodium 36
dicyclomine hcl..... 89
diflorasone diacetate..... 95
diflunisal..... 28
difluprednate 115
digoxin 74, 75
dihydroergotamine mesylate..... 46
Dihydropyridine CCB 123
DILANTIN..... 39
diltiazem hcl 73
diltiazem hcl er..... 73
diltiazem hcl er beads 73
diltiazem hcl er coated beads..... 73
dimethyl fumarate 81
dimethyl fumarate starter pack..... 81
dimethyl sulfoxide 93
diphenhydramine hcl..... 117
diphenoxylate-atropine..... 90
dipyridamole..... 69
disopyramide phosphate 71
disulfiram..... 32
Diuretics 123
DIURIL 76
divalproex sodium 38
divalproex sodium er 38
dofetilide..... 71
donepezil hcl 40
Dorzolamide 124
dorzolamide hcl 114
dorzolamide hcl-timolol mal 114
dorzolamide hcl-timolol mal pf..... 114
doxazosin mesylate..... 93
doxepin hcl 42, 122
doxercalciferol 111
doxycycline..... 83
doxycycline hyclate 37
doxycycline monohydrate..... 37
DPP-4..... 124
dronabinol 43
Dronedarone 125
drospiren-eth estrad-levomefol..... 137
drospirenone-ethinyl estradiol 137
DROXIA 48
DUAVEE 100
Duloxetine 124, 128
duloxetine hcl 41
DUPIXENT..... 83
dutasteride 93
dutasteride-tamsulosin hcl..... 93

E

EBGLYSS 83
econazole nitrate..... 44
ECONTRA..... 135
Edarbi..... 123
EDARBI..... 70
Edarbyclor..... 123
EDARBYCLOR 75
EDURANT PED 58
EEMT 100
EEMT HS 100
efavirenz..... 58
efavirenz-lamivudine-tenofovir 58
ELELYSO..... 92
Eletriptan 130
eletriptan hydrobromide..... 46
ELINEST 137
ELIQUIS..... 65
ELIQUIS (1.5 MG PACK) 65
ELIQUIS (2 MG PACK) 66
ELIQUIS DVT/PE STARTER PACK..... 66

elixophyllin 119
ELLA 141
ELMIRON 93
ELOCTATE 67
eltrombopag olamine 66
ELURYNG 141
EMCYT 48
EMGALITY 46
EMGALITY (300 MG DOSE) 46
Empagliflozin 130
Empagliflozin-Linagliptin 130
Empagliflozin-Linagliptin-Metformin 130
Empagliflozin-Metformin 130
EMSAM 41
emtricitabine 59
emtricitabine-tenofovir df 59, 142
emtricitab-rilpivir-tenofov df 58
EMTRIVA 59
EMVERM 52
EMZAHH 141
Enalapril 129
enalapril maleate 70
enalapril-hydrochlorothiazide 75
ENBREL 104
ENBREL MINI 104
ENBREL SURECLICK 104
ENCARE 141
ENFLONSIA 107
ENGERIX-B 108
enoxaparin sodium 66
ENPRESSE-28 137
ENSKYCE 137
entacapone 53
entecavir 57
Entresto 130
ENTRESTO 75
ENTYVIO 107
ENTYVIO PEN 107
epinephrine 118
eplerenone 76
Eplerenone 125, 130
epoprostenol sodium 119
ergoloid mesylates 39
ERGOMAR 46
ergotamine-caffeine 46
ERIVEDGE 50
ERLEADA 48
erlotinib hcl 50
ERRIN 141
ertapenem sodium 35
ery 36
ery-tab 36
ERYTHROCIN STEARATE 36
erythromycin 36, 114
erythromycin base 36
erythromycin ethylsuccinate 36
escitalopram oxalate 41
Esomeprazole 128
esomeprazole magnesium 91
est estrogens-methyltest 100
est estrogens-methyltest ds 100
est estrogens-methyltest hs 100
ESTARYLLA 137
estradiol 100, 101
estradiol-norethindrone acet 101
ESTRING 101
estrogens conjugated 101
eszopiclone 122
ethambutol hcl 47
ethyl chloride 31
etodolac 28
etodolac er 29
etonogestrel-ethinyl estradiol 141
etoposide 49
etravirine 58
everolimus 50
EVOTAZ 60
EXODERM 44
ezetimibe 77
Ezetimibe 125, 130
ezetimibe-simvastatin 77
Ezetimibe-Simvastatin 130

F

FABRAZYME 92
FALMINA 137
famciclovir 57
famotidine 90
famotidine (pf) 90
Farxiga 130
FASENRA 120
FASENRA PEN 121
FC2 FEMALE CONDOM 135

febuxostat 45
FEIBA 67
felodipine er 73
FEMCAP CERVICAL CAP 134
fenofibrate 76
fenofibrate micronized 76
fenofibric acid 77
fentanyl 30
fentanyl citrate (pf) 30
Fentanyl TD Patch 126
ferocon 85
ferotrinsic 85
FERRIPROX 87
ferrocite plus 85
ferrous sulfate 142
fesoterodine fumarate er 92
FINACEA 83
finasteride 93
fingolimod hcl 81
flac 116
FLAREX 115
flavoxate hcl 92
FLEBOGAMMA DIF 105, 106
flecainide acetate 71
FLUAD 108
FLUARIX 108
FLUARIX QUADRIVALENT 108
FLUBLOK 108
FLUCELVAX 108
FLUCELVAX QUADRIVALENT 108
fluconazole 44
flucytosine 44
fludrocortisone acetate 96
FLULAVAL 108
FLULAVAL QUADRIVALENT 108
flumazenil 33
FLUMIST 109
FLUMIST QUADRIVALENT 109
flunisolide 117
Flunisolide 126
fluocinolone acetonide 96, 116
fluocinolone acetonide body 96
fluocinolone acetonide scalp 96
fluocinonide 96
fluocinonide emulsified base 96
fluorometholone 115
fluorouracil 48
Fluoxetine 125
fluoxetine hcl 41
Fluoxetine HCl Cap Delayed Release 125
fluphenazine decanoate 54
fluphenazine hcl 54
flurandrenolide 96
flurazepam hcl 122
flurbiprofen 29
flurbiprofen sodium 115
flutamide 48
Fluticasone 126
fluticasone propionate 96, 117
fluticasone-salmeterol 121
fluvastatin 143
fluvastatin sodium 77
fluvastatin sodium er 77
fluvoxamine maleate 41
FLUZONE 109
FLUZONE HIGH-DOSE 109
FLUZONE HIGH-DOSE QUADRIVALENT 109
FLUZONE QUADRIVALENT 109
FML 115
FOLBEE PLUS CZ 88
folic acid 88, 142
FOLIVANE-OB 88
FOLLISTIM AQ 113
foltrin 85
fondaparinux sodium 66
Fosamax Plus D 127
FOSAMAX PLUS D 111
fosamprenavir calcium 60
foscarnet sodium 57
fosfomycin tromethamine 33
Fosinopril 129
fosinopril sodium 71
fosinopril sodium-hctz 75
FRAGMIN 66
frovatriptan succinate 46
furosemide 76
FUSION PLUS 85
FUZEON 59

G

gabapentin 38
galantamine hydrobromide 40
galantamine hydrobromide er 40

GAMASTAN 106
GAMMAGARD 106
GAMMAGARD S/D LESS IGA 106
GAMMAKED 106
GAMMAPLEX 106
GAMUNEX-C 106
ganirelix acetate 113
GARDASIL 9 109
gatifloxacin 114
gavilyte-c 143
GAVILYTE-C 90
gavilyte-g 144
gavilyte-g 90
gavilyte-n with flavor pack 90
gemfibrozil 77
GEMTESA 92
generlac 90
gengraf 104
GENOTROPIN 98
GENOTROPIN MINIQUICK 99
GENTAK 114
gentamicin sulfate 33, 114
GENVOYA 58
GILENYA 81
GLASSIA 121
glatiramer acetate 81
glimepiride 62
glipizide 62
glipizide er 62
glipizide xl 62
glipizide-metformin hcl 62
Glitazones 124, 125, 129
glucagon emergency 64
glyburide 62
glyburide micronized 62
glyburide-metformin 62
glycopyrrolate 89
GLYXAMBI 62
GOMEKLI 50
granisetron hcl 43
GRANIX 67
griseofulvin microsize 44
griseofulvin ultramicrosize 44
guanfacine hcl 70
guanfacine hcl er 79

H

HADLIMA 104
HADLIMA PUSHTOUCH 105
HAILEY 1.5/30 137
HAILEY 24 FE 137
HAILEY FE 1.5/30 137
halcinonide 96
halobetasol propionate 96
HALOETTE 141
haloperidol 54
haloperidol decanoate 54
haloperidol lactate 54
HAVRIX 109
HEATHER 141
hematinic plus vit/minerals 85
hematinic/folic acid 85
HEMLIBRA 68
HEMOFIL M 68
HEPAGAM B 106
heparin sodium (porcine) 66
heparin sodium (porcine) pf 66
HEPLISAV-B 109
HER STYLE 135
HIBERIX 109
HIZENTRA 106
Humalog 125
HUMALOG 64
HUMALOG JUNIOR KWIKPEN 64
HUMALOG KWIKPEN 65
Humalog Mix 125, 126
HUMALOG MIX 50/50 65
HUMALOG MIX 50/50 KWIKPEN 65
HUMALOG MIX 75/25 65
HUMALOG MIX 75/25 KWIKPEN 65
HUMATE-P 68
HUMULIN 70/30 65
HUMULIN 70/30 KWIKPEN 65
HUMULIN N 65
HUMULIN N KWIKPEN 65
HUMULIN R 65
HUMULIN R U-500 KWIKPEN 65
hydralazine hcl 78
hydrochlorothiazide 76
hydrocod poli-chlorphe poli er 121
hydrocodone-acetaminophen 30, 31
hydrocodone-ibuprofen 31

hydrocortisone 96, 111
hydrocortisone (perianal) 45
hydrocortisone ace-pramoxine 45, 83
hydrocortisone acetate 45
hydrocortisone butyr lipo base 96
hydrocortisone butyrate 96, 97
hydrocortisone sod suc (pf) 97
hydrocortisone valerate 97
hydrocortisone-acetic acid 116
hydrocort-pramoxine (perianal) 83
hydromorphone hcl 31
hydroxocobalamin acetate 88
hydroxychloroquine sulfate 52
hydroxyurea 48
hydroxyzine hcl 117
hydroxyzine pamoate 117
hyoscyamine sulfate 89
hyoscyamine sulfate er 89
HYPERHEP B 106
HYPERRHO 106
HYPERRHO MINI-DOSE 106
HYPERTET 109
HYQVIA 106

I

Ibandronate 127
ibandronate sodium 111
IBRANCE 50
IBU 29
ibuprofen 29
ICLUSIG 50
icosapent ethyl 77
IDELVION 68
IDVYNSO 59
iferex 150 forte 85
imatinib mesylate 50
IMBRUVICA 50
IMCIVREE 112
imipramine hcl 42
imipramine pamoate 42
imiquimod 83
IMOGAM RABIES-HT 106
IMOVAX RABIES 109
INCASSIA 141
INCRELEX 99
indapamide 76
indomethacin 29
indomethacin er 29
INFANRIX 109
INFED 85
INFUVITE PEDIATRIC 88
INLURIYO 48
INLYTA 50
insulin lispro 65
Insulin Lispro 125
insulin lispro (1 unit dial) 65
insulin lispro junior kwikpen 65
insulin lispro prot & lispro 65
Insulin Lispro Prot & Lispro 125
INTEGRA F 85
INTEGRA PLUS 85
INTELENCE 58
INTROVALE 140
Invega Hafyera 127
INVEGA HAFYERA 55
Invega Sustenna 127
INVEGA SUSTENNA 55
Invega Trinza 127
INVEGA TRINZA 55
iodoquinol-hc-aloe polysacch 44
IOPIDINE 114
IPOL 109
ipratropium bromide 118
ipratropium bromide hfa 118
ipratropium-albuterol 118
Irbeesartan 129
irbesartan 70
Irbesartan 123
irbesartan-hydrochlorothiazide 75
iron 142
ISENTRESS 58
ISENTRESS HD 58
ISIBLOOM 137
isoniazid 47
isosorbide dinitrate 78
isosorbide mononitrate 78
isosorbide mononitrate er 78
isotretinoin 83
isradipine 73
itraconazole 44
ivermectin 52, 83
IXCHIQ 109
IXIARO 109

IXINITY 68

J

JAKAFI 50
JAKAFI XR 51
Janumet 125
JANUMET 62
Janumet XR 125
JANUMET XR 62
Januvia 124
JANUVIA 62
Jardiance 130
JARDIANCE 62
JASMIEL 137
JENCYCLA 141
Jentadueto 124
JENTADUETO 63
Jentadueto XR 124
JENTADUETO XR 63
JESDUVROQ 67
JIVI 68
JOLESSA 140
JOURNAVX 28
JULEBER 137
JULUCA 58
JUNEL 1.5/30 137
JUNEL 1/20 137
JUNEL FE 1.5/30 137
JUNEL FE 1/20 137
JUNEL FE 24 137
JYNNEOS 109

K

KAITLIB FE 137
KALLIGA 137
KARIVA 137
KESIMPTA 81
ketoconazole 44
ketoprofen 29
ketoprofen er 29
ketorolac tromethamine 29, 115
ketorolac tromethamine +rfid 29
KINRIX 109
kionex 87
KISQALI (200 MG DOSE) 49
KISQALI (400 MG DOSE) 49
KISQALI (600 MG DOSE) 49
KISQALI FEMARA (200 MG DOSE) 49
KISQALI FEMARA (400 MG DOSE) 49
KISQALI FEMARA (600 MG DOSE) 49
klor-con 86
klor-con 10 86
klor-con m10 86
klor-con m15 86
klor-con m20 86
KOATE 68
KOATE-DVI 68
KOGENATE FS 68
KOSELUGO 51
KOVALTRY 68
K-PHOS NO 2 86
k-tan plus 86
KURVELO 137
KYNMOBI 53
KYNMOBI TITRATION KIT 53

L

labetalol hcl 72
lacosamide 39
lactated ringers 86
Lactic Acid 128
lactulose 90
lactulose encephalopathy 91
LAGEVRIO 60
lamivudine 59
lamivudine-zidovudine 59
lamotrigine 38
lamotrigine er 38
lanreotide acetate 102
lansoprazole 91
Lansoprazole 128
Lansoprazole Disintegrating Tablet 128
Lansoprazole Rx 128
LANTUS 65
LANTUS SOLOSTAR 65
lapatinib ditosylate 51
LARIN 24 FE 137
LARIN FE 1.5/30 137
LARIN FE 1/20 137
LARISSIA 138
Lastacaft 127
latanoprost 116
LAYOLIS FE 138
LEDERLE LEUCOVORIN 49

leflunomide 107
lenalidomide 48
LESSINA 138
letrozole 49
leucovorin calcium 49
LEUKERAN 48
levalbuterol hcl 118, 119
levalbuterol tartrate 119
levetiracetam 37
Levetiracetam 126
levetiracetam er 37
Levetiracetam ER 126
levobunolol hcl 115
levocarnitine 113
levocetirizine dihydrochloride 117
levofloxacin 36, 114
LEVONEST 138
levonorgestrel 135
levonorgestrel - ethinyl estradiol (91-day) tablet 0.15-0.03 mg 140
levonorgestrel-ethinyl estradiol 138
levonorg-eth estrad triphasic 138
LEVORA 138
levothyroxine sodium 102
LEXIVA 60
lidocaine 31, 32
lidocaine hcl 32
lidocaine hcl (pf) 32
lidocaine hcl urethral/mucosal 32
lidocaine viscous hcl 82
lidocaine-hydrocort (perianal) 83
lidocaine-hydrocortisone ace 83
lidocaine-prilocaine 32
Linagliptin 124
Linagliptin-Metformin 124
linagliptin-metformin hcl 63
lincomycin hcl 33
linezolid 33
LINZESS 90
liothyronine sodium 102
liraglutide -weight management 112
lisinopril 71
Lisinopril 129
lisinopril-hydrochlorothiazide 75
lithium 61
lithium carbonate 61, 62
lithium carbonate er 62
LOESTRIN FE 138
lomustine 48
Long Acting Opioids 126
LONSURF 49
loperamide hcl 90
lopinavir-ritonavir 60
lorazepam 61
LORYNA 138
Losartan 123, 129
losartan potassium 70
losartan potassium-hctz 75
LOTEMAX 115
LOTEMAX SM 115
loteprednol etabonate 115
lovastatin 143
lovastatin 77
Lovastatin 130
Lovastatin Tab IR 130
LOW-OGESTREL 138
loxapine succinate 55
lubiprostone 90
LUPRON DEPOT (1-MONTH) 102
LUPRON DEPOT (3-MONTH) 102
LUPRON DEPOT (4-MONTH) 102
LUPRON DEPOT (6-MONTH) 102
LUPRON DEPOT-PED (1-MONTH) 103
LUPRON DEPOT-PED (3-MONTH) 103
LUPRON DEPOT-PED (6-MONTH) 103
lurasidone hcl 56
LUTERA 138
LYNPARZA 51
LYSODREN 102

M

macitentan 119
mafenide acetate 34
maraviroc 59
MARLISSA 138
MARPLAN 41
MATULANE 48
MAVYRET 57
MAXIDEX 115
MAYZENT 81
MAYZENT STARTER PACK 81
meclizine hcl 43
meclofenamate sodium 29

MEDROL 97
medroxyprogesterone acetate 101, 136
mefenamic acid 29
mefloquine hcl 52
megestrol acetate 101
MEKINIST 51
MEKTOVI 51
MELEYA 141
meloxicam 29
melphalan 48
Memantine 126
memantine hcl 40
memantine hcl er 40
memantine hcl-donepezil hcl 39
Memantine SR 126
MENACTRA 109
MENEST 101
MENOPUR 113
MENQUADFI 109
MENTAX 44
MENVEO 109
meperidine hcl 31
MEPSEVII 92
mercaptopurine 49
mesalamine 110, 111
mesalamine er 111
mesalamine-cleanser 111
mesna 52
metaxalone 122
Metformin 126
metformin hcl 63
metformin hcl er 63
metformin hcl er (osm) 63
Metformin Osmotic 126
Methamphetamine 123
methazolamide 115
methenamine hippurate 34
methimazole 103
methocarbamol 122
methotrexate sodium 105
methotrexate sodium (pf) 105
methoxsalen rapid 84
methscopolamine bromide 89
methyldopa 70
methylergonovine maleate 113
Methylphenidate 123
methylphenidate hcl 79
methylphenidate hcl er 80
methylphenidate hcl er (cd) 80
methylphenidate hcl er (la) 80
methylphenidate hcl er (osm) 80
methylphenidate hcl er(diffus) 80
methylprednisolone 97
methylprednisolone acetate 97
methylprednisolone sodium succ 97
metoclopramide hcl 90
metolazone 76
Metoprolol ER 129
metoprolol succinate er 72
metoprolol tartrate 72
metoprolol-hydrochlorothiazide 75
metronidazole 34, 84
metyrosine 75
mexiletine hcl 71
MIBELAS 24 FE 138
MICROGESTIN 1.5/30 138
MICROGESTIN FE 1.5/30 138
MICROGESTIN FE 1/20 138
midazolam hcl 61
midazolam hcl (pf) 61
midodrine hcl 70
mifepristone 99
MIGERGOT 46
miglitol 63
Miglitol 126
miglustat 92
MILI 138
millipred 97
milnacipran hcl 80
mimvey 101
minocycline hcl 37
minoxidil 78
Mirabegron 126
mirabegron er 92, 93
MIRENA 136
mirtazapine 40
misoprostol 91
M-M-R II 109
m-natal plus 88
modafinil 122
Mometasone 127
mometasone furoate 97, 117

MONO-LINYAH 138
montelukast sodium 118
morphine sulfate 31
morphine sulfate (concentrate) 31
morphine sulfate er 30
MOUNJARO 63
moxifloxacin hcl 36, 114
moxifloxacin hcl (2x day) 114
MRESVIA 109
Multaq 125
MULTAQ 71
MULTIGEN 86
MULTIGEN PLUS 86
multi-vitamin/fluoride 88
multi-vitamin/fluoride/iron 88
mupirocin 34
mupirocin calcium 34
MY CHOICE 135
MY WAY 135
mycophenolate mofetil 105
mycophenolate sodium 105
Myrbetriq 126
MYRBETRIQ 93
MYTESI 90

N

na ferric gluc cplx in sucrose 86
na sulfate-k sulfate-mg sulf 91, 144
nabumetone 29
nadolol 72
nafcillin sodium 36
naftifine hcl 44
NAGLAZYME 92
naloxone hcl 33
naltrexone hcl 32
Namenda XR 126
NAMZARIC 39
naproxen 29
naproxen sodium 29
naratriptan hcl 46
Nasal Corticosteroid 126
NATACYN 44
NATALVIT 88
NATAZIA 138
nateglinide 63
Nateglinide 128
Nebivolol 127
nebivolol hcl 72
NECON 0.5/35 (28) 138
nefazodone hcl 41
neomycin sulfate 33
neomycin-bacitracin zn-polymyx 113
neomycin-polymyxin-dexameth 115, 116
neomycin-polymyxin-gramicidin 113
neomycin-polymyxin-hc 116
neo-polycin 113
neo-polycin hc 116
NEOTUSS PLUS 121
nephronex 88
Neupro 129
NEUPRO 53
nevirapine 58
nevirapine er 58
NEW DAY 135
NEXPLANON 141
niacin (antihyperlipidemic) 77
niacin er (antihyperlipidemic) 78
nicardipine hcl 73
nicotine polacrilexl 143
NICOTROL 143
NICOTROL NS 143
nifedipine 73
nifedipine er 73
nifedipine er osmotic release 73
NIKKI 138
nilotinib hcl 51
nilutamide 48
nimodipine 73
NINLARO 51
nintedanib esylate 120
nisoldipine er 73
nitazoxanide 52
nitisinone 92
nitro-bid 78
NITRO-DUR 78
nitrofurantoin 34
nitrofurantoin macrocrystal 34
nitrofurantoin monohyd macro 34
nitroglycerin 78, 84
NITRO-TIME 78
NITYR 92
NIVA-PLUS 88
nizatidine 90

NORA-BE 141
norethin ace-eth estrad-fe 138
norethin ace-eth estrad-fe chew tab 139
norethin acet-ethinyl est chew tab 138, 139
norethindrone acetate 101
norethindrone tablet 0.35 mg 141
norethin-eth estrad-fe chew tab 139
norgestimate-ethinyl estradiol 139
norgestim-eth estrad triphasic 139
NORPACE CR 71
NORTREL 0.5/35 (28) 139
nortriptyline hcl 42
NORVIR 60
NOVAREL 113
NOVOEIGHT 68
NOVOSEVEN RT 68
NULIA 139
NURTEC 46
NUTRIVIT 88
NUWIQ 68
nyamic 44
nystatin 44, 45
nystatin-triamcinolone 45

O

obizur 69
OBSTETRIX EC (WITH DOCUSATE) 88
OBSTETRIX ONE (WITH DOCUSATE) 88
OCELLA 139
OCREVUS 81
OCREVUS ZUNOVO 81
OCTAGAM 106, 107
octreotide acetate 103
Ocular Allergies 127
ODEFSEY 58
ofloxacin 114, 116
olanzapine 56
olanzapine-fluoxetine hcl 41
Olmesartan 123, 124
olmesartan medoxomil 70
olmesartan medoxomil-hctz 75
Olmesartan-Hydrochlorothiazide 124
Olopatadine 127
olopatadine hcl 114, 117
OLUMIANT 105
omega-3-acid ethyl esters 78
omeprazole 91
Omeprazole 128
Omeprazole Rx 128
omeprazole-sodium bicarbonate 91
Omeprazole-Sodium Bicarbonate 128
OMNIFLEX DIAPHRAGM 135
ondansetron 43
ondansetron hcl 43
ondansetron hcl +rfid 43
onevite 88
OPCICON ONE-STEP 135
OPSUMIT 119
OPTION 2 135
OPTIONS GYNOL II 141
ORACIT 86
Oral Biphosphonates 127
ORENCIA 105
ORENCIA CLICKJECT 105
ORFADIN 92
ORILISSA 103
ORLADEYO 108
orphenadrine citrate 122
orphenadrine citrate er 122
ORSERDU 49
oseltamivir phosphate 60
OSPHENA 101
OTEZLA 107
OTEZLA XR 107
OTEZLA/OTEZLA XR INITIATION PK 107
OVIDREL 113
oxandrolone 99
oxaprozin 29
oxazepam 61
oxcarbazepine 39
oxiconazole nitrate 45
OXISTAT 45
Oxybutinin 126
oxybutynin chloride 93
oxybutynin chloride er 93
oxycodone hcl 31
oxycodone hcl er 30
oxycodone-acetaminophen 31
oxymorphone hcl 31
OZEMPIC 63
OZEMPIC (0.25 OR 0.5 MG/DOSE) 63
OZEMPIC (1 MG/DOSE) 63
OZEMPIC (2 MG/DOSE) 63

P

pacerone 71
paliperidone er 56
Paliperidone Palmitate 127
PANDEL 97
PANRETIN 51
Pantoprazole 128
Pantoprazole RX 128
pantoprazole sodium 91
PARAGARD INTRAUTERINE COPPER 134
paricalcitol 111, 112
paroxetine hcl 41
paroxetine hcl er 42
PAXLOVID (150/100) 60
PAXLOVID (300/100 & 150/100) 60
PAXLOVID (300/100) 60
pazopanib hcl 51
PEDIARIX 109
PEDVAX HIB 109
peg 3350 kcl na bicarb nacl soln 144
peg 3350/ electrolyte soln 144
peg 3350-kcl-na bicarb-nacl 91
peg-3350/electrolytes 91
PEGASYS 57
PEMAZYRE 51
PENBRAYA 109
penciclovir 57
penicillamine 87
penicillin g procaine 36
penicillin v potassium 36
penmenvy 109
PENTACEL 109
pentamidine isethionate 52
PENTASA 111
pentoxifylline er 75
permethrin 52
perphenazine 55
perphenazine-amitriptyline 42
phenelzine sulfate 41
phenobarbital 37, 38
phenoxybenzamine hcl 70
phentermine hcl 112
phentermine-topiramate er 112
phenytoin 39
phenytoin infatabs 39
phenytoin sodium 39
phenytoin sodium extended 39
phospha 250 neutral 86
phosphasal 93
PHOSPHOLINE IODIDE 115
phytonadione 88
pilocarpine hcl 82, 115
pimecrolimus 84
Pimecrolimus 128
pimozide 55
PIMTREA 139
pindolol 72
Pioglitazone 125
pioglitazone hcl 63
Pioglitazone HCl-Metformin 125
pioglitazone hcl-metformin hcl 63
pirfenidone 120
piroxicam 29
PLEGRIDY 81
PLEGRIDY STARTER PACK 81
PLENITY 112
PLENITY WELCOME KIT 112
PNEUMOVAX 23 109
pnv prenatal plus multivit+dha 88
podofilox 84
polycin 113
polymyxin b-trimethoprim 113
pomalidomide 48
PORTIA-28 139
posaconazole 45
potassium chloride 86
potassium chloride crys er 86
potassium chloride er 86
potassium citrate er 86
potassium citrate-citric acid 86
PPIs 128
Pramipexole 129
pramipexole dihydrochloride 53
pramipexole dihydrochloride er 53
PRAMOSONE 46
prasugrel hcl 69
pravastatin 143
Pravastatin 130
pravastatin sodium 77
praziquantel 52
prazosin hcl 70
PRED MILD 116

PRED-G 116
PRED-G S.O.P. 116
prednicarbate 97
prednisolone 97
prednisolone acetate 116
prednisolone sodium phosphate 97, 116
prednisone 97
PREDNISONE INTENSOL 97
pregabalin 80
Pregabalin 128
pregabalin er 81
PREGNYL 113
PREHEVBRIO 109
PREMARIN 101
PREMPHASE 101
PREMPRO 101
prenatal 88
prenatal 19 88
prenatal plus 88
PREVNAR 13 109
PREVNAR 20 109
PREZCOBIX 60
PREZISTA 60
PRIFTIN 47
primaquine phosphate 52
primidone 38
PRIORIX 109
PRIVIGEN 107
probenecid 5, 15, 45
prochlorperazine 55
prochlorperazine edisylate 55
prochlorperazine maleate 55
PROCORT 84
PROCTOFOAM HC 84
PROFILNINE 69
progesterone 101
promethazine hcl 43
promethazine vc/codeine 121
promethazine-codeine 121
promethazine-dm 121
promethazine-phenyleph-codeine 121
promethegan 43
PROMETHEGAN 43
propafenone hcl 71
propafenone hcl er 71
propranolol hcl 72
propranolol hcl er 72
propylthiouracil 103
PROQUAD 109
protriptyline hcl 43
PROVIDA OB 88
pseudoeph-bromphen-dm 121
PULMOZYME 119
pyrazinamide 47
pyridostigmine bromide 47
pyridostigmine bromide er 47
pyridoxine hcl 88
pyrimethamine 52

Q

Qnasl 127
QNASL 117
QNASL CHILDRENS 118
QUADRACEL 109
Quetiapine 128
quetiapine fumarate 56
quetiapine fumarate er 56
QUILLICHEW ER 80
QUILLIVANT XR 80
Quinapril 129
quinapril hcl 71
quinapril-hydrochlorothiazide 75
quinidine gluconate er 71
quinidine sulfate 71
quinine sulfate 52
QVAR REDIHALER 118

R

RABAVERT 110
Rabeprazole 128
rabeprazole sodium 91
raloxifene hcl 101, 134
ramelteon 122
ramipril 71
Ramipril 129
ranitidine hcl 90
ranolazine er 75
Rasagiline 128
rasagiline mesylate 54
REACT 135
REBINYN 69
RECLIPSEN 139
RECOMBINATE 69

RECOMBIVAX HB 110
REGRANEX 84
RELENZA DISKHALER 60
RENATABS 88
RENATABS WITH IRON 88
repaglinide 63
Repaglinide 128, 129
REPATHA 78
REPATHA PUSHTRONEX SYSTEM 78
REPATHA SURECLICK 78
REYATAZ 60
RHAPSIDO 107
RHOGAM ULTRA-FILTERED PLUS 107
RHOPHYLAC 107
ribavirin 57, 121
RIDAURA 107
rifabutin 47
rifampin 47
rifapentine 47
rilpivirine hcl 58
riluzole 80
rimantadine hcl 60
RIMSO-50 93
ringers 86
RINVOQ 105
RINVOQ LQ 105
riociguat 119
Risedronate 127
risedronate sodium 112
risperidone 56
risperidone microspheres er 56
ritonavir 60
rivaroxaban 66
rivastigmine 40
rivastigmine tartrate 40
rixubis 69
rizatriptan benzoate 46
Ropinirole 129
ropinirole hcl 53
ropinirole hcl er 53
rosadan 84
rosuvastatin 143
Rosuvastatin 130
rosuvastatin calcium 77
ROTARIX 110
ROTATEQ 110
Rotigotine TD Patch 129
rufinamide 39
RYBELSUS 63

S

sacubitril-valsartan 75
Sacubril-Valsartan 130
salsalate 29
SANTYL 84
sapropterin dihydrochloride 92
saxagliptin hcl 63
saxagliptin-metformin er 64
scopolamine 43
SELARSDI 84
Selegiline 128
selegiline hcl 54
selenium sulfide 84
SELZENTRY 59
se-natal 19 89
SEREVENT DISKUS 119
sertraline hcl 42
se-tan plus 86
SETLAKIN 140
sevelamer carbonate 87
sevelamer hcl 87
SFROWASA 111
SGLT-2 Inhibitors 129
SHAROBEL 141
SHINGRIX 110
Short Acting Opioids 126
sildenafil citrate 93, 119
SILIQ 84
silodosin 93
silver sulfadiazine 34
SIMLIYA 139
simvastatin 143
simvastatin 77
Simvastatin 130
SIRTURO 47
sitaglip phos-metformin hcl er 64
Sitagliptin 124, 125
sitagliptin phos-metformin hcl 64
sitagliptin phosphate 64
Sitagliptin-Metformin 125
SIVEXTRO 34
SKYRIZI 84
SKYRIZI PEN 84

sod citrate-citric acid 86
sodium chloride 86, 113, 121
sodium chloride (pf) 86
sodium fluoride 142
sodium fluoride tab 142
sodium fluoride tab chew 142
sodium oxybate 122
sodium phenylbutyrate 92
sodium polystyrene sulfonate 87
sofosbuvir-velpatasvir 57
solifenacin succinate 93
SOLU-CORTEF 98
SOLU-MEDROL 98
SOMATULINE DEPOT 103
SOMAVERT 103
sorafenib tosylate 51
sorine 71
sotalol hcl 71
sotalol hcl (af) 72
SPIRIVA RESPIMAT 118
spironolactone 76
Spironolactone 125, 130
Spironolactone & Hydrochlorothiazide 125
spironolactone-hctz 75
SPRINTEC 139
sps (sodium polystyrene sulf) 87
SPS (SODIUM POLYSTYRENE SULF) 87
SRONYX 139
Statins 125, 130
stavudine 59
STIMATE 99
STIOLTO RESPIMAT 121
STIVARGA 51
STRIBILD 58
STRIVERDI RESPIMAT 119
sucralfate 91
sulconazole nitrate 45
sulfacetamide sodium (acne) 37
sulfacetamide sodium-sulfur 84
sulfacetamide-prednisolone 116
sulfadiazine 37
sulfamethoxazole-trimethoprim 37
SULFAMYLON 34
sulfasalazine 111
Sulfonylureas 124, 125, 129
sulindac 29
sumatriptan 46
Sumatriptan 130
sumatriptan succinate 46, 47
sumatriptan succinate refill 47
sumatriptan-naproxen sodium 47
sunitinib malate 51
SUPERVITE 89
support 89
SYEDA 139
SYMBICORT 121
SYMPROIC 90
SYMTUZA 58
SYNAGIS 107
SYNAREL 103
Synjardy 130
SYNJARDY 64
Synjardy XR 130
SYNJARDY XR 64
SYNTHROID 102

T

TABLOID 49
TABRECTA 51
tacrolimus 84
Tacrolimus 128
tadalafil 93, 94
tadalafil (pah) 119
TAFINLAR 51
TAKE ACTION 135
TALICIA 90
TALTZ 84
tamoxifen citrate 48, 134
tamsulosin hcl 93
tandem plus 86
TARINA 24 FE 139
TARINA FE 1/20 139
TARINA FE 1/20 EQ 139
TARON-C DHA 89
tazarotene 85
TDVAX 110
TEKTURNA HCT 75
telmisartan 70
Telmisartan 124
telmisartan-hctz 75
Telmisartan-Hydrochlorothiazide 124
temazepam 122
temozolomide 48

TENCON 28
TENIVAC 110
tenofovir disoproxil fumarate 59
terazosin hcl 93
terbinafine hcl 45
terbutaline sulfate 119
terconazole 45
teriflunomide 82
teriparatide 112
testosterone 99, 100
testosterone cypionate 100
testosterone enanthate 100
tetanus-diphtheria toxoids td 110
tetracycline hcl 37
TEXACORT 98
TEZSPIRE 121
THALOMID 48
THEO-24 119
theophylline 119
theophylline er 119
thiamine hcl 89
thioridazine hcl 55
thiothixene 55
thrivite rx 89
TIBSOVO 51
ticagrelor 69
TICOVAC 110
timolol hemihydrate 115
timolol maleate 72, 115
TIVICAY 58
TIVICAY PD 58
tizanidine hcl 57
TOBI PODHALER 119
TOBRADEX 116
TOBRADEX ST 116
tobramycin 114, 119
tobramycin-dexamethasone 116
TOBREX 114
TODAY SPONGE 141
tofacitinib citrate 105
tofacitinib citrate er 105
tolmetin sodium 29
Tolterodine 126
tolterodine tartrate 93
tolterodine tartrate er 93
topiramate 38
toremifene citrate 48
torsemide 76
Tradjenta 124
TRADJENTA 64
tramadol hcl 31
tramadol hcl er 30
tramadol-acetaminophen 31
trandolapril 71
Trandolapril 129
trandolapril-verapamil hcl er 75
tranexamic acid 69
tranylcypromine sulfate 41
travoprost (bak free) 116
trazodone hcl 42
TRECATOR 47
TRELEGY ELLIPTA 121
treprostinil 120
tretinoin 52, 85
tretinoin microsphere 85
tretinoin microsphere pump 85
Triamcinolone 126
triamcinolone acetonide 82, 98
Triamcinolone Acetonide 126
triamterene-hctz 75
trianex 98
triazolam 122
Tricyclic Antidepressants 128
TRI-ESTARYLLA 139
trifluoperazine hcl 55
trifluridine 57
trihexyphenidyl hcl 53
TRIJARDY XR 64
TRI-LINYAH 139
TRI-LO-ESTARYLLA 139
TRI-LO-MARZIA 140
TRI-LO-MILI 140
TRI-LO-SPRINTEC 140
trimethobenzamide hcl 43
trimethoprim 34
TRI-MILLI 140
trinatal rx 1 89
Triptans 130
TRIPTODUR 103
TRI-SPRINTEC 140
TRIUMEQ 58
triumeq pd 58

TRIVORA (28) 140
TRI-VYLIBRA 140
TROGARZO 59
TRULICITY 64
TRUMENBA 110
TRUVADA 59, 142
TURQOZ 140
TWINRIX 110
TYBOST 59
TYMLOS 112
TYPHIM VI 110
TYRUKO 82
TYVASO 120
TYVASO REFILL KIT 120
TYVASO STARTER KIT 120

U

UBRELVY 46
ULORIC 5, 15
urea 85
urea nail 85
uretron d/s 94
urin ds 94
uro-mp 94
urosex 89
ursodiol 90
utira-c 94

V

valacyclovir hcl 58
valganciclovir hcl 57
valproic acid 38
valsartan 70
Valsartan 123, 129
Valsartan HCT 123
valsartan-hydrochlorothiazide 76
vancomycin hcl 34
VANDAZOLE 34
VAQTA 110
vardenafil hcl 94
varenicline 143
VARIVAX 110
VARIZIG 110
VAXCHORA 110
VAXELIS 110
VAXNEUVANCE 110
VCF VAGINAL CONTRACEPTIVE 141
VCF VAGINAL CONTRACEPTIVE FILM 141
VCF VAGINAL CONTRACEPTIVE FOAM 141
VELPHORO 87
VELSIPITY 90
VEMLIDY 57
VENCLEXTA 51
VENCLEXTA STARTING PACK 51
Venlafaxine 124
venlafaxine hcl 42
venlafaxine hcl er 42
VENTAVIS 120
verapamil hcl 73
verapamil hcl er 73
VERQUVO 76
VERZENIO 49
VESICARE LS 93
VESTURA 140
VIENVA 140
vigabatrin 38
VIMKUNYA 110
VIORELE 140
VIRACEPT 60
VIREAD 59
VITAL-D RX 89
vitamin b complex 100 89
vitamin b-complex 100 89
vitamin d (ergocalciferol) 89
vitamin k1 89
VIVOTIF 110
VOLNEA 140
VONVENDI 69
voriconazole 45
VPRIV 92
VTAMA 85
VYLIBRA 140

W

warfarin sodium 66
WEGOVY 112
WEGOVY HD 112
WERA 140
WIDE-SEAL DIAPHRAGM 135
WILATE 69
WINRHO SDF 107
wixela inhub 121

X

XALKORI 51
XARELTO 66
XARELTO STARTER PACK 66
XELJANZ 105
XELJANZ XR 105
XENICAL 112
XIFAXAN 34
Xigduo XR 130
XIGDUO XR 64
XIIDRA 114
XOFLUZA (40 MG DOSE) 60
XOFLUZA (80 MG DOSE) 60
XOLAIR 121
XTANDI 48
XULANE 141
XYNTHA 69
XYNTHA SOLOFUSE 69

Y

YESINTEK 85
YEZTUGO 142
YF-VAX 110
yuvafem 101

Z

ZAFEMY 141
zafirlukast 118
zaleplon 122
Zaleplon 130
ZEJULA 51
ZELBORAF 51
ZELSUVMI 85
ZENPEP 92
ZEPBOUND 112
ZEPOSIA 82
ZEPOSIA 7-DAY STARTER PACK 82
ZEPOSIA STARTER KIT 82
zidovudine 59
ziprasidone hcl 56
zoledronic acid 112
ZOLINZA 49
zolmitriptan 47
Zolpidem 130, 131
zolpidem tartrate 122
zolpidem tartrate er 122
ZUBSOLV 32, 33
ZUMANDIMINE 140
ZURZUVAE 40
ZYDELIG 49, 51
Zyloprim 5, 15

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