TRIPLE-S SALUD

2025

Lista de **Medicamentos PDL**

PDL Drug List

Lista de Medicamentos Preferidos
Supreme 2025

Preferred Drug List
Supreme 2025

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INTRODUCCIÓN / INTRODUCTION

Tu cubierta de farmacia utiliza una Lista de Medicamentos Preferidos que te ofrece una selección amplia de opciones de tratamiento.

Your pharmacy coverage uses a Preferred Drug List that offers you a wide selection of treatment options.

La Lista de Medicamentos Preferidos es una guía que identifica los medicamentos preferidos. Esta lista incluye medicamentos genéricos, marca y especializados. La lista muestra los medicamentos por clasificación terapéutica y un listado por orden alfabético (Índice) de los medicamentos disponibles. La Lista de Medicamentos Preferidos no incluye todos los medicamentos con receta cubiertos bajo el Beneficio de Farmacia. Para información adicional, puedes hacer referencia a tu póliza.

The Preferred Drug List is a guide that identifies preferred drugs. This list includes generic, brand and specialty drugs. The list displays the drugs under the applicable therapeutic classification and a list in alphabetical order (index) of the available drugs. The Preferred Drug List does not iclude all drugs covered under the Pharmacy Benefit. For additional information, reference should be made to the policy.

Los medicamentos en esta Lista de Medicamentos Preferidos han sido seleccionados por su seguridad, efectividad en el tratamiento de condiciones de salud y su costo.

The medications in this Preferred Drug List have been selected based on their safety, cost, and effectiveness to treat health conditions.

En las páginas a continuación presentamos toda la información requerida para facilitarte la lectura e interpretación.

The following pages include all the information you will need to help you read and interpret the List.

Te exhortamos a que evalúes con tu médico los medicamentos disponibles en esta Lista de Medicamentos Preferidos para tratar tu condición. Nuestra lista tiene una diversidad de medicamentos por condición. Si utilizas estos medicamentos contribuyes a mantener los costos del beneficio de farmacia en un nivel razonable y tus copagos serán menores.

We urge you to talk with your doctor and evaluate the medications available in this Preferred Drug List to treat your condition. Our List contains a variety of medications classified by condition. If you use these drugs, you will be helping keep the pharmacy benefit costs at a reasonable level, and your co-payments will also be lower.

La Lista de Medicamentos Preferidos se revisa periódicamente y está sujeta a cambios basado en el Comité de Farmacia y Terapéutica.

La inclusión de un medicamento a la Lista no indica que el mismo está cubierto. El certificado del beneficio de Farmacia es el que determina si el medicamento está cubierto o excluido en la póliza. Por ejemplo, los agentes para la disfunción eréctil, las hormonas de crecimiento y los medicamentos sin leyenda federal (*OTC*) usualmente están excluidos de la cubierta de farmacia.

The inclusion of a drug in the List does not mean the drug is covered. The Pharmacy Benefit Certificate determines whether the drug will be covered or excluded by the plan. *For example, drugs to treat erectile dysfunction, growth hormones, and over-the-counter drugs (OTC) are not normally covered by the drug plans.*

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

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

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

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

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

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

Guías de Referencia / *Reference Guidelines*

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

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

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

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

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

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

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

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

En algunos casos, requerimos que utilices primero un medicamento como terapia para tu condición antes de que cubramos otro para esa condición (Terapia Escalonada, *ST* por sus siglas en inglés). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar tu condición médica, nosotros requerimos que utilices primero el Medicamento A. Si el Medicamento A no te funciona, entonces cubrimos el Medicamento B.

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

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

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

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

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

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

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

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

Algunos medicamentos tienen un límite de edad.

Some drugs have an age limit.

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

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

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

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

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

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

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

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

- Cambio en dosis / Change in dose

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

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

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

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

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

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

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

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

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

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

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

Table of Contents

PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST

Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS - DRUGS TO TREAT PAIN, INFLAMMATION, AND MUSCLE AND JOINT CONDITIONS [ANALGÉSICOS - MEDICAMENTOS PARA TRATAR DOLOR, INFLAMACIÓN Y MÚSCULO Y CONDICIONES DE LAS ARTICULACIONES]			
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales - Medicamentos Para Dolor/Antiinflamatorios]			
celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap	Generic Preferred	CELEBREX	
diclofenac potassium 50 mg tab	Generic Preferred	CATAFLAM	
diclofenac sodium 3 % gel	Generic Preferred	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	Generic Preferred	VOLTAREN	
diclofenac sodium 1 % gel	Generic Preferred	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	Generic Preferred	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	Generic Preferred	ARTHROTEC	
etodolac 400 mg tab, 500 mg tab	Generic Preferred	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	Generic Preferred	LODINE XL	
fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab	Generic Preferred	NALFON	
flexipak 75 & 0.025 mg-% cmb pack	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
flurbiprofen 100 mg tab, 50 mg tab	Generic Preferred	ANSAID	
IBU 400 mg tab, 600 mg tab, 800 mg tab	Generic Preferred		
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	Generic Preferred	MOTRIN	
ibuprofen 100 mg/5ml susp	Generic Preferred	MOTRIN CHILDRENS	
INDOCIN 50 mg rect supp	Generic Preferred		
indomethacin 50 mg rect supp	Generic Preferred		
indomethacin 25 mg/5ml susp	Generic Preferred		
indomethacin 25 mg cap, 50 mg cap	Generic Preferred	INDOCIN	
indomethacin er 75 mg cap er	Generic Preferred	INDOCIN	
ketoprofen er 200 mg cap er 24 hr	Generic Preferred	ORUVAIL	
ketorolac tromethamine 60 mg/2ml im soln	Generic Preferred		
ketorolac tromethamine 10 mg tab	Generic Preferred	TORADOL	
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	Generic Preferred	TORADOL	
meclofenamate sodium 100 mg cap, 50 mg cap	Generic Preferred	MECLOMEN	
mefenamic acid 250 mg cap	Generic Preferred	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	Generic Preferred	MOBIC	
nabumetone 500 mg tab, 750 mg tab	Generic Preferred	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	Generic Preferred	NAPROSYN	
naproxen 125 mg/5ml susp	Generic Preferred	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	Generic Preferred	ANAPROX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr	Generic Preferred	NAPRELAN	
oxaprozin 600 mg tab	Generic Preferred	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	Generic Preferred	FELDENE	
salsalate 500 mg tab, 750 mg tab	Generic Preferred	DISALCID	
sulindac 150 mg tab, 200 mg tab	Generic Preferred	CLINORIL	
tolmetin sodium 400 mg cap, 600 mg tab	Generic Preferred	TOLECTIN	
Opioid Analgesics, Long-Acting - Opioid Pain Relievers [Analgésicos Opioides, Larga Duración - Opioides Para Alivio De Dolor]			
BELBUCA 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 750 mcg bucc film, 900 mcg bucc film	Brand Preferred		PA, QL(60 / 30)
buprenorphine 10 mcg/hr tdwk patch, 15 mcg/hr tdwk patch, 20 mcg/hr tdwk patch, 5 mcg/hr tdwk patch, 7.5 mcg/hr tdwk patch	Generic Preferred	BUTRANS	PA, QL(4 / 28)
buprenorphine hcl 150 mcg bucc film, 300 mcg bucc film, 450 mcg bucc film, 600 mcg bucc film, 75 mcg bucc film, 750 mcg bucc film, 900 mcg bucc film	Generic Preferred	BELBUCA	PA, QL(60 / 30)
fentanyl 100 mcg/hr td patch 72 hr, 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 37.5 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 62.5 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr, 87.5 mcg/hr td patch 72 hr	Generic Preferred	DURAGESIC	PA, QL(10 / 30)
hydrocodone bitartrate er 100 mg tab er 24 hr abuse-deterr, 120 mg tab er 24 hr abuse-deterr, 20 mg tab er 24 hr abuse-deterr, 30 mg tab er 24 hr abuse-deterr, 40 mg tab er 24 hr abuse-deterr, 60 mg	Generic Preferred	HYSINGLA ER	PA, QL(30 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab er 24 hr abuse-deterr, 80 mg tab er 24 hr abuse-deterr			
morphine sulfate er 100 mg tab er, 15 mg tab er, 200 mg tab er, 30 mg tab er, 60 mg tab er	Generic Preferred	MS CONTIN	PA, QL(90 / 30)
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	Generic Preferred	OXYCONTIN	QL(60 / 30)
tramadol hcl er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 300 mg tab er 24 hr	Generic Preferred	ULTRAM ER	QL(30 / 30)
Opioid Analgesics, Short-Acting - Opioid Pain Relievers [Analgésicos Opioides, Corta Duración - Opioides Para Alivio De Dolor]			
acetaminophen-codeine 300-60 mg tab	Generic Preferred	TYLENOL WITH CODEINE	QL(180 / 30), AL
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	Generic Preferred	TYLENOL WITH CODEINE	QL(360 / 30), AL
acetaminophen-codeine 120-12 mg/5ml soln	Generic Preferred	TYLENOL WITH CODEINE	QL(4500 / 30), AL
butalbital-apap-caff-cod 50-300-40-30 mg cap, 50-325-40-30 mg cap	Generic Preferred	FIORICET WITH CODEINE	QL(18 / 30), AL
butalbital-asa-caff-codeine 50-325-40-30 mg cap	Generic Preferred	FIORINAL WITH CODEINE	QL(18 / 30), AL
carisoprodol-aspirin-codeine 200-325-16 mg tab	Generic Preferred	SOMA COMPOUND WITH CODEINE	AL
codeine sulfate 30 mg tab, 60 mg tab	Generic Preferred		QL(360 / 30), AL
ENDOCET 2.5-325 mg tab	Generic Preferred		QL(360 / 30)
endocet 10-325 mg tab	Generic Preferred	PERCOCET	QL(180 / 30)
endocet 7.5-325 mg tab	Generic Preferred	PERCOCET	QL(240 / 30)
endocet 5-325 mg tab	Generic Preferred	PERCOCET	QL(360 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fentanyl citrate (pf) 100 mcg/2ml inj soln cart	Generic Preferred		QL(8 / 30)
fentanyl citrate (pf) 250 mcg/5ml inj soln	Generic Preferred		QL(12 / 30)
fentanyl citrate (pf) 100 mcg/2ml inj soln	Generic Preferred		QL(60 / 30)
hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	Generic Preferred	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	Generic Preferred	NORCO	QL(360 / 30)
hydrocodone-acetaminophen 10-300 mg tab, 7.5-300 mg tab	Generic Preferred	VICODIN	QL(180 / 30)
hydrocodone-acetaminophen 5-300 mg tab	Generic Preferred	VICODIN	QL(360 / 30)
hydrocodone-ibuprofen 10-200 mg tab	Generic Preferred	REPREXAIN	QL(180 / 30)
hydrocodone-ibuprofen 5-200 mg tab	Generic Preferred	REPREXAIN	QL(360 / 30)
hydrocodone-ibuprofen 7.5-200 mg tab	Generic Preferred	VICOPROFEN	QL(180 / 30)
hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	DILAUDID	QL(360 / 30)
LORCET 5-325 mg tab	Generic Preferred		QL(360 / 30)
LORCET HD 10-325 mg tab	Generic Preferred		QL(180 / 30)
LORCET PLUS 7.5-325 mg tab	Generic Preferred		QL(180 / 30)
meperidine hcl 50 mg/ml inj soln	Generic Preferred	DEMEROL	QL(4 / 30)
morphine sulfate 15 mg tab, 30 mg tab	Generic Preferred		QL(180 / 30)
morphine sulfate (concentrate) 100 mg/5ml soln, 20 mg/ml soln	Generic Preferred	ROXANOL	QL(120 / 30)
oxycodone hcl 5 mg cap	Generic Preferred	OXYIR	QL(360 / 30)
oxycodone hcl 30 mg tab	Generic Preferred	ROXICODONE	QL(80 / 30)
oxycodone hcl 20 mg tab	Generic Preferred	ROXICODONE	QL(120 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
oxycodone hcl 100 mg/5ml oral conc	Generic Preferred	ROXICODONE	QL(120 / 30)
oxycodone hcl 15 mg tab	Generic Preferred	ROXICODONE	QL(160 / 30)
oxycodone hcl 10 mg tab	Generic Preferred	ROXICODONE	QL(240 / 30)
oxycodone hcl 5 mg tab	Generic Preferred	ROXICODONE	QL(360 / 30)
oxycodone hcl 5 mg/5ml soln	Generic Preferred	ROXICODONE	QL(2000 / 30)
oxycodone-acetaminophen 10-325 mg tab	Generic Preferred	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	Generic Preferred	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	Generic Preferred	PERCOCET	QL(360 / 30)
oxymorphone hcl 10 mg tab, 5 mg tab	Generic Preferred	OPANA	QL(120 / 30)
tramadol hcl 50 mg tab	Generic Preferred	ULTRAM	QL(240 / 30)
tramadol-acetaminophen 37.5-325 mg tab	Generic Preferred	ULTRACET	QL(240 / 30)
Analgesics - Miscellaneous Analgesics [Analgésicos - Analgésicos Misceláneos]			
BAC 50-325-40 mg tab	Generic Preferred		QL(18 / 30)
BUPAP 50-300 mg tab	Generic Preferred		QL(18 / 30)
butalbital-acetaminophen 50-300 mg tab	Generic Preferred	ORBIVAN CF	QL(18 / 30)
butalbital-acetaminophen 25-325 mg tab	Generic Preferred	PHRENILIN	
butalbital-acetaminophen 50-325 mg tab	Generic Preferred	PHRENILIN	QL(18 / 30)
butalbital-apap-caffeine 50-325-40 mg cap, 50-325-40 mg tab	Generic Preferred	ESGIC	QL(18 / 30)
butalbital-apap-caffeine 50-300-40 mg cap	Generic Preferred	FIORICET	QL(18 / 30)
butalbital-aspirin-caffeine 50-325-40 mg tab	Generic Preferred		QL(18 / 30)
butalbital-aspirin-caffeine 50-325-40 mg cap	Generic Preferred	FIORINAL	QL(18 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ESGIC 50-325-40 mg cap	Generic Preferred		QL(18 / 30)
VANATOL LQ 50-325-40 mg/15ml soln	Generic Preferred		
VANATOL S 50-325-40 mg/15ml soln	Generic Preferred		
ZEBUTAL 50-325-40 mg cap	Generic Preferred		QL(18 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
lidocaine hcl 3 % crm	Generic Preferred	LIDAMANTLE	
lidocaine hcl 4 % ext soln	Generic Preferred	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % crm	Generic Preferred	EMLA	
lidocaine-prilocaine 2.5-2.5 % ext kit	Generic Preferred	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	Generic Preferred	CAMPRAL	
disulfiram 250 mg tab, 500 mg tab	Generic Preferred	ANTABUSE	
Opioid Antagonist- Antidotes/Deterrents/Protectants [Tratamientos Para La Dependencia De Opioides - Antídotos/Disuasivos/Protectores]			
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	Generic Preferred	SUBUTEX	PA
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 2-0.5 mg tab subl, 4-1 mg subl film, 8-2 mg subl film, 8-2 mg tab subl	Generic Preferred	SUBOXONE	PA
naltrexone hcl 50 mg tab	Generic Preferred	REVIA	
ZUBSOLV 0.7-0.18 mg tab subl, 1.4-0.36 mg tab subl, 11.4-2.9 mg	Brand Preferred		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab subl, 2.9-0.71 mg tab subl, 5.7-1.4 mg tab subl, 8.6-2.1 mg tab subl			
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	Generic Preferred	ROMAZICON	
naloxone hcl 4 mg/0.1ml nasal liq	Generic Preferred	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	Generic Preferred	NARCAN	
ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION [AGENTES ANTIINFLAMATORIOS - MEDICAMENTOS PARA TRATAR LA INFLAMACIÓN]			
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			
anucort-hc 25 mg rect supp	Generic Preferred		
ANUSOL-HC 25 mg rect supp	Generic Preferred		
HEMMOREX-HC 25 mg rect supp	Generic Preferred		
hydrocortisone (perianal) 2.5 % crm	Generic Preferred	ANUSOL HC	
hydrocortisone (perianal) 1 % crm	Generic Preferred	PROCTOCORT	
hydrocortisone ace-pramoxine 2.5-1 % crm	Generic Preferred	PRAMOSONE	
hydrocortisone acetate 25 mg rect supp	Generic Preferred		
hydrocortisone acetate 30 mg rect supp	Generic Preferred	PROCTOCORT	
PROCTO-MED HC 2.5 % crm	Generic Preferred		
PROCTO-PAK 1 % crm	Generic Preferred		
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	Generic Preferred	CELEBREX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
diclofenac potassium 50 mg tab	Generic Preferred	CATAFLAM	
diclofenac sodium 3 % gel	Generic Preferred	SOLARAZE	
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	Generic Preferred	VOLTAREN	
diclofenac sodium 1 % gel	Generic Preferred	VOLTAREN	
diclofenac sodium er 100 mg tab er 24 hr	Generic Preferred	VOLTAREN XR	
diclofenac-misoprostol 50-0.2 mg tab dr, 75-0.2 mg tab dr	Generic Preferred	ARTHROTEC	
etodolac 400 mg tab, 500 mg tab	Generic Preferred	LODINE	
etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr	Generic Preferred	LODINE XL	
fenoprofen calcium 200 mg cap, 400 mg cap, 600 mg tab	Generic Preferred	NALFON	
flexipak 75 & 0.025 mg-% cmb pack	Generic Preferred		
flurbiprofen 100 mg tab, 50 mg tab	Generic Preferred	ANSAID	
IBU 400 mg tab, 600 mg tab, 800 mg tab	Generic Preferred		
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	Generic Preferred	MOTRIN	
ibuprofen 100 mg/5ml susp	Generic Preferred	MOTRIN CHILDRENS	
INDOCIN 50 mg rect supp	Generic Preferred		
indomethacin 50 mg rect supp	Generic Preferred		
indomethacin 25 mg/5ml susp	Generic Preferred		
indomethacin 25 mg cap, 50 mg cap	Generic Preferred	INDOCIN	
indomethacin er 75 mg cap er	Generic Preferred	INDOCIN	
ketoprofen er 200 mg cap er 24 hr	Generic Preferred	ORUVAIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ketorolac tromethamine 60 mg/2ml im soln	Generic Preferred		
ketorolac tromethamine 10 mg tab	Generic Preferred	TORADOL	
ketorolac tromethamine 15 mg/ml inj soln, 30 mg/ml inj soln	Generic Preferred	TORADOL	
meclofenamate sodium 100 mg cap, 50 mg cap	Generic Preferred	MECLOMEN	
mefenamic acid 250 mg cap	Generic Preferred	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	Generic Preferred	MOBIC	
nabumetone 500 mg tab, 750 mg tab	Generic Preferred	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	Generic Preferred	NAPROSYN	
naproxen 125 mg/5ml susp	Generic Preferred	NAPROSYN	
naproxen sodium 275 mg tab, 550 mg tab	Generic Preferred	ANAPROX	
naproxen sodium er 375 mg tab er 24 hr, 500 mg tab er 24 hr	Generic Preferred	NAPRELAN	
oxaprozin 600 mg tab	Generic Preferred	DAYPRO	
piroxicam 10 mg cap, 20 mg cap	Generic Preferred	FELDENE	
salsalate 500 mg tab, 750 mg tab	Generic Preferred	DISALCID	
sulindac 150 mg tab, 200 mg tab	Generic Preferred	CLINORIL	
tolmetin sodium 400 mg cap, 600 mg tab	Generic Preferred	TOLECTIN	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides - Antibiotics [Aminoglucósidos - Antibióticos]			
gentamicin sulfate 0.1 % crm, 0.1 % oint	Generic Preferred	GARAMYCIN	
neomycin sulfate 500 mg tab	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
paromomycin sulfate 250 mg cap	Generic Preferred	HUMATIN	
tobramycin 0.3 % ophth soln	Generic Preferred	TOBREX	
tobramycin-dexamethasone 0.3-0.1 % ophth susp	Generic Preferred	TOBRADEX	
Antibacterials, Other - Antibiotics [Antibacterianos, Otros - Antibióticos]			
CLEOCIN 100 mg vag supp	Brand Preferred		
CLINDACIN ETZ 1 % swab	Generic Preferred		
CLINDACIN-P 1 % swab	Generic Preferred		
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	Generic Preferred	CLEOCIN	
clindamycin palmitate hcl 75 mg/5ml soln	Generic Preferred	CLEOCIN	
clindamycin phosphate 2 % vag crm	Generic Preferred	CLEOCIN	
clindamycin phosphate 1 % swab	Generic Preferred	CLEOCIN-T	
clindamycin phosphate 1 % gel	Generic Preferred	CLEOCIN-T	
clindamycin phosphate 1 % ext soln, 1 % gel, 1 % lot	Generic Preferred	CLEOCIN-T	
clindamycin phosphate 1 % foam	Generic Preferred	EVOCLIN	
fosfomycin tromethamine 3 gm pckt	Generic Preferred	MONUROL	
linezolid 600 mg tab	Generic Preferred	ZYVOX	PA
linezolid 100 mg/5ml susp, 600 mg/300ml iv soln	Generic Preferred	ZYVOX	PA
mafenide acetate 5 % ext pckt	Generic Preferred	SULFAMYLON	
methenamine hippurate 1 gm tab	Generic Preferred	HIPREX	
methenamine mandelate 0.5 gm tab, 1 gm tab	Generic Preferred		
metronidazole 250 mg tab, 375 mg cap, 500 mg tab	Generic Preferred	FLAGYL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
metronidazole 0.75 % vag gel	Generic Preferred	METROGEL	
mupirocin 2 % oint	Generic Preferred	BACTROBAN	
mupirocin calcium 2 % crm	Generic Preferred	BACTROBAN	
nitrofurantoin 25 mg/5ml susp	Generic Preferred	FURADANTIN	
nitrofurantoin macrocrystal 100 mg cap, 25 mg cap, 50 mg cap	Generic Preferred	MACRODANTIN	
nitrofurantoin monohyd macro 100 mg cap	Generic Preferred	MACROBID	
pentamidine isethionate 300 mg inh soln	Generic Preferred	NEBUPENT	
silver sulfadiazine 1 % crm	Generic Preferred	SILVADENE	
SSD 1 % crm	Generic Preferred		
vancomycin hcl 250 mg/5ml soln	Generic Preferred	FIRVANQ	PA
vancomycin hcl 125 mg cap, 250 mg cap	Generic Preferred	VANCOCIN	
Beta-Lactam, Cephalosporins - Antibiotics [Beta-Lactámicos, Cefalosporinas - Antibióticos]			
cefaclor 250 mg cap, 500 mg cap	Generic Preferred	CECLOR	
cefaclor 125 mg/5ml susp, 250 mg/5ml susp, 375 mg/5ml susp	Generic Preferred	CECLOR	
cefaclor er 500 mg tab er 12 hr	Generic Preferred	CECLOR CD	
cefadroxil 1 gm tab, 500 mg cap	Generic Preferred	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	Generic Preferred	DURICEF	
cefazolin sodium 2 gm inj soln, 3 gm inj soln	Generic Preferred		
cefazolin sodium 1 gm inj soln, 10 gm inj soln, 100 gm inj soln, 300 gm inj soln, 500 mg inj soln	Generic Preferred	ANCEF	
cefdinir 300 mg cap	Generic Preferred	OMNICEF	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	Generic Preferred	OMNICEF	
cefditoren pivoxil 200 mg tab, 400 mg tab	Generic Preferred	SPECTRACEF	
cefixime 400 mg cap	Generic Preferred	SUPRAX	
cefixime 100 mg/5ml susp, 200 mg/5ml susp	Generic Preferred	SUPRAX	
cefpodoxime proxetil 100 mg tab, 200 mg tab	Generic Preferred	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	Generic Preferred	VANTIN	
cefprozil 250 mg tab, 500 mg tab	Generic Preferred	CEFZIL	
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	Generic Preferred	CEFZIL	
ceftriaxone sodium 1 gm inj soln, 100 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	Generic Preferred	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	Generic Preferred	CEFTIN	
cephalexin 250 mg tab, 500 mg tab	Generic Preferred		
cephalexin 250 mg cap, 500 mg cap, 750 mg cap	Generic Preferred	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	Generic Preferred	KEFLEX	
Beta-Lactam, Other - Antibiotics [Beta-Lactámicos, Otros - Antibióticos]			
ceftriaxone sodium 1 gm inj soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	Generic Preferred	ROCEPHIN	
Beta-Lactam, Penicillins - Antibiotics [Beta-Lactámicos, Penicilinas - Antibióticos]			
amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab	Generic Preferred	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	Generic Preferred	AMOXIL	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 250-125 mg	Generic Preferred	AUGMENTIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tab, 400-57 mg tab chew, 500-125 mg tab, 875-125 mg tab			
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	Generic Preferred	AUGMENTIN	
amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr	Generic Preferred	AUGMENTIN XR	
ampicillin 500 mg cap	Generic Preferred		
dicloxacillin sodium 250 mg cap, 500 mg cap	Generic Preferred	DYCILL	
penicillin g procaine 600000 unit/ml im susp	Generic Preferred		
penicillin v potassium 500 mg tab	Generic Preferred	PEN-VEE K	
penicillin v potassium 250 mg tab	Generic Preferred	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	Generic Preferred	VEETIDS	
Macrolides - Antibiotics [Macrólidos - Antibióticos]			
azithromycin 1 gm pckt, 250 mg tab, 500 mg tab, 600 mg tab	Generic Preferred	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	Generic Preferred	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	Generic Preferred	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	Generic Preferred	BIAXIN	
clarithromycin er 500 mg tab er 24 hr	Generic Preferred	BIAXIN XL	
ERY-TAB 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	Generic Preferred		
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	Generic Preferred	ERY-TAB	
erythromycin 2 % ext soln	Generic Preferred	ERYDERM	
erythromycin 2 % gel	Generic Preferred	ERYGEL	
erythromycin base 250 mg cap dr prt, 250 mg tab	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	Generic Preferred	ERY-TAB	
erythromycin ethylsuccinate 400 mg tab	Generic Preferred	E.E.S.	
erythromycin ethylsuccinate 200 mg/5ml susp	Generic Preferred	ERYPED	
Quinolones - Antibiotics [Quinolonas - Antibióticos]			
ciprofloxacin 250 MG/5ML (5%) susp, 500 MG/5ML (10%) susp	Generic Preferred	CIPRO	
ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	Generic Preferred	CIPRO	
gatifloxacin 0.5 % ophth soln	Generic Preferred	ZYMAXID	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	Generic Preferred	LEVAQUIN	
levofloxacin 25 mg/ml soln	Generic Preferred	LEVAQUIN	
moxifloxacin hcl 400 mg tab	Generic Preferred	AVELOX	
ofloxacin 300 mg tab, 400 mg tab	Generic Preferred	FLOXIN	
Sulfonamides - Antibiotics [Sulfonamidas - Antibióticos]			
sulfacetamide sodium 10 % ophth soln	Generic Preferred	BLEPH-10	
sulfacetamide sodium 10 % ophth oint	Generic Preferred	SODIUM SULAMYD	
sulfacetamide sodium (acne) 10 % lot	Generic Preferred	KLARON	
sulfadiazine 500 mg tab	Generic Preferred		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	Generic Preferred	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	Generic Preferred	SEPTRA	
sulfasalazine 500 mg tab, 500 mg tab dr	Generic Preferred	AZULFIDINE	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	Generic Preferred		
Tetracyclines - Antibiotics [Tetraciclinas - Antibióticos]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
avidoxy 100 mg tab	Generic Preferred	ADOXA	
demeclocycline hcl 150 mg tab, 300 mg tab	Generic Preferred	DECLOMYCIN	
doxycycline hyclate 50 mg tab	Generic Preferred		
doxycycline hyclate 150 mg tab, 75 mg tab	Generic Preferred	ACTICLATE	
doxycycline hyclate 100 mg tab dr, 150 mg tab dr, 200 mg tab dr, 50 mg tab dr, 75 mg tab dr	Generic Preferred	DORYX	
doxycycline hyclate 20 mg tab	Generic Preferred	PERIOSTAT	
doxycycline hyclate 100 mg tab	Generic Preferred	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	Generic Preferred	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 150 mg cap, 150 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap, 75 mg cap	Generic Preferred	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	Generic Preferred	VIBRAMYCIN	
minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	DYNACIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	Generic Preferred	MINOCIN	
minocycline hcl er 115 mg tab er 24 hr, 135 mg tab er 24 hr, 45 mg tab er 24 hr, 55 mg tab er 24 hr, 65 mg tab er 24 hr, 90 mg tab er 24 hr	Generic Preferred	SOLODYN	
tetracycline hcl 250 mg cap	Generic Preferred		
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	Generic Preferred	KEPPRA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
levetiracetam 100 mg/ml soln, 500 mg/5ml soln	Generic Preferred	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	Generic Preferred	KEPPRA XR	
phenobarbital 20 mg/5ml oral elix	Generic Preferred		
ROWEEPRA 1000 mg tab, 500 mg tab, 750 mg tab	Generic Preferred		
ROWEEPRA XR 500 mg tab er 24 hr, 750 mg tab er 24 hr	Generic Preferred		
Calcium Channel Modifying Agents - Seizure Control Drugs [Agentes Modificadores De Los Canales De Calcio - Medicamentos Para El Control De Convulsiones]			
ethosuximide 250 mg cap	Generic Preferred	ZARONTIN	
ethosuximide 250 mg/5ml soln	Generic Preferred	ZARONTIN	
methsuximide 300 mg cap	Generic Preferred	CELONTIN	
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	Generic Preferred	ZONEGRAN	
valproic acid 250 mg cap	Generic Preferred	DEPAKENE	
valproic acid 250 mg/5ml soln	Generic Preferred	DEPAKENE	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (GABA) - Medicamentos Para El Control De Convulsiones]			
clobazam 10 mg tab, 20 mg tab	Generic Preferred	ONFI	PA
clobazam 2.5 mg/ml susp	Generic Preferred	ONFI	PA
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	Generic Preferred	KLONOPIN	
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	Generic Preferred	DIASTAT	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	Generic Preferred	DEPAKOTE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	Generic Preferred	DEPAKOTE ER	
gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab	Generic Preferred	NEURONTIN	
gabapentin 250 mg/5ml soln	Generic Preferred	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	Generic Preferred		
primidone 250 mg tab, 50 mg tab	Generic Preferred	MYSOLINE	
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	Generic Preferred	GABITRIL	
valproic acid 250 mg cap	Generic Preferred	DEPAKENE	
valproic acid 250 mg/5ml soln	Generic Preferred	DEPAKENE	
Glutamate Reducing Agents - Seizure Control Drugs [Agentes Reductores De Glutamato - Medicamentos Para El Control De Convulsiones]			
felbamate 400 mg tab, 600 mg tab	Generic Preferred	FELBATOL	
felbamate 600 mg/5ml susp	Generic Preferred	FELBATOL	
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	Generic Preferred	LAMICTAL	
lamotrigine 21 x 25 MG & 7 x 50 mg oral kit, 25 & 50 & 100 mg oral kit, 42 x 50 MG & 14x100 mg oral kit	Generic Preferred	LAMICTAL ODT	
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	Generic Preferred	LAMICTAL	
topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab	Generic Preferred	TOPAMAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
topiramate er 100 mg cap er 24 hr sprinkle, 150 mg cap er 24 hr sprinkle, 200 mg cap er 24 hr sprinkle, 25 mg cap er 24 hr sprinkle, 50 mg cap er 24 hr sprinkle	Generic Preferred	QUDEXY XR	
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	Generic Preferred	TEGRETOL	
carbamazepine 100 mg/5ml susp	Generic Preferred	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	Generic Preferred	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	Generic Preferred	TEGRETOL XR	
EPITOL 200 mg tab	Generic Preferred		
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	Generic Preferred	VIMPAT	SL
lacosamide 10 mg/ml soln	Generic Preferred	VIMPAT	SL
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	Generic Preferred	TRILEPTAL	
oxcarbazepine 300 mg/5ml susp	Generic Preferred	TRILEPTAL	
phenytoin 50 mg tab chew	Generic Preferred	DILANTIN	
phenytoin 125 mg/5ml susp	Generic Preferred	DILANTIN	
PHENYTOIN INFATABS 50 mg tab chew	Generic Preferred		
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	Generic Preferred	DILANTIN	
rufinamide 200 mg tab, 400 mg tab	Generic Preferred	BANZEL	PA
rufinamide 40 mg/ml susp	Generic Preferred	BANZEL	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ANTIDEMENTIA AGENTS - DRUGS TO TREAT ALZHEIMER'S DISEASE AND DEMENTIA [AGENTES ANTIDEMENCIA - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE ALZHEIMER Y DEMENCIA]			
Antidementia Agents, Other - Alzheimer's Disease And Dementia Drugs [Agentes Antidemencia, Otros - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
ergoloid mesylates 1 mg tab	Generic Preferred	HYDERGINE	
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7 & 14 & 21 &28 -10 mg cap er 24 hr pack, 7-10 mg cap er 24 hr	Brand Preferred		
Cholinesterase Inhibitors - Alzheimer's Disease And Dementia Drugs [Inhibidores De La Colinesterasa - Medicamentos Para La Enfermedad De Alzheimer Y Demencia]			
donepezil hcl 10 mg tab, 23 mg tab, 5 mg tab	Generic Preferred	ARICEPT	
donepezil hcl 10 mg tab disint, 5 mg tab disint	Generic Preferred	ARICEPT ODT	
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	RAZADYNE	
galantamine hydrobromide 4 mg/ml soln	Generic Preferred	RAZADYNE	
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	Generic Preferred	RAZADYNE ER	
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	Generic Preferred	EXELON	
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	Generic Preferred	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	Generic Preferred	NAMENDA	
memantine hcl 2 mg/ml soln	Generic Preferred	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	Generic Preferred	NAMENDA XR	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION [ANTIDEPRESIVOS - MEDICAMENTOS PARA TRATAR LA DEPRESIÓN]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antidepressants, Other - Antidepressants [Antidepresivos, Otros - Antidepresivos]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	Generic Preferred	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	Generic Preferred	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	Generic Preferred	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	Generic Preferred	ABILIFY DISCMELT	QL(30 / 30)
bupropion hcl 100 mg tab, 75 mg tab	Generic Preferred	WELLBUTRIN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	Generic Preferred	WELLBUTRIN SR	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	Generic Preferred	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	Generic Preferred	REMERON	
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	Generic Preferred	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	Generic Preferred	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	Generic Preferred	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	Generic Preferred	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	Generic Preferred	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	Generic Preferred	SEROQUEL XR	QL(90 / 30)
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	Generic Preferred	DESYREL	
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	Generic Preferred	GEODON	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ziprasidone mesylate 20 mg im soln	Generic Preferred	GEODON	QL(60 / 30)
Monoamine Oxidase Inhibitors - Antidepressants [Inhibidores De La Monoaminooxidasa - Antidepresivos]			
phenelzine sulfate 15 mg tab	Generic Preferred	NARDIL	
tranylcypromine sulfate 10 mg tab	Generic Preferred	PARNATE	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [SSRIs/SNRIs (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	Generic Preferred	CELEXA	
citalopram hydrobromide 10 mg/5ml soln	Generic Preferred	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	Generic Preferred	KHEDEZLA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	Generic Preferred	PRISTIQ	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	Generic Preferred	CYMBALTA	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	Generic Preferred	LEXAPRO	
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr	Generic Preferred	PROZAC	
fluoxetine hcl 20 mg/5ml soln	Generic Preferred	PROZAC	
fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab	Generic Preferred	SARAFEM	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	Generic Preferred	LUVOX CR	
maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	LUDIOMIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	Generic Preferred	SERZONE	
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 6-50 mg cap	Generic Preferred	SYMBYAX	QL(30 / 30)
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	Generic Preferred	SYMBYAX	QL(90 / 30)
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	Generic Preferred	PAXIL	
paroxetine hcl 10 mg/5ml susp	Generic Preferred	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	Generic Preferred	PAXIL CR	
paroxetine mesylate 7.5 mg cap	Generic Preferred	BRISDELLE	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	Generic Preferred	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	Generic Preferred	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	EFFEXOR	
venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5 mg tab er 24 hr, 75 mg tab er 24 hr	Generic Preferred		
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	Generic Preferred	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	Generic Preferred	VIIBRYD	
Tricyclics - Antidepressants [Tricíclicos - Antidepresivos]			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	ELAVIL	
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	ASENDIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
chlordiazepoxide-amitriptyline 10-25 mg tab, 5-12.5 mg tab	Generic Preferred	LIMBITROL	
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	Generic Preferred	ANAFRANIL	
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	NORPRAMIN	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	Generic Preferred	SINEQUAN	
doxepin hcl 10 mg/ml oral conc	Generic Preferred	SINEQUAN	
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	TOFRANIL	
imipramine pamoate 100 mg cap, 125 mg cap, 150 mg cap, 75 mg cap	Generic Preferred	TOFRANIL-PM	
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	Generic Preferred	PAMELOR	
nortriptyline hcl 10 mg/5ml soln	Generic Preferred	PAMELOR	
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	Generic Preferred	TRIAVIL	
protriptyline hcl 10 mg tab, 5 mg tab	Generic Preferred	VIVACTIL	
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	Generic Preferred	SURMONTIL	
ANTIEMETICS - DRUGS TO TREAT NAUSEA AND VOMITING [ANTIEMÉTICOS - MEDICAMENTOS PARA TRATAR NÁUSEA Y VÓMITO]			
Antiemetics, Other - Nausea And Vomiting Drugs [Antieméticos, Otros - Medicamentos Para Náusea Y Vómito]			
chlorpromazine hcl 200 mg tab	Generic Preferred	THORAZINE	QL(60 / 30)
chlorpromazine hcl 100 mg tab, 50 mg tab	Generic Preferred	THORAZINE	QL(120 / 30)
chlorpromazine hcl 10 mg tab, 25 mg tab	Generic Preferred	THORAZINE	QL(180 / 30)
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	Generic Preferred	BENADRYL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
doxylamine-pyridoxine 10-10 mg tab dr	Generic Preferred	DICLEGIS	
meclizine hcl 12.5 mg tab, 25 mg tab	Generic Preferred	ANTIVERT	
metoclopramide hcl 10 mg tab disint, 5 mg tab disint	Generic Preferred	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	Generic Preferred	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	Generic Preferred	REGLAN	
perphenazine 16 mg tab	Generic Preferred	TRILAFON	QL(60 / 30)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	TRILAFON	QL(120 / 30)
PHENADOZ 12.5 mg rect supp, 25 mg rect supp	Generic Preferred		
prochlorperazine 25 mg rect supp	Generic Preferred	COMPRO	QL(60 / 30)
prochlorperazine maleate 10 mg tab, 5 mg tab	Generic Preferred	COMPAZINE	QL(90 / 30)
promethazine hcl 12.5 mg rect supp, 12.5 mg tab, 25 mg rect supp, 25 mg tab, 50 mg tab	Generic Preferred	PHENERGAN	
promethazine hcl 25 mg/ml inj soln, 50 mg/ml inj soln, 6.25 mg/5ml soln, 6.25 mg/5ml syr	Generic Preferred	PHENERGAN	
PROMETHEGAN 12.5 mg rect supp, 25 mg rect supp	Generic Preferred		
scopolamine 1 mg/3days td patch 72 hr	Generic Preferred	TRANSDERM-SCOP	
trimethobenzamide hcl 300 mg cap	Generic Preferred	TIGAN	
Emetogenic Therapy Adjuncts - Nausea And Vomiting Drugs [Terapias Adyuvantes Emetogénicas - Medicamentos Para Náusea Y Vómito]			
aprepitant 125 mg cap, 40 mg cap, 80 & 125 mg cap, 80 mg cap	Generic Preferred	EMEND	PA
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	Generic Preferred	MARINOL	
granisetron hcl 1 mg tab	Generic Preferred	KYTRIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ondansetron 4 mg tab disint, 8 mg tab disint	Generic Preferred	ZOFRAN ODT	
ondansetron hcl 4 mg/2ml inj soln pfs	Specialty Preferred		
ondansetron hcl 24 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	ZOFRAN	
ondansetron hcl 4 mg/5ml soln	Generic Preferred	ZOFRAN	
ondansetron hcl 4 mg/2ml inj soln, 40 mg/20ml inj soln	Specialty Preferred	ZOFRAN	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS [ANTIFUNGALES - MEDICAMENTOS PARA TRATAR INFECCIONES FÚNGICAS]			
Antifungals - Fungal Infection Drugs [Antifungales - Medicamentos Para Infección Fúngica]			
CICLODAN 8 % ext soln	Generic Preferred		
ciclopirox 0.77 % gel	Generic Preferred	LOPROX	
ciclopirox 1 % shampoo	Generic Preferred	LOPROX	
ciclopirox 8 % ext soln	Generic Preferred	PENLAC	
ciclopirox olamine 0.77 % crm	Generic Preferred	LOPROX	
ciclopirox olamine 0.77 % ext susp	Generic Preferred	LOPROX	
clotrimazole 1 % crm	Generic Preferred	LOTRIMIN	
clotrimazole 10 mg m/t troche	Generic Preferred	MYCELEX	
clotrimazole 1 % ext soln	Generic Preferred	MYCELEX	
clotrimazole-betamethasone 1-0.05 % crm	Generic Preferred	LOTRISONE	
clotrimazole-betamethasone 1-0.05 % lot	Generic Preferred	LOTRISONE	
econazole nitrate 1 % crm	Generic Preferred	SPECTAZOLE	
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	Generic Preferred	DIFLUCAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluconazole 10 mg/ml susp, 40 mg/ml susp	Generic Preferred	DIFLUCAN	
flucytosine 250 mg cap, 500 mg cap	Generic Preferred	ANCOBON	
griseofulvin microsize 500 mg tab	Generic Preferred	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	Generic Preferred	GRIFULVIN V	
griseofulvin ultramicrosize 125 mg tab, 250 mg tab	Generic Preferred	GRIS-PEG	
iodoquinol-hc-aloe polysacch 1-2-1 % gel	Generic Preferred	ALCORTIN A	
iodoquinol-hydrocortisone-aloe 1-1.9 % crm	Generic Preferred	VYTONE	
itraconazole 100 mg cap	Generic Preferred	SPORANOX	
itraconazole 10 mg/ml soln	Generic Preferred	SPORANOX	
ketoconazole 2 % foam	Generic Preferred	EXTINA	
ketoconazole 200 mg tab	Generic Preferred	NIZORAL	
ketoconazole 2 % crm	Generic Preferred	NIZORAL	
ketoconazole 2 % shampoo	Generic Preferred	NIZORAL	
miconazole-zinc oxide-petrolat 0.25-15-81.35 % oint	Generic Preferred	VUSION	
naftifine hcl 2 % gel	Generic Preferred		
naftifine hcl 1 % crm, 1 % gel, 2 % crm	Generic Preferred	NAFTIN	
NATACYN 5 % ophth susp	Brand Preferred		
NYAMYC 100000 unit/gm ext pwdr	Generic Preferred		
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	Generic Preferred	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	Generic Preferred	MYCOSTATIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	Generic Preferred	MYCOLOG	
NYSTOP 100000 unit/gm ext pwdr	Generic Preferred		
oxiconazole nitrate 1 % crm	Generic Preferred	OXISTAT	
sulconazole nitrate 1 % crm	Generic Preferred	EXELDERM	
sulconazole nitrate 1 % ext soln	Generic Preferred	EXELDERM	
tavaborole 5 % ext soln	Generic Preferred	KERYDIN	
terbinafine hcl 250 mg tab	Generic Preferred	LAMISIL	QL(90 / 180)
terconazole 0.4 % vag crm, 0.8 % vag crm	Generic Preferred	TERAZOL	
terconazole 80 mg vag supp	Generic Preferred	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	Generic Preferred	VFEND	SL
voriconazole 40 mg/ml susp	Generic Preferred	VFEND	SL
ANTIGOUT AGENTS - DRUGS TO TREAT GOUT [AGENTES CONTRA LA GOTA - MEDICAMENTOS PARA TRATAR LA GOTA]			
Antigout Agents - Gout Drugs [Agentes Contra La Gota - Medicamentos Para La Gota]			
allopurinol 100 mg tab, 300 mg tab	Generic Preferred	ZYLOPRIM	
colchicine 0.6 mg tab	Generic Preferred	COLCRYS	
colchicine-probenecid 0.5-500 mg tab	Generic Preferred	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	Generic Preferred	ULORIC	
probenecid 500 mg tab	Generic Preferred	BENEMID	
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 1 mg/ml inj soln	Generic Preferred	D.H.E. 45	QL(24 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
dihydroergotamine mesylate 4 mg/ml nasal soln	Generic Preferred	MIGRANAL	QL(24 / 30)
ergotamine-caffeine 1-100 mg tab	Generic Preferred	CAFERGOT	QL(30 / 30)
Prophylactic - Migraine Drugs [Profilaxis - Medicamentos Para Migraña]			
AJOVY 225 mg/1.5ml sc soln auto-inj, 225 mg/1.5ml sc soln pfs	Brand Preferred		PA, QL(4.5 / 90)
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	Brand Preferred		PA, QL(1 / 30)
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	Brand Preferred		PA, QL(3 / 30)
NURTEC 75 mg tab disint	Brand Preferred		PA, QL(18 / 30)
topiramate 100 mg tab, 15 mg cap sprinkle, 200 mg tab, 25 mg cap sprinkle, 25 mg tab, 50 mg tab	Generic Preferred	TOPAMAX	
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	Generic Preferred	AXERT	QL(6 / 30)
eletriptan hydrobromide 20 mg tab, 40 mg tab	Generic Preferred	RELPAX	QL(6 / 30)
frovatriptan succinate 2.5 mg tab	Generic Preferred	FROVA	QL(9 / 30)
naratriptan hcl 1 mg tab, 2.5 mg tab	Generic Preferred	AMERGE	QL(9 / 30)
rizatriptan benzoate 10 mg tab, 5 mg tab	Generic Preferred	MAXALT	QL(9 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	Generic Preferred	MAXALT MLT	QL(9 / 30)
sumatriptan 20 mg/act nasal soln	Generic Preferred	IMITREX	QL(6 / 30)
sumatriptan 5 mg/act nasal soln	Generic Preferred	IMITREX	QL(12 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln, 6 mg/0.5ml sc soln pfs	Generic Preferred	IMITREX	QL(2 / 30)
sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	IMITREX	QL(9 / 30)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	Generic Preferred	IMITREX STATDOSE	QL(2 / 30)

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sumatriptan succinate refill 4 mg/0.5ml sc soln cart, 6 mg/0.5ml sc soln cart	Generic Preferred	IMITREX STATDOSE	QL(2 / 30)
sumatriptan-naproxen sodium 85-500 mg tab	Generic Preferred	TREXIMET	QL(9 / 30)
zolmitriptan 5 mg tab, 5 mg tab disint	Generic Preferred	ZOMIG	QL(3 / 30)
zolmitriptan 2.5 mg nasal soln, 2.5 mg tab, 2.5 mg tab disint, 5 mg nasal soln	Generic Preferred	ZOMIG	QL(6 / 30)
ANTIMYASTHENIC AGENTS - DRUGS TO TREAT MYASTHENIA GRAVIS [AGENTES ANTIMIASTÉNICOS - MEDICAMENTOS PARA TRATAR LA MIASTENIA GRAVE]			
Parasympathomimetics - Myasthenia Gravis Drugs [Parasimpatomiméticos - Medicamentos Para Miastenia Grave]			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	Generic Preferred	URECHOLINE	
guanidine hcl 125 mg tab	Generic Preferred		
pyridostigmine bromide 60 mg tab	Generic Preferred	MESTINON	
pyridostigmine bromide er 180 mg tab er	Generic Preferred	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	Generic Preferred		
rifabutin 150 mg cap	Generic Preferred	MYCOBUTIN	
Antituberculars - Tuberculosis Drugs [Antituberculosos - Medicamentos Para Tuberculosis]			
cycloserine 250 mg cap	Generic Preferred		
ethambutol hcl 100 mg tab, 400 mg tab	Generic Preferred	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	Generic Preferred		
isoniazid 50 mg/5ml syr	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
moxifloxacin hcl 400 mg tab	Generic Preferred	AVELOX	
pyrazinamide 500 mg tab	Generic Preferred		
rifampin 150 mg cap, 300 mg cap	Generic Preferred	RIFADIN	
ANTINEOPLASTICS - DRUGS TO TREAT CANCER [ANTINEOPLÁSICOS - MEDICAMENTOS PARA TRATAR EL CÁNCER]			
Alkylating Agents - Chemotherapy Agents [Agentes Alquilantes - Agentes De Quimioterapia]			
cyclophosphamide 25 mg cap, 50 mg cap	Generic Preferred		
GLEOSTINE 10 mg cap, 100 mg cap, 40 mg cap	Specialty Preferred		PA
LEUKERAN 2 mg tab	Specialty Preferred		
melphalan 2 mg tab	Specialty Preferred	ALKERAN	
MYLERAN 2 mg tab	Brand Preferred		
temozolomide 100 mg cap, 140 mg cap, 180 mg cap, 20 mg cap, 250 mg cap, 5 mg cap	Specialty Preferred	TEMODAR	PA
Antiangiogenic Agents - Chemotherapy Agents [Agentes Antiangiogénicos - Agentes De Quimioterapia]			
lenalidomide 25 mg cap	Specialty Preferred	REVLIMID	PA
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 5 mg cap	Specialty Preferred	REVLIMID	PA
Antiestrogens/Modifiers - Chemotherapy Agents [Antiestrógenos/Modificadores - Agentes De Quimioterapia]			
EMCYT 140 mg cap	Specialty Preferred		
tamoxifen citrate 10 mg tab, 20 mg tab	Generic Preferred	NOLVADEX	PA
toremifene citrate 60 mg tab	Generic Preferred	FARESTON	
Antimetabolites - Chemotherapy Agents [Antimetabolitos - Agentes De Quimioterapia]			
capecitabine 150 mg tab, 500 mg tab	Specialty Preferred	XELODA	PA

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluorouracil 0.5 % crm	Generic Preferred	CARAC	
fluorouracil 5 % crm	Generic Preferred	EFUDEX	
fluorouracil 2 % ext soln, 5 % ext soln	Generic Preferred	EFUDEX	
hydroxyurea 500 mg cap	Generic Preferred	HYDREA	
mercaptopurine 50 mg tab	Generic Preferred	PURINETHOL	
TABLOID 40 mg tab	Specialty Preferred		
Antineoplastics, Other - Chemotherapy Agents [Antineoplásicos, Otros - Agentes De Quimioterapia]			
KOSELUGO 10 mg cap, 25 mg cap	Specialty Preferred		PA
leucovorin calcium 10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab	Generic Preferred		
TABRECTA 150 mg tab, 200 mg tab	Specialty Preferred		PA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	Specialty Preferred		PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents [Inhibidores De La Aromatasa, 3Era Generación - Agentes De Quimioterapia]			
anastrozole 1 mg tab	Generic Preferred	ARIMIDEX	
exemestane 25 mg tab	Generic Preferred	AROMASIN	
letrozole 2.5 mg tab	Generic Preferred	FEMARA	
toremifene citrate 60 mg tab	Generic Preferred	FARESTON	
Enzyme Inhibitors - Chemotherapy Agents [Inhibidores De Enzimas - Agentes De Quimioterapia]			
etoposide 50 mg cap	Specialty Preferred		
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	Specialty Preferred		PA
Molecular Target Inhibitors - Chemotherapy Agents [Inhibidores Moleculares - Agentes De Quimioterapia]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ALUNBRIG 180 mg tab, 30 mg tab, 90 & 180 mg tab pack, 90 mg tab	Specialty Preferred		PA
erlotinib hcl 100 mg tab, 150 mg tab, 25 mg tab	Specialty Preferred	TARCEVA	PA
IBRANCE 100 mg cap, 100 mg tab, 125 mg cap, 125 mg tab, 75 mg cap, 75 mg tab	Specialty Preferred		PA
IDHIFA 100 mg tab, 50 mg tab	Specialty Preferred		PA
imatinib mesylate 100 mg tab, 400 mg tab	Specialty Preferred	GLEEVEC	PA
INQOVI 35-100 mg tab	Specialty Preferred		PA
KOSELUGO 10 mg cap, 25 mg cap	Specialty Preferred		PA
lapatinib ditosylate 250 mg tab	Specialty Preferred	TYKERB	PA
LYNPARZA 100 mg tab, 150 mg tab	Specialty Preferred		PA
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	Specialty Preferred		PA
RYDAPT 25 mg cap	Specialty Preferred		PA
SPRYCEL 100 mg tab, 140 mg tab, 20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	Specialty Preferred		PA
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	Specialty Preferred	SUTENT	PA
TABRECTA 150 mg tab, 200 mg tab	Specialty Preferred		PA
Retinoids - Chemotherapy Agents [Retinoides - Agentes De Quimioterapia]			
bexarotene 75 mg cap	Specialty Preferred	TARGRETIN	
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	Generic Preferred	ALBENZA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
benznidazole 100 mg tab, 12.5 mg tab	Generic Preferred		
EMVERM 100 mg tab chew	Brand Preferred		
ivermectin 3 mg tab	Generic Preferred	STROMECTOL	
praziquantel 600 mg tab	Generic Preferred	BILTRICIDE	
Antiprotozoals - Protozoal Infection Drugs [Antiprotozoarios - Medicamentos Para Infección Protozoaria]			
ALINIA 100 mg/5ml susp	Brand Preferred		
atovaquone 750 mg/5ml susp	Generic Preferred	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	Generic Preferred	MALARONE	
chloroquine phosphate 250 mg tab	Generic Preferred		PA
chloroquine phosphate 500 mg tab	Generic Preferred	ARALEN	PA
hydroxychloroquine sulfate 200 mg tab	Generic Preferred	PLAQUENIL	PA
mefloquine hcl 250 mg tab	Generic Preferred		
nitazoxanide 500 mg tab	Generic Preferred	ALINIA	
pentamidine isethionate 300 mg inh soln	Generic Preferred	NEBUPENT	
primaquine phosphate 26.3 (15 Base) mg tab	Generic Preferred		
pyrimethamine 25 mg tab	Specialty Preferred	DARAPRIM	PA
quinine sulfate 324 mg cap	Generic Preferred	QUALAQUIN	
tinidazole 250 mg tab, 500 mg tab	Generic Preferred	TINDAMAX	
Pediculicides/Scabicides - Scabies And Lice Drugs [Pediculicidas/Escabicidas - Medicamentos Para Sarna Y Piojos]			
lindane 1 % shampoo	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
permethrin 5 % crm	Generic Preferred	ELIMITE	
ANTIPARKINSON AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE [AGENTES ANTIPARKINSON - MEDICAMENTOS PARA TRATAR LA ENFERMEDAD DE PARKINSON]			
Anticholinergics - Parkinson's Disease Drugs [Anticolinérgicos - Medicamentos Para La Enfermedad De Parkinson]			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	Generic Preferred	COGENTIN	
trihexyphenidyl hcl 0.4 mg/ml soln	Generic Preferred		
trihexyphenidyl hcl 2 mg tab, 5 mg tab	Generic Preferred	ARTANE	
Antiparkinson Agents, Other - Parkinson's Disease Drugs [Agentes Antiparkinson, Otros - Medicamentos Para La Enfermedad De Parkinson]			
amantadine hcl 50 mg/5ml soln	Generic Preferred		
amantadine hcl 100 mg cap, 100 mg tab	Generic Preferred	SYMMETREL	
entacapone 200 mg tab	Generic Preferred	COMTAN	
tolcapone 100 mg tab	Generic Preferred	TASMAR	
Dopamine Agonists - Parkinson's Disease Drugs [Agonistas De Dopamina - Medicamentos Para La Enfermedad De Parkinson]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	Generic Preferred	PARLODEL	
KYNMOBI 10 mg subl film, 15 mg subl film, 20 mg subl film, 25 mg subl film, 30 mg subl film	Specialty Preferred		PA
KYNMOBI TITRATION KIT 10/15/20/25/30 mg Sublingual Kit	Specialty Preferred		PA
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	Generic Preferred	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	Generic Preferred	MIRAPEX ER	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	Generic Preferred	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	Generic Preferred	REQUIP XL	
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	Generic Preferred	LODOSYN	
carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint	Generic Preferred	PARCOPA	
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	Generic Preferred	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	Generic Preferred	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	Generic Preferred	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	Generic Preferred	AZILECT	
selegiline hcl 5 mg tab	Generic Preferred		
selegiline hcl 5 mg cap	Generic Preferred	ELDEPRYL	
ANTIPSYCHOTICS - DRUGS TO TREAT MOOD DISORDERS [ANTIPSICÓTICOS - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
1st Generation/Typical - Mood Disorder Drugs [1Era Generación/Típicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
chlorpromazine hcl 25 mg/ml inj soln, 50 mg/2ml inj soln	Generic Preferred		QL(240 / 30)
chlorpromazine hcl 200 mg tab	Generic Preferred	THORAZINE	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
chlorpromazine hcl 100 mg tab, 50 mg tab	Generic Preferred	THORAZINE	QL(120 / 30)
chlorpromazine hcl 10 mg tab, 25 mg tab	Generic Preferred	THORAZINE	QL(180 / 30)
fluphenazine decanoate 25 mg/ml inj soln	Generic Preferred	PROLIXIN	QL(120 / 30)
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	Generic Preferred	PROLIXIN	QL(120 / 30)
fluphenazine hcl 5 mg/ml oral conc	Generic Preferred	PROLIXIN	QL(120 / 30)
fluphenazine hcl 2.5 mg/ml inj soln	Generic Preferred	PROLIXIN	QL(150 / 30)
fluphenazine hcl 2.5 mg/5ml oral elix	Generic Preferred	PROLIXIN	QL(600 / 30)
haloperidol 20 mg tab	Generic Preferred	HALDOL	QL(30 / 30)
haloperidol 5 mg tab	Generic Preferred	HALDOL	QL(60 / 30)
haloperidol 10 mg tab	Generic Preferred	HALDOL	QL(90 / 30)
haloperidol 1 mg tab, 2 mg tab	Generic Preferred	HALDOL	QL(120 / 30)
haloperidol 0.5 mg tab	Generic Preferred	HALDOL	QL(240 / 30)
haloperidol decanoate 100 mg/ml im soln	Generic Preferred	HALDOL	QL(4 / 30)
haloperidol decanoate 50 mg/ml im soln	Generic Preferred	HALDOL	QL(9 / 30)
haloperidol lactate 2 mg/ml oral conc	Generic Preferred	HALDOL	QL(240 / 30)
molindone hcl 25 mg tab	Generic Preferred	MOBAN	QL(120 / 30)
molindone hcl 10 mg tab, 5 mg tab	Generic Preferred	MOBAN	QL(240 / 30)
perphenazine 16 mg tab	Generic Preferred	TRILAFON	QL(60 / 30)
perphenazine 2 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	TRILAFON	QL(120 / 30)
pimozide 1 mg tab, 2 mg tab	Generic Preferred	ORAP	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prochlorperazine 25 mg rect supp	Generic Preferred	COMPRO	QL(60 / 30)
prochlorperazine maleate 10 mg tab, 5 mg tab	Generic Preferred	COMPAZINE	QL(90 / 30)
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	MELLARIL	QL(240 / 30)
thiothixene 10 mg cap, 5 mg cap	Generic Preferred	NAVANE	QL(60 / 30)
thiothixene 2 mg cap	Generic Preferred	NAVANE	QL(90 / 30)
thiothixene 1 mg cap	Generic Preferred	NAVANE	QL(180 / 30)
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	Generic Preferred	STELAZINE	QL(60 / 30)
2nd Generation/Atypical - Mood Disorder Drugs [2Da Generación/Atípicos - Medicamentos Para Trastornos Del Estado De Ánimo]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	Generic Preferred	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	Generic Preferred	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	Generic Preferred	ABILIFY	QL(300 / 30)
aripiprazole 10 mg tab disint, 15 mg tab disint	Generic Preferred	ABILIFY DISCMELT	QL(30 / 30)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab	Generic Preferred	LATUDA	QL(30 / 30)
lurasidone hcl 80 mg tab	Generic Preferred	LATUDA	QL(60 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	Generic Preferred	ZYPREXA	QL(30 / 30)
olanzapine 10 mg im soln	Generic Preferred	ZYPREXA	QL(90 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	Generic Preferred	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	Generic Preferred	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	Generic Preferred	INVEGA	QL(60 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	Generic Preferred	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	Generic Preferred	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	Generic Preferred	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	Generic Preferred	SEROQUEL XR	QL(90 / 30)
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	Generic Preferred	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab, 4 mg tab disint	Generic Preferred	RISPERDAL	QL(120 / 30)
risperidone 3 mg tab, 3 mg tab disint	Generic Preferred	RISPERDAL	QL(150 / 30)
risperidone 1 mg/ml soln	Generic Preferred	RISPERDAL	QL(240 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	Generic Preferred	GEODON	QL(60 / 30)
ziprasidone mesylate 20 mg im soln	Generic Preferred	GEODON	QL(60 / 30)
Treatment-Resistant - Mood Disorder Drugs [Resistentes A Tratamiento - Medicamentos Para Trastornos Del Estado De Ánimo]			
clozapine 200 mg tab	Generic Preferred	CLOZARIL	QL(120 / 30)
clozapine 50 mg tab	Generic Preferred	CLOZARIL	QL(180 / 30)
clozapine 100 mg tab, 25 mg tab	Generic Preferred	CLOZARIL	QL(270 / 30)
clozapine 150 mg tab disint, 200 mg tab disint	Generic Preferred	FAZACLO	QL(120 / 30)
clozapine 100 mg tab disint, 12.5 mg tab disint, 25 mg tab disint	Generic Preferred	FAZACLO	QL(270 / 30)
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
baclofen 5 mg tab	Generic Preferred		

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
baclofen 10 mg tab, 20 mg tab	Generic Preferred	LIORESAL	
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	Generic Preferred	DANTRIUM	
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	Generic Preferred	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs [Agentes Anti Citomegalovirus (CMV) - Medicamentos Antivirales Misceláneos]			
valganciclovir hcl 450 mg tab	Specialty Preferred	VALCYTE	
valganciclovir hcl 50 mg/ml soln	Specialty Preferred	VALCYTE	
Anti-HIV Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (NNRTI) - Medicamentos Para VIH]			
COMPLERA 200-25-300 mg tab	Brand Preferred		
EDURANT 25 mg tab	Brand Preferred		
efavirenz 200 mg cap, 50 mg cap, 600 mg tab	Generic Preferred	SUSTIVA	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	Generic Preferred	SYMFI	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	Generic Preferred	SYMFI LO	
etravirine 100 mg tab, 200 mg tab	Generic Preferred	INTELENCE	
INTELENCE 25 mg tab	Brand Preferred		
nevirapine 200 mg tab	Generic Preferred	VIRAMUNE	
nevirapine 50 mg/5ml susp	Generic Preferred	VIRAMUNE	
nevirapine er 100 mg tab er 24 hr, 400 mg tab er 24 hr	Generic Preferred	VIRAMUNE XR	
RESCRIPTOR 200 mg tab	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	Generic Preferred	ZIAGEN	
abacavir sulfate 20 mg/ml soln	Generic Preferred	ZIAGEN	
abacavir sulfate-lamivudine 600-300 mg tab	Generic Preferred	EPZICOM	
abacavir-lamivudine-zidovudine 300-150-300 mg tab	Generic Preferred	TRIZIVIR	
CIMDUO 300-300 mg tab	Brand Preferred		
didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr	Generic Preferred	VIDEX	
emtricitabine 200 mg cap	Generic Preferred	EMTRIVA	
emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	Generic Preferred	TRUVADA	
emtricitabine-tenofovir df 200-300 mg tab	Generic Preferred	TRUVADA	PA
EMTRIVA 10 mg/ml soln	Brand Preferred		
lamivudine 150 mg tab, 300 mg tab	Generic Preferred	EPIVIR	
lamivudine 10 mg/ml soln	Generic Preferred	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	Generic Preferred	COMBIVIR	
RETROVIR 10 mg/ml iv soln	Brand Preferred		
stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	Generic Preferred	ZERIT	
tenofovir disoproxil fumarate 300 mg tab	Generic Preferred	VIREAD	PA
VIDEX 2 gm soln	Brand Preferred		
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
VIREAD 40 mg/gm oral pwdr	Brand Preferred		
zidovudine 100 mg cap, 300 mg tab	Generic Preferred	RETROVIR	
zidovudine 50 mg/5ml syr	Generic Preferred	RETROVIR	
Anti-HIV Agents, Other - HIV Drugs [Agentes Anti-VIH, Otros - Medicamentos Para VIH]			
FUZEON 90 mg sc soln	Specialty Preferred		PA
maraviroc 150 mg tab, 300 mg tab	Generic Preferred	SELZENTRY	PA
SELZENTRY 25 mg tab, 75 mg tab	Brand Preferred		PA
SELZENTRY 20 mg/ml soln	Brand Preferred		PA
TYBOST 150 mg tab	Brand Preferred		
Anti-HIV Agents, Protease Inhibitors - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Proteasa - Medicamentos Para VIH]			
APTIVUS 250 mg cap	Brand Preferred		
APTIVUS 100 mg/ml soln	Brand Preferred		
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	Generic Preferred	REYATAZ	
CRIXIVAN 200 mg cap, 400 mg cap	Brand Preferred		
darunavir 600 mg tab, 800 mg tab	Generic Preferred	PREZISTA	
EVOTAZ 300-150 mg tab	Brand Preferred		
fosamprenavir calcium 700 mg tab	Generic Preferred	LEXIVA	
INVIRASE 500 mg tab	Brand Preferred		
LEXIVA 50 mg/ml susp	Brand Preferred		
lopinavir-ritonavir 100-25 mg tab, 200-50 mg tab	Generic Preferred	KALETRA	
lopinavir-ritonavir 400-100 mg/5ml soln	Generic Preferred	KALETRA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
NORVIR 100 mg pckt	Brand Preferred		
NORVIR 80 mg/ml soln	Brand Preferred		
PREZCOBIX 800-150 mg tab	Brand Preferred		
PREZISTA 150 mg tab, 75 mg tab	Brand Preferred		
PREZISTA 100 mg/ml susp	Brand Preferred		
REYATAZ 50 mg pckt	Brand Preferred		
ritonavir 100 mg tab	Generic Preferred	NORVIR	
VIRACEPT 250 mg tab, 625 mg tab	Brand Preferred		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs [Agentes Anti-VIH, Inhibidores De La Integrasa (INSTI) - Medicamentos Para VIH]			
DOVATO 50-300 mg tab	Brand Preferred		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew, 400 mg tab	Brand Preferred		
ISENTRESS HD 600 mg tab	Brand Preferred		
JULUCA 50-25 mg tab	Brand Preferred		
TIVICAY 10 mg tab, 25 mg tab, 50 mg tab	Brand Preferred		
TIVICAY PD 5 mg tab sol	Brand Preferred		
TRIUMEQ 600-50-300 mg tab	Brand Preferred		
TRIUMEQ PD 60-5-30 mg tab sol	Brand Preferred		
Anti-Influenza Agents - Flu Drugs [Agentes Contra La Influenza - Medicamentos Para Gripe]			
amantadine hcl 50 mg/5ml soln	Generic Preferred		
amantadine hcl 100 mg cap, 100 mg tab	Generic Preferred	SYMMETREL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
oseltamivir phosphate 45 mg cap, 75 mg cap	Generic Preferred	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	Generic Preferred	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	Generic Preferred	TAMIFLU	QL(120 / 180)
rimantadine hcl 100 mg tab	Generic Preferred	FLUMADINE	
Anti-Hepatitis B (HBV) Agents - Hepatitis B Drugs [Agentes Contra La Hepatitis B (VHB) - Medicamentos Para Hepatitis B]			
adefovir dipivoxil 10 mg tab	Specialty Preferred	HEPSERA	PA
entecavir 0.5 mg tab, 1 mg tab	Specialty Preferred	BARACLUDE	PA
EPIVIR HBV 5 mg/ml soln	Specialty Preferred		PA
lamivudine 100 mg tab	Specialty Preferred	EPIVIR HBV	PA
VEMLIDY 25 mg tab	Specialty Preferred		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	Specialty Preferred		PA
sofosbuvir-velpatasvir 400-100 mg tab	Specialty Preferred	EPCLUSA	PA
Anti-Hepatitis C (HCV) Agents, Other - Hepatitis C Drugs [Agentes Contra La Hepatitis C (VHC), Otros - Medicamentos Para Hepatitis C]			
ribavirin 200 mg tab	Specialty Preferred	COPEGUS	PA
ribavirin 200 mg cap	Specialty Preferred	REBETOL	PA
Antiherpetic Agents - Herpes Drugs [Agentes Antiherpéticos - Medicamentos Para Herpes]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	Generic Preferred	ZOVIRAX	
acyclovir 5 % oint	Generic Preferred	ZOVIRAX	
acyclovir 200 mg/5ml susp	Generic Preferred	ZOVIRAX	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	Generic Preferred	FAMVIR	
penciclovir 1 % crm	Generic Preferred	DENAVIR	
trifluridine 1 % ophth soln	Generic Preferred	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	Generic Preferred	VALTREX	
ANXIOLYTICS - DRUGS TO TREAT ANXIETY [ANSIOLÍTICOS - MEDICAMENTOS PARA TRATAR LA ANSIEDAD]			
Anxiolytics, Other - Anxiety Drugs [Ansiolíticos, Otros - Medicamentos Para Ansiedad]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	Generic Preferred	BUSPAR	
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	Generic Preferred	SINEQUAN	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	Generic Preferred	VISTARIL	
meprobamate 200 mg tab, 400 mg tab	Generic Preferred		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor) - Antidepressants [SSRIs/SNRIs (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	Generic Preferred	CELEXA	
citalopram hydrobromide 10 mg/5ml soln	Generic Preferred	CELEXA	
desvenlafaxine er 100 mg tab er 24 hr, 50 mg tab er 24 hr	Generic Preferred	KHEDEZLA	
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	Generic Preferred	PRISTIQ	
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	Generic Preferred	CYMBALTA	
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	Generic Preferred	LEXAPRO	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab, 90 mg cap dr	Generic Preferred	PROZAC	
fluoxetine hcl 20 mg/5ml soln	Generic Preferred	PROZAC	
fluoxetine hcl (pmdd) 10 mg tab, 20 mg tab	Generic Preferred	SARAFEM	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	LUVOX	
fluvoxamine maleate er 100 mg cap er 24 hr, 150 mg cap er 24 hr	Generic Preferred	LUVOX CR	
maprotiline hcl 25 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	LUDIOMIL	
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	Generic Preferred	SERZONE	
olanzapine-fluoxetine hcl 12-25 mg cap, 12-50 mg cap, 6-50 mg cap	Generic Preferred	SYMBYAX	QL(30 / 30)
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	Generic Preferred	SYMBYAX	QL(90 / 30)
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	Generic Preferred	PAXIL	
paroxetine hcl 10 mg/5ml susp	Generic Preferred	PAXIL	
paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr	Generic Preferred	PAXIL CR	
paroxetine mesylate 7.5 mg cap	Generic Preferred	BRISDELLE	
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	Generic Preferred	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab	Generic Preferred	DESYREL	
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	EFFEXOR	
venlafaxine hcl er 150 mg tab er 24 hr, 225 mg tab er 24 hr, 37.5	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg tab er 24 hr, 75 mg tab er 24 hr			
venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	Generic Preferred	EFFEXOR XR	
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	Generic Preferred	VIIBRYD	
Benzodiazepines - Anxiety Drugs [Benzodiazepinas - Medicamentos Para Ansiedad]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	Generic Preferred	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	Generic Preferred	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	Generic Preferred	XANAX XR	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	Generic Preferred	LIBRIUM	
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	Generic Preferred	TRANXENE	
diazepam 10 mg tab, 2 mg tab, 5 mg tab	Generic Preferred	VALIUM	
lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab	Generic Preferred	ATIVAN	
midazolam hcl 10 mg/2ml inj soln, 2 mg/ml syr, 5 mg/ml inj soln	Generic Preferred		
midazolam hcl (pf) 10 mg/2ml inj soln, 5 mg/ml inj soln	Generic Preferred		
oxazepam 10 mg cap, 15 mg cap, 30 mg cap	Generic Preferred	SERAX	
BIPOLAR AGENTS - DRUGS TO TREAT MOOD DISORDERS [AGENTES PARA BIPOLARIDAD - MEDICAMENTOS PARA TRATAR TRASTORNOS DEL ESTADO DE ÁNIMO]			
Bipolar Agents, Other [Agentes para la Bipolaridad, Otros]			
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	Generic Preferred	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	Generic Preferred	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	Generic Preferred	ABILIFY	QL(300 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
aripiprazole 10 mg tab disint, 15 mg tab disint	Generic Preferred	ABILIFY DISCMELT	QL(30 / 30)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab	Generic Preferred	LATUDA	QL(30 / 30)
lurasidone hcl 80 mg tab	Generic Preferred	LATUDA	QL(60 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	Generic Preferred	ZYPREXA	QL(30 / 30)
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	Generic Preferred	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 3 mg tab er 24 hr, 6 mg tab er 24 hr, 9 mg tab er 24 hr	Generic Preferred	INVEGA	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr	Generic Preferred	INVEGA	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab	Generic Preferred	SEROQUEL	QL(60 / 30)
quetiapine fumarate 25 mg tab, 50 mg tab	Generic Preferred	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	Generic Preferred	SEROQUEL XR	QL(30 / 30)
quetiapine fumarate er 50 mg tab er 24 hr	Generic Preferred	SEROQUEL XR	QL(90 / 30)
risperidone 0.25 mg tab, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint	Generic Preferred	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab, 4 mg tab disint	Generic Preferred	RISPERDAL	QL(120 / 30)
risperidone 3 mg tab, 3 mg tab disint	Generic Preferred	RISPERDAL	QL(150 / 30)
risperidone 1 mg/ml soln	Generic Preferred	RISPERDAL	QL(240 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	Generic Preferred	GEODON	QL(60 / 30)
Mood Stabilizers - Mood Disorder Drugs [Estabilizadores Del Ánimo - Medicamentos Para Trastornos Del Estado De Ánimo]			

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
carbamazepine 100 mg tab chew, 200 mg tab	Generic Preferred	TEGRETOL	
carbamazepine 100 mg/5ml susp	Generic Preferred	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	Generic Preferred	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	Generic Preferred	TEGRETOL XR	
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	Generic Preferred	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	Generic Preferred	DEPAKOTE ER	
lamotrigine 100 mg tab, 100 mg tab disint, 150 mg tab, 200 mg tab, 200 mg tab disint, 25 mg tab, 25 mg tab chew, 25 mg tab disint, 5 mg tab chew, 50 mg tab disint	Generic Preferred	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	Generic Preferred	LAMICTAL	
lithium 8 meq/5ml soln	Generic Preferred		
lithium carbonate 150 mg cap, 600 mg cap	Generic Preferred		
lithium carbonate 300 mg cap	Generic Preferred	ESKALITH	
lithium carbonate 300 mg tab	Generic Preferred	LITHOBID	
lithium carbonate er 450 mg tab er	Generic Preferred	ESKALITH CR	
lithium carbonate er 300 mg tab er	Generic Preferred	LITHOBID	
valproic acid 250 mg cap	Generic Preferred	DEPAKENE	
valproic acid 250 mg/5ml soln	Generic Preferred	DEPAKENE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	Generic Preferred	PRECOSE	
BYDUREON 2 mg sc pen-inj	Brand Preferred		PA, QL(4 / 30)
BYDUREON BCISE 2 mg/0.85ml Subcutaneous Auto-injector	Brand Preferred		PA, QL(3.4 / 30)
BYETTA 10 MCG PEN 10 mcg/0.04ml sc soln pen-inj	Brand Preferred		PA, QL(2.4 / 30)
BYETTA 5 MCG PEN 5 mcg/0.02ml sc soln pen-inj	Brand Preferred		PA, QL(1.2 / 30)
FARXIGA 10 mg tab, 5 mg tab	Brand Preferred		QL(30 / 30), ST
glimepiride 1 mg tab, 2 mg tab, 4 mg tab	Generic Preferred	AMARYL	
glipizide 10 mg tab, 5 mg tab	Generic Preferred	GLUCOTROL	
glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	Generic Preferred	GLUCOTROL XL	
glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	Generic Preferred	GLUCOTROL XL	
glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	Generic Preferred	METAGLIP	
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	Generic Preferred	DIABETA	
glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab	Generic Preferred	GLYNASE	
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	Generic Preferred	GLUCOVANCE	
GLYXAMBI 10-5 mg tab, 25-5 mg tab	Brand Preferred		QL(30 / 30), ST
JANUMET 50-1000 mg tab, 50-500 mg tab	Brand Preferred		QL(60 / 30), ST
JANUMET XR 100-1000 mg tab er 24 hr	Brand Preferred		QL(30 / 30), ST

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
saxagliptin hcl 2.5 mg tab, 5 mg tab	Generic Preferred		QL(30 / 30)
saxagliptin-metformin er 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	Generic Preferred		QL(30 / 30)
saxagliptin-metformin er 2.5-1000 mg tab er 24 hr	Generic Preferred		QL(60 / 30)
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	Brand Preferred		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	Brand Preferred		QL(60 / 30), ST
tolbutamide 500 mg tab	Generic Preferred	ORINASE	
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	Brand Preferred		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	Brand Preferred		QL(60 / 30), ST
TRULICITY 0.75 mg/0.5ml sc soln pen-inj, 1.5 mg/0.5ml sc soln pen-inj, 3 mg/0.5ml sc soln pen-inj, 4.5 mg/0.5ml sc soln pen-inj	Brand Preferred		PA, QL(2 / 28)
XIGDUO XR 10-1000 mg tab er 24 hr, 10-500 mg tab er 24 hr	Brand Preferred		QL(30 / 30), ST
XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr, 5-500 mg tab er 24 hr	Brand Preferred		QL(60 / 30), ST
Glycemic Agents - Diabetic Drugs [Agentes Glucémicos - Medicamentos Para La Diabetes]			
BAQSIMI ONE PACK 3 mg/dose nasal pwdr	Brand Preferred		
BAQSIMI TWO PACK 3 mg/dose nasal pwdr	Brand Preferred		
diazoxide 50 mg/ml susp	Generic Preferred	PROGLYCEM	
glucagon emergency 1 mg inj kit	Generic Preferred	GLUCAGON EMERGENCY	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	Brand Preferred		
Insulins - Diabetic Drugs [Insulinas - Medicamentos Para La Diabetes]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	Brand Preferred		QL(120 / 90)
HUMULIN 70/30 KWIKPEN (70-30) 100 unit/ml sc susp pen-inj	Brand Preferred		QL(120 / 90)
HUMULIN N 100 unit/ml sc susp	Brand Preferred		QL(120 / 90)
HUMULIN N KWIKPEN 100 unit/ml sc susp pen-inj	Brand Preferred		QL(120 / 90)
HUMULIN R 100 unit/ml inj soln	Brand Preferred		QL(120 / 90)
HUMULIN R U-500 (CONCENTRATED) 500 unit/ml sc soln	Brand Preferred		QL(120 / 90)
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	Brand Preferred		QL(120 / 90)
insulin lispro 100 unit/ml inj soln	Brand Preferred	HUMALOG	QL(120 / 90)
insulin lispro (1 unit dial) 100 unit/ml sc soln pen-inj	Brand Preferred	HUMALOG KWIKPEN	QL(120 / 90)
insulin lispro junior kwikpen 100 unit/ml sc soln pen-inj	Brand Preferred	HUMALOG JUNIOR KWIKPEN	QL(120 / 90)
insulin lispro prot & lispro (75-25) 100 unit/ml sc susp pen-inj	Brand Preferred	HUMALOG MIX 75/25 KWIKPEN	QL(120 / 90)
LANTUS 100 unit/ml sc soln	Brand Preferred		QL(120 / 90)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	Brand Preferred		QL(120 / 90)
REZVOGLAR KWIKPEN 100 unit/ml sc soln pen-inj	Brand Preferred		QL(120 / 90)
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	Brand Preferred		QL(60 / 90)
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	Brand Preferred		QL(120 / 90)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	Brand Preferred		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]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Anticoagulants - Blood Thinners [Anticoagulantes - Diluyentes De La Sangre]			
dabigatran etexilate mesylate 110 mg cap	Generic Preferred		
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	Generic Preferred	PRADAXA	
ELIQUIS 2.5 mg tab, 5 mg tab	Brand Preferred		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	Brand Preferred		
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	Generic Preferred	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	Generic Preferred	ARIXTRA	
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	Generic Preferred		
heparin sodium (porcine) pf 1000 unit/ml inj soln, 5000 unit/0.5ml inj soln	Generic Preferred		
JANTOVEN 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	Generic Preferred		
PRADAXA 110 mg cap	Brand Preferred		
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	Generic Preferred	COUMADIN	
XARELTO 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab	Brand Preferred		
XARELTO 1 mg/ml susp	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
XARELTO STARTER PACK 15 & 20 mg tab pack	Brand Preferred		
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	Generic Preferred	AGRYLIN	
aspirin-dipyridamole er 25-200 mg cap er 12 hr	Generic Preferred	AGGRENOX	
cilostazol 100 mg tab, 50 mg tab	Generic Preferred	PLETAL	
clopidogrel bisulfate 300 mg tab, 75 mg tab	Generic Preferred	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	Generic Preferred	EFFIENT	
Coagulants - Blood Clotting Agents [Coagulantes – Agentes Para La Coagulación De La Sangre]			
DDAVP RHINAL TUBE 0.01 % nasal soln	Brand Preferred		
desmopressin ace spray refrig 0.01 % nasal soln	Generic Preferred	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	Generic Preferred	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	Generic Preferred	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	Generic Preferred	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	Generic Preferred	DDAVP	
Platelet Modifying Agents - Platelet Modifying Drugs [Agentes Modificadores De Plaquetas - Medicamentos Modificadores De Plaquetas]			
anagrelide hcl 0.5 mg cap, 1 mg cap	Generic Preferred	AGRYLIN	
aspirin-dipyridamole er 25-200 mg cap er 12 hr	Generic Preferred	AGGRENOX	
BRILINTA 60 mg tab, 90 mg tab	Brand Preferred		
cilostazol 100 mg tab, 50 mg tab	Generic Preferred	PLETAL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
clopidogrel bisulfate 300 mg tab, 75 mg tab	Generic Preferred	PLAVIX	
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	Generic Preferred	PERSANTINE	
prasugrel hcl 10 mg tab, 5 mg tab	Generic Preferred	EFFIENT	
Hemostasis Agents - Drugs To Stop Bleeding [Agentes Para La Hemostasia - Medicamentos Para Detener El Sangrado]			
aminocaproic acid 1000 mg tab, 500 mg tab	Generic Preferred	AMICAR	
aminocaproic acid 0.25 gm/ml soln	Generic Preferred	AMICAR	
JIVI 1000 unit iv soln, 2000 unit iv soln, 3000 unit iv soln, 500 unit iv soln	Specialty Preferred		PA
tranexamic acid 650 mg tab	Generic Preferred	LYSTEDA	
WILATE 1000-1000 unit iv kit, 500-500 unit iv kit	Specialty Preferred		PA
CARDIOVASCULAR AGENTS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS [AGENTES CARDIOVASCULARES - MEDICAMENTOS PARA TRATAR CONDICIONES DEL CORAZÓN Y LA CIRCULACIÓN]			
Alpha-Adrenergic Agonists - Blood Pressure Drugs [Agonistas Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch, 0.3 mg/24hr tdwk patch	Generic Preferred	CATAPRES-TTS	
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	Generic Preferred	CATAPRES	
guanfacine hcl 1 mg tab, 2 mg tab	Generic Preferred	TENEX	
methyldopa 250 mg tab, 500 mg tab	Generic Preferred	ALDOMET	
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	Generic Preferred	PROAMATINE	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Alfa-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	CARDURA	
phenoxybenzamine hcl 10 mg cap	Generic Preferred	DIBENZYLINE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
phentolamine mesylate 5 mg inj soln	Generic Preferred		
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	Generic Preferred	MINIPRESS	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs [Antagonistas Del Receptor De Angiotensina II - Medicamentos Para La Presión Sanguínea]			
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	ATACAND	
eprosartan mesylate 600 mg tab	Generic Preferred	TEVETEN	
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	Generic Preferred	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	Generic Preferred	BENICAR	
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	MICARDIS	
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	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	Generic Preferred	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	Generic Preferred	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	Generic Preferred	ZESTRIL	
moexipril hcl 15 mg tab, 7.5 mg tab	Generic Preferred	UNIVASC	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	ACEON	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	Generic Preferred	ACCUPRIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	Generic Preferred	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	Generic Preferred	MAVIK	
Antiarrhythmics - Heart Regulation Drugs [Antiarrítmicos - Medicamentos Para La Regulación Del Corazón]			
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	Generic Preferred	CORDARONE	
disopyramide phosphate 100 mg cap, 150 mg cap	Generic Preferred	NORPACE	
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	Generic Preferred	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	Generic Preferred	TAMBOCOR	
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	Generic Preferred	MEXITIL	
NORPACE CR 100 mg cap er 12 hr, 150 mg cap er 12 hr	Brand Preferred		
PACERONE 100 mg tab, 200 mg tab, 400 mg tab	Generic Preferred		
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	Generic Preferred	RYTHMOL	
propafenone hcl er 225 mg cap er 12 hr, 325 mg cap er 12 hr, 425 mg cap er 12 hr	Generic Preferred	RYTHMOL SR	
quinidine gluconate er 324 mg tab er	Generic Preferred		
quinidine sulfate 200 mg tab, 300 mg tab	Generic Preferred		
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	Generic Preferred	BETAPACE	
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	Generic Preferred	BETAPACE AF	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	Generic Preferred	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr,	Generic Preferred	VERELAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr			
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs [Agentes Bloqueadores Beta-Adrenérgicos - Medicamentos Para La Presión Sanguínea]			
acebutolol hcl 200 mg cap, 400 mg cap	Generic Preferred	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	Generic Preferred	KERLONE	
bisoprolol fumarate 10 mg tab, 5 mg tab	Generic Preferred	ZEBETA	
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	Generic Preferred	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	Generic Preferred	COREG CR	
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	Generic Preferred	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	Generic Preferred	TOPROL XL	
metoprolol tartrate 37.5 mg tab, 75 mg tab	Generic Preferred		
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	LOPRESSOR	
nadolol 20 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	CORGARD	
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	BYSTOLIC	
pindolol 10 mg tab, 5 mg tab	Generic Preferred	VISKEN	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	Generic Preferred	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	Generic Preferred	INDERAL	

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	Generic Preferred	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	Generic Preferred	PROCARDIA XL	
nimodipine 30 mg cap	Generic Preferred	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	Generic Preferred	SULAR	
TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	Generic Preferred		
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	Generic Preferred	CALAN	
verapamil hcl er 100 mg cap er 24 hr, 120 mg cap er 24 hr, 180 mg cap er 24 hr, 200 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	Generic Preferred	VERELAN	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs [Agentes Cardiovasculares, Otros - Medicamentos Cardiacos Misceláneos]			
amiloride-hydrochlorothiazide 5-50 mg tab	Generic Preferred	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	Generic Preferred	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	Generic Preferred	EXFORGE	
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	Generic Preferred	CADUET	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab			
amlodipine-olmesartan 10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab	Generic Preferred	AZOR	
amlodipine-valsartan-hctz 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab	Generic Preferred	EXFORGE HCT	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	Generic Preferred	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	Generic Preferred	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	Generic Preferred	ZIAC	
candesartan cilexetil-hctz 16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab	Generic Preferred	ATACAND HCT	
captopril-hydrochlorothiazide 25-15 mg tab, 25-25 mg tab, 50-15 mg tab, 50-25 mg tab	Generic Preferred	CAPOZIDE	
DIGITEK 125 mcg tab, 250 mcg tab	Generic Preferred		
digox 125 mcg tab, 250 mcg tab	Generic Preferred	LANOXIN	
digoxin 125 mcg tab, 250 mcg tab, 62.5 mcg tab	Generic Preferred	LANOXIN	
digoxin 0.05 mg/ml soln	Generic Preferred	LANOXIN	
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	Generic Preferred	VASERETIC	
ENTRESTO 24-26 mg tab, 49-51 mg tab, 97-103 mg tab	Brand Preferred		SL
fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab	Generic Preferred	MONOPRIL-HCT	
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	Generic Preferred	AVALIDE	
isoxsuprine hcl 10 mg tab, 20 mg tab	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	Generic Preferred	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	Generic Preferred	HYZAAR	
methyldopa-hydrochlorothiazide 250-15 mg tab, 250-25 mg tab	Generic Preferred	ALDORIL	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	Generic Preferred	LOPRESSOR HCT	
metyrosine 250 mg cap	Generic Preferred	DEMSER	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	Generic Preferred	BENICAR HCT	
olmesartan-amlodipine-hctz 20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab	Generic Preferred	TRIBENZOR	
pentoxifylline er 400 mg tab er	Generic Preferred	TRENTAL	
propranolol-hctz 40-25 mg tab, 80-25 mg tab	Generic Preferred	INDERIDE	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	Generic Preferred	ACCURETIC	
spironolactone-hctz 25-25 mg tab	Generic Preferred	ALDACTAZIDE	
TEKTURNA HCT 150-12.5 mg tab, 150-25 mg tab, 300-12.5 mg tab, 300-25 mg tab	Brand Preferred		
telmisartan-amlodipine 40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab	Generic Preferred	TWYNSTA	
telmisartan-hctz 40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab	Generic Preferred	MICARDIS-HCT	
trandolapril-verapamil hcl er 1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er	Generic Preferred	TARKA	
triamterene-hctz 37.5-25 mg cap	Generic Preferred	DYAZIDE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	Generic Preferred	MAXZIDE	
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	Generic Preferred	DIOVAN HCT	
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs [Diuréticos, Inhibidor de la Anhidrasa Carbónica - Medicamentos Cardiacos]			
acetazolamide 125 mg tab, 250 mg tab	Generic Preferred	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	Generic Preferred	DIAMOX	
methazolamide 25 mg tab, 50 mg tab	Generic Preferred	NEPTAZANE	
Diuretics, Loop - Cardiac Drugs [Diuréticos, Asa De Henle - Medicamentos Cardiacos]			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	Generic Preferred	BUMEX	
ethacrynic acid 25 mg tab	Generic Preferred	EDECRIN	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	LASIX	
furosemide 10 mg/ml soln, 8 mg/ml soln	Generic Preferred	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	DEMADEX	
Diuretics, Potassium-Sparing - Cardiac Drugs [Diuréticos, Conservadores De Potasio - Medicamentos Cardiacos]			
amiloride hcl 5 mg tab	Generic Preferred	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	Generic Preferred	INSPRA	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	ALDACTONE	
triamterene 100 mg cap, 50 mg cap	Generic Preferred	DYRENIUM	
Diuretics, Thiazide - Cardiac Drugs [Diuréticos, Tiazidas - Medicamentos Cardiacos]			
chlorthalidone 25 mg tab, 50 mg tab	Generic Preferred	HYGROTON	
hydrochlorothiazide 25 mg tab, 50 mg tab	Generic Preferred	HYDRODIURIL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	Generic Preferred	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	Generic Preferred	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	Generic Preferred	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs [Dislipidémicos, Derivados Del Ácido Fíbrico - Medicamentos Para Control Del Colesterol]			
fenofibrate 120 mg tab, 40 mg tab	Generic Preferred	FENOGLIDE	
fenofibrate 150 mg cap, 50 mg cap	Generic Preferred	LIPOFEN	
fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap	Generic Preferred	TRICOR	
fenofibrate micronized 130 mg cap, 43 mg cap	Generic Preferred	ANTARA	
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	Generic Preferred	TRICOR	
fenofibric acid 105 mg tab, 35 mg tab	Generic Preferred	FIBRICOR	
fenofibric acid 135 mg cap dr, 45 mg cap dr	Generic Preferred	TRILIPIX	
gemfibrozil 600 mg tab	Generic Preferred	LOPID	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs [Dislipidémicos, Inhibidores De La HMG CoA Reductasa - Medicamentos Para Control Del Colesterol]			
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	LIPITOR	
fluvastatin sodium 20 mg cap, 40 mg cap	Generic Preferred	LESCOL	
fluvastatin sodium er 80 mg tab er 24 hr	Generic Preferred	LESCOL XL	
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	Generic Preferred	MEVACOR	
pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	Generic Preferred	PRAVACHOL	
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	Generic Preferred	CRESTOR	

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

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	Brand Preferred		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	Generic Preferred	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	Generic Preferred	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, 40 mg tab, 5 mg tab	Generic Preferred	ISORDIL TITRADOSE	
isosorbide mononitrate 10 mg tab, 20 mg tab	Generic Preferred	MONOKET	
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	Generic Preferred	IMDUR	
MINITRAN 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	Generic Preferred		
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	Generic Preferred	NITRO-DUR	
nitroglycerin 0.4 mg/spray tl soln	Generic Preferred	NITROLINGUAL	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	Generic Preferred	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS TO TREAT NERVE CONDITIONS [AGENTES DEL SISTEMA NERVIOSO CENTRAL - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS NERVIOS]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas - Medicamentos Para ADHD]			
amphetamine er 1.25 mg/ml susp er	Generic Preferred	ADZENYS ER	SL
amphetamine sulfate 10 mg tab, 5 mg tab	Generic Preferred		SL
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24	Generic Preferred	ADDERALL XR	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr			
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	Generic Preferred	ADDERALL	SL
dextroamphetamine sulfate 10 mg tab, 5 mg tab	Generic Preferred	DEXTROSTAT	SL
dextroamphetamine sulfate 5 mg/5ml soln	Generic Preferred	PROCENTRA	SL
dextroamphetamine sulfate 15 mg tab, 20 mg tab, 30 mg tab	Generic Preferred	ZENZEDI	SL
dextroamphetamine sulfate er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	Generic Preferred	DEXEDRINE	SL
methamphetamine hcl 5 mg tab	Generic Preferred	DESOXYN	SL
ZENZEDI 10 mg tab, 5 mg tab	Generic Preferred		SL
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	Generic Preferred	STRATTERA	SL
clonidine hcl er 0.1 mg tab er 12 hr	Generic Preferred	KAPVAY	SL
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	Generic Preferred	FOCALIN	SL
dexmethylphenidate hcl er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 35 mg cap er 24 hr, 40 mg cap er 24 hr, 5 mg cap er 24 hr	Generic Preferred	FOCALIN XR	SL
guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	Generic Preferred	INTUNIV	SL
methylphenidate hcl 10 mg tab chew, 2.5 mg tab chew, 5 mg tab chew	Generic Preferred	METHYLIN	SL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	Generic Preferred	METHYLIN	SL
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	RITALIN	SL
methylphenidate hcl er 18 mg tab er 24 hr, 27 mg tab er 24 hr, 36 mg tab er 24 hr, 54 mg tab er 24 hr	Generic Preferred		SL
methylphenidate hcl er 10 mg tab er, 20 mg tab er	Generic Preferred	RITALIN SR	SL
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	Generic Preferred	METADATE CD	SL
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	Generic Preferred	RITALIN LA	SL
methylphenidate hcl er (osm) 72 mg tab er	Generic Preferred		SL
methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er	Generic Preferred	CONCERTA	SL
methylphenidate hcl er (xr) 10 mg cap er 24 hr, 15 mg cap er 24 hr, 20 mg cap er 24 hr, 30 mg cap er 24 hr, 40 mg cap er 24 hr, 50 mg cap er 24 hr, 60 mg cap er 24 hr	Generic Preferred	APTENSIO XR	SL
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs [Sistema Nervioso Central, Otros - Medicamentos Para El Sistema Nervioso Central Misceláneos]			
gabapentin (once-daily) 300 mg tab, 600 mg tab	Generic Preferred	GRALISE	
riluzole 50 mg tab	Specialty Preferred	RILUTEK	PA
tetrabenazine 12.5 mg tab, 25 mg tab	Specialty Preferred	XENAZINE	PA
Fibromyalgia Agents - Drugs To Treat Muscle And Soft Tissue Pain [Agentes Para Fibromialgia - Medicamentos Para Tratar Dolor Muscular Y De Tejido Blando]			
duloxetine hcl 40 mg cap dr prt	Generic Preferred	IRENKA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	Generic Preferred	LYRICA	
pregabalin er 165 mg tab er 24 hr, 330 mg tab er 24 hr, 82.5 mg tab er 24 hr	Generic Preferred	LYRICA CR	
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	Specialty Preferred		PA
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	Specialty Preferred		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	Specialty Preferred		PA
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	Specialty Preferred		PA
BETASERON 0.3 mg sc kit	Specialty Preferred		PA
dalfampridine er 10 mg tab er 12 hr	Specialty Preferred	AMPYRA	PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	Specialty Preferred	TECFIDERA	PA
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	Specialty Preferred	TECFIDERA STARTER PACK	PA
fingolimod hcl 0.5 mg cap	Specialty Preferred	GILENYA	PA
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	Specialty Preferred	COPAXONE	PA
MAYZENT 1 mg tab	Specialty Preferred		PA
MAYZENT 0.25 mg tab, 2 mg tab	Specialty Preferred		PA
MAYZENT STARTER PACK 0.25 mg tab pack	Specialty Preferred		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	Specialty Preferred		PA
OCREVUS 300 mg/10ml iv soln	Specialty Preferred		PA
teriflunomide 14 mg tab, 7 mg tab	Specialty Preferred	AUBAGIO	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ZEPOSIA 0.92 mg cap	Specialty Preferred		PA
ZEPOSIA 7-DAY STARTER PACK 4 x 0.23MG & 3 x 0.46mg cap pack	Specialty Preferred		PA
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92mg cap pack, 0.23MG &0.46MG 0.92mg(21) cap pack	Specialty Preferred		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	Generic Preferred	EVOXAC	
chlorhexidine gluconate 0.12 % m/t soln	Generic Preferred	PERIDEX	
lidocaine hcl 4 % m/t soln	Generic Preferred	XYLOCAINE	
lidocaine viscous hcl 2 % m/t soln	Generic Preferred	XYLOCAINE	
ORALONE 0.1 % m/t paste	Generic Preferred		
pilocarpine hcl 5 mg tab, 7.5 mg tab	Generic Preferred	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	Generic Preferred	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	Generic Preferred		
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	Generic Preferred	SORIATANE	PA
adapalene 0.1 % ext soln	Generic Preferred		SL
adapalene 0.1 % crm, 0.1 % gel, 0.3 % gel	Generic Preferred	DIFFERIN	SL

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel	Generic Preferred	EPIDUO	SL
ammonium lactate 12 % crm, 12 % lot	Generic Preferred	LAC-HYDRIN	
AMNESTEEM 10 mg cap, 20 mg cap, 40 mg cap	Generic Preferred		
ANA-LEX 2-2 % rect kit	Generic Preferred		
AVAR CLEANSER 10-5 % ext liq	Generic Preferred		
AVAR-E EMOLLIENT 10-5 % crm	Generic Preferred		
AVAR-E GREEN 10-5 % crm	Generic Preferred		
AVITA 0.025 % crm, 0.025 % gel	Generic Preferred		AL, SL
azelaic acid 15 % gel	Generic Preferred	FINACEA	
BENZEPRO 5.3 % foam	Generic Preferred		
BENZEPRO CREAMY WASH 7 % ext liq	Brand Preferred		
BENZEPRO FOAMING CLOTHS 6 % ext misc	Generic Preferred		
benzoyl perox-hydrocortisone 5-0.5 % lot	Generic Preferred		
benzoyl peroxide 6.5 % gel	Generic Preferred		
benzoyl peroxide 9.8 % foam	Generic Preferred	BENZEFOAMULTRA	
benzoyl peroxide 8 % gel	Generic Preferred	BREVOXYL	
benzoyl peroxide forte- hc 7.5-1 % lot	Generic Preferred		
benzoyl peroxide-erythromycin 5-3 % gel	Generic Preferred	BENZAMYCIN	
bp 10-1 10-1 % ext emul	Generic Preferred		
brimonidine tartrate 0.33 % gel	Generic Preferred	MIRVASO	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
calcipotriene 0.005 % crm	Generic Preferred	DOVONEX	
calcipotriene 0.005 % ext soln	Generic Preferred	DOVONEX	
calcipotriene-betameth diprop 0.005-0.064 % ext susp, 0.005-0.064 % oint	Generic Preferred	TACLONEX	
calcitriol 3 mcg/gm oint	Generic Preferred	VECTICAL	
CEROVEL 40 % lot	Generic Preferred		
CIBINQO 100 mg tab, 200 mg tab, 50 mg tab	Specialty Preferred		PA
CLARAVIS 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	Generic Preferred		
clindamycin phos-benzoyl perox 1.2-3.75 % gel	Generic Preferred	ONEXTON	
clindamycin phos-benzoyl perox 1-5 % gel	Generic Preferred	BENZACLIN	
clindamycin phos-benzoyl perox 1.2-5 % gel	Generic Preferred	DUAC	
clindamycin-tretinoin 1.2-0.025 % gel	Generic Preferred	ZIANA	
dapsone 5 % gel, 7.5 % gel	Generic Preferred	ACZONE	
doxepin hcl 5 % crm	Generic Preferred	PRUDOXIN	
doxycycline 40 mg cap dr	Generic Preferred	ORACEA	
DRYSOL 20 % ext soln	Brand Preferred		
DUPIXENT 200 mg/1.14ml sc soln pen-inj, 200 mg/1.14ml sc soln pfs, 300 mg/2ml sc soln pen-inj, 300 mg/2ml sc soln pfs	Specialty Preferred		PA
EUCRISA 2 % oint	Brand Preferred		
imiquimod 5 % crm	Generic Preferred	ALDARA	
imiquimod pump 3.75 % crm	Generic Preferred	ZYCLARA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	Generic Preferred	ABSORICA	
ivermectin 1 % crm	Generic Preferred	SOOLANTRA	
lidocaine-hydrocort (perianal) 3-0.5 % crm	Generic Preferred	ANAMANTLE HC	
lidocaine-hydrocortisone ace 3-0.5 % rect kit, 3-1 % rect kit, 3-2.5 % rect kit	Generic Preferred	ANAMANTLE HC	
lidocaine-hydrocortisone ace 2-2 % rect kit	Generic Preferred	PERANEX HC	
lidocaine-hydrocortisone ace 2.8-0.55 % rect gel	Generic Preferred	RECTAGEL HC	
methoxsalen rapid 10 mg cap	Generic Preferred	OXSORALEN-ULTRA	
metronidazole 0.75 % crm	Generic Preferred	METROCREAM	
metronidazole 0.75 % gel, 1 % gel	Generic Preferred	METROGEL	
metronidazole 0.75 % lot	Generic Preferred	METROLOTION	
MYORISAN 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	Generic Preferred		
NEUAC 1.2-5 % gel	Generic Preferred		
pimecrolimus 1 % crm	Generic Preferred	ELIDEL	
podofilox 0.5 % gel	Generic Preferred		
podofilox 0.5 % ext soln	Generic Preferred	CONDYLOX	
PR BENZOYL PEROXIDE WASH 7 % ext liq	Brand Preferred		
PR BENZOYL PEROXIDE WASH 7 % ext liq	Brand Preferred		
PROCTOFOAM HC 1-1 % foam	Brand Preferred		
ROSADAN 0.75 % crm, 0.75 % gel	Generic Preferred		
salicylic acid 6 % crm	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
salicylic acid 26 % ext soln, 27.5 % ext liq, 6 % lot	Generic Preferred		
salicylic acid wart remover 27.5 % ext liq	Generic Preferred		
SKYRIZI 150 mg/ml sc soln pfs, 180 mg/1.2ml sc soln cart, 360 mg/2.4ml sc soln cart, 600 mg/10ml iv soln	Specialty Preferred		PA
SKYRIZI (150 MG DOSE) 75 mg/0.83ml sc pfs kit	Specialty Preferred		PA
SKYRIZI PEN 150 mg/ml sc soln auto-inj	Specialty Preferred		PA
SOTYKTU 6 mg tab	Specialty Preferred		PA
sss 10-5 10-5 % crm	Generic Preferred	PLEXION	
sulfacetamide sodium-sulfur 10-5 % ext liq, 10-5 % ext susp, 10-5 % lot	Generic Preferred		
sulfacetamide sodium-sulfur 10-2 % ext liq	Generic Preferred	AVAR LS CLEANSER	
sulfacetamide sodium-sulfur 10-2 % crm	Generic Preferred	AVAR-E LS	
sulfacetamide sodium-sulfur 10-5 % crm, 9.8-4.8 % crm, 9.8-4.8 % lot	Generic Preferred	PLEXION	
sulfacetamide sodium-sulfur 9.8-4.8 % ext liq	Generic Preferred	PLEXION CLEANSER	
sulfacetamide sodium-sulfur 9-4.5 % ext liq	Generic Preferred	SUMADAN WASH	
sulfacetamide sodium-sulfur 8-4 % ext susp	Generic Preferred	SUMAXIN TS	
sulfacetamide sodium-sulfur 8-4 % ext susp	Generic Preferred	SUMAXIN TS	
sulfacetamide sodium-sulfur 9-4 % ext liq	Generic Preferred	SUMAXIN WASH	
sulfacetamide sodium-sulfur 9-4 % ext liq	Generic Preferred	SUMAXIN WASH	
SULFACLEANSE 8/4 8-4 % ext susp	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tacrolimus 0.03 % oint, 0.1 % oint	Generic Preferred	PROTOPIC	
TALTZ 80 mg/ml sc soln auto-inj, 80 mg/ml sc soln pfs	Specialty Preferred		PA
tazarotene 0.05 % gel, 0.1 % crm, 0.1 % gel	Generic Preferred	TAZORAC	SL
tretinoin 0.05 % gel	Generic Preferred	ATRALIN	AL, SL
tretinoin 0.01 % gel, 0.025 % crm, 0.025 % gel, 0.05 % crm, 0.1 % crm	Generic Preferred	RETIN-A	AL, SL
tretinoin microsphere 0.04 % gel, 0.1 % gel	Generic Preferred	RETIN-A	AL, SL
tretinoin microsphere pump 0.04 % gel, 0.1 % gel	Generic Preferred	RETIN-A	AL, SL
UMECTA MOUSSE 40 % foam	Generic Preferred		
urea 39 % crm, 40 % crm, 41 % crm, 45 % crm, 47 % crm	Generic Preferred		
urea 40 % lot	Generic Preferred	CARMOL 40	
urea nail 45 % gel	Generic Preferred		
urea-c40 40 % lot	Generic Preferred	CARMOL 40	
UREDEB 39 % crm	Generic Preferred		
uremez-40 40 % crm	Generic Preferred		
ZENATANE 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	Generic Preferred		
ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT [TRASTORNOS ENZIMÁTICO: REEMPLAZO, MODIFICADORES, TRATAMIENTO]			
Enzyme Disorder: Replacement, Modifiers, Treatment [Trastornos Enzimático: Reemplazo, Modificadores, Tratamiento]			
betaine oral pwdr	Specialty Preferred	CYSTADANE	
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-	Brand Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
114000 unit cap dr prt, 6000-19000 unit cap dr prt			
miglustat 100 mg cap	Specialty Preferred	ZAVESCA	PA
sapropterin dihydrochloride 100 mg pckt, 100 mg tab, 500 mg pckt	Specialty Preferred	KUVAN	PA
sodium phenylbutyrate 500 mg tab	Specialty Preferred	BUPHENYL	PA
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt	Brand Preferred		
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	Generic Preferred	LIBRAX	
dicyclomine hcl 10 mg cap, 20 mg tab	Generic Preferred	BENTYL	
dicyclomine hcl 10 mg/5ml soln	Generic Preferred	BENTYL	
ed-spaz 0.125 mg tab disint	Generic Preferred	ANASPAZ	
glycopyrrolate 1.5 mg tab	Generic Preferred	GLYCATE	
glycopyrrolate 1 mg tab, 2 mg tab	Generic Preferred	ROBINUL	
hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln	Generic Preferred		
hyoscyamine sulfate 0.125 mg tab disint	Generic Preferred	ANASPAZ	
hyoscyamine sulfate 0.125 mg tab	Generic Preferred	LEVSIN	
hyoscyamine sulfate 0.125 mg tab subl	Generic Preferred	LEVSIN/SL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hyoscyamine sulfate er 0.375 mg tab er 12 hr	Generic Preferred	LEVBID	
hyoscyamine sulfate sl 0.125 mg tab subl	Generic Preferred	LEVSIN/SL	
hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln	Generic Preferred		
methscopolamine bromide 2.5 mg tab, 5 mg tab	Generic Preferred	PAMINE	
NULEV 0.125 mg tab disint	Generic Preferred		
oscimin 0.125 mg tab	Generic Preferred	LEVSIN	
oscimin 0.125 mg tab subl	Generic Preferred	LEVSIN/SL	
oscimin sr 0.375 mg tab er 12 hr	Generic Preferred	LEVBID	
pb-hyoscy-atropine-scopolamine 16.2 mg tab	Generic Preferred	DONNATAL	
PHENOHYTRO 16.2 mg tab	Generic Preferred		
SYMAX-SL 0.125 mg tab subl	Generic Preferred		
SYMAX-SR 0.375 mg tab er 12 hr	Generic Preferred		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs [Agentes Gastrointestinales, Otros - Medicamentos Gastrointestinales Misceláneos]			
amoxicill-clarithro-lansopraz 500 & 500 & 30 mg pack	Generic Preferred		
bis subcit-metronid-tetracyc 140-125-125 mg cap	Generic Preferred	PYLERA	
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	Generic Preferred	PYLERA	
cromolyn sodium 100 mg/5ml oral conc	Generic Preferred	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	Generic Preferred	LOMOTIL	
diphenoxylate-atropine 2.5-0.025 mg/5ml liq	Generic Preferred	LOMOTIL	
loperamide hcl 2 mg cap	Generic Preferred	IMODIUM	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
metoclopramide hcl 10 mg tab disint, 5 mg tab disint	Generic Preferred	METOZOLV	
metoclopramide hcl 10 mg tab, 5 mg tab	Generic Preferred	REGLAN	
metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln	Generic Preferred	REGLAN	
OMECLAMOX-PAK 500-500-20 mg oral misc	Brand Preferred		
SYMPROIC 0.2 mg tab	Brand Preferred		QL(30 / 30)
ursodiol 300 mg cap	Generic Preferred	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	Generic Preferred	URSO	
Histamine2 (H2) Receptor Antagonists - Ulcer And Stomach Acid Drugs [Antagonistas Del Receptor De Histamina2 (H2) - Medicamentos Para Úlceras Y Ácido Estomacal]			
cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab	Generic Preferred	TAGAMET	
cimetidine hcl 300 mg/5ml soln	Generic Preferred	TAGAMET	
famotidine 20 mg tab, 40 mg tab	Generic Preferred	PEPCID	
famotidine 40 mg/5ml susp	Generic Preferred	PEPCID	
nizatidine 150 mg cap, 300 mg cap	Generic Preferred	AXID	
nizatidine 15 mg/ml soln	Generic Preferred	AXID	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs [Agentes Para El Síndrome Del Colon Irritable - Medicamentos Para Tratamiento Del Intestino]			
alosetron hcl 0.5 mg tab, 1 mg tab	Generic Preferred	LOTRONEX	
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	Brand Preferred		PA, QL(30 / 30)
lubiprostone 24 mcg cap, 8 mcg cap	Generic Preferred	AMITIZA	
Laxatives - Drugs To Treat Constipation [Laxantes - Medicamentos Para Tratar El Estreñimiento]			
constulose 10 gm/15ml soln	Generic Preferred	CONSTULOSE	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
enulose 10 gm/15ml soln	Generic Preferred	CONSTULOSE	
GAVILYTE-G 236 gm soln	Generic Preferred		
GAVILYTE-N WITH FLAVOR PACK 420 gm soln	Generic Preferred		
generlac 10 gm/15ml soln	Generic Preferred	CONSTULOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	Generic Preferred	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	Generic Preferred	CONSTULOSE	
lubiprostone 24 mcg cap, 8 mcg cap	Generic Preferred	AMITIZA	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	Generic Preferred	SUPREP BOWEL PREP KIT	
peg 3350-kcl-na bicarb-nacl 420 gm soln	Generic Preferred	NULYTELY	
peg-3350/electrolytes 236 gm soln	Generic Preferred	GOLYTELY	
Protectants - Ulcer And Stomach Acid Drugs [Protectores - Medicamentos Para Úlceras Y Ácido Estomacal]			
misoprostol 100 mcg tab, 200 mcg tab	Generic Preferred	CYTOTEC	
sucralfate 1 gm tab	Generic Preferred	CARAFATE	
sucralfate 1 gm/10ml susp	Generic Preferred	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	Generic Preferred		ST
dexlansoprazole 60 mg cap dr	Generic Preferred	DEXILANT	ST
esomeprazole magnesium 10 mg pckt, 20 mg cap dr, 20 mg pckt, 40 mg cap dr, 40 mg pckt	Generic Preferred	NEXIUM	
esomeprazole strontium 49.3 mg cap dr	Generic Preferred		
lansoprazole 30 mg cap dr	Generic Preferred	PREVACID	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
lansoprazole 30 mg Oral Tablet Delayed Release Disintegrating	Generic Preferred	PREVACID SOLUTAB	
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	Generic Preferred	PRILOSEC	
pantoprazole sodium 20 mg tab dr, 40 mg pckt, 40 mg tab dr	Generic Preferred	PROTONIX	
rabeprazole sodium 20 mg tab dr	Generic Preferred	ACIPHEX	
rabeprazole sodium 10 mg cap sprinkle	Generic Preferred	ACIPHEX SPRINKLE	
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	Generic Preferred	ENABLEX	
fesoterodine fumarate er 4 mg tab er 24 hr, 8 mg tab er 24 hr	Generic Preferred	TOVIAZ	
flavoxate hcl 100 mg tab	Generic Preferred		
me/naphos/mb/hyo1 81.6 mg tab	Generic Preferred		
mirabegron er 25 mg tab er 24 hr, 50 mg tab er 24 hr	Generic Preferred	MYRBETRIQ	
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	Brand Preferred		
oxybutynin chloride 5 mg tab	Generic Preferred	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	Generic Preferred	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	Generic Preferred	DITROPAN	
PHOSPHASAL 81.6 mg tab	Generic Preferred		
solifenacin succinate 10 mg tab, 5 mg tab	Generic Preferred	VESICARE	
tolterodine tartrate 1 mg tab, 2 mg tab	Generic Preferred	DETROL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	Generic Preferred	DETROL LA	
trospium chloride 20 mg tab	Generic Preferred	SANCTURA	
trospium chloride er 60 mg cap er 24 hr	Generic Preferred	SANCTURA XR	
URELLE 81 mg tab	Generic Preferred		
URETRON D/S 81.6 mg tab	Generic Preferred		
URIBEL 118 mg cap	Generic Preferred		
urin ds 81.6 mg tab	Generic Preferred		
urneva 120 mg cap	Generic Preferred		
uro-458 81 mg tab	Generic Preferred		
uro-mp 118 mg cap	Generic Preferred		
URYL 81.6 mg tab	Generic Preferred		
USTELL 120 mg cap	Generic Preferred		
UTIRA-C 81.6 mg tab	Generic Preferred		
VESICARE LS 5 mg/5ml susp	Brand Preferred		
VILAMIT MB 118 mg cap	Generic Preferred		
VILEVEV MB 81 mg tab	Generic Preferred		
Benign Prostatic Hypertrophy Agents - Prostate Drugs [Agentes Para La Hipertrofia Prostática Benigna - Medicamentos Para Próstata]			
alfuzosin hcl er 10 mg tab er 24 hr	Generic Preferred	UROXATRAL	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	Generic Preferred	CARDURA	
dutasteride 0.5 mg cap	Generic Preferred	AVODART	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	Generic Preferred	JALYN	
finasteride 5 mg tab	Generic Preferred	PROSCAR	
silodosin 4 mg cap, 8 mg cap	Generic Preferred	RAPAFLO	
tadalafil 2.5 mg tab, 5 mg tab	Generic Preferred	CIALIS	PA, SL
tamsulosin hcl 0.4 mg cap	Generic Preferred	FLOMAX	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	Generic Preferred	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	Generic Preferred	URECHOLINE	
ELMIRON 100 mg cap	Brand Preferred		
PHENAZO 200 mg tab	Generic Preferred		
phenazopyridine hcl 100 mg tab, 200 mg tab	Generic Preferred	PYRIDIUM	
PHOSPHASAL 81.6 mg tab	Generic Preferred		
tiopronin 100 mg tab	Generic Preferred	THIOLA	
URETRON D/S 81.6 mg tab	Generic Preferred		
URIBEL 118 mg cap	Generic Preferred		
urin ds 81.6 mg tab	Generic Preferred		
uro-mp 118 mg cap	Generic Preferred		
UTIRA-C 81.6 mg tab	Generic Preferred		
VILAMIT MB 118 mg cap	Generic Preferred		
Phosphate Binders - Phosphate-removing Agents [Enlazadores De Fosfato - Agentes Removedores De Fosfato]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
calcium acetate (phos binder) 667 mg tab	Generic Preferred	ELIPHOS	
calcium acetate (phos binder) 667 mg cap	Generic Preferred	PHOSLO	
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	Generic Preferred	RENVELA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Glucocorticoids/Mineralocorticoids [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
ala-cort 1 % crm	Generic Preferred	ALA-CORT	
ala-cort 2.5 % crm	Generic Preferred	HYTONE	
alclometasone dipropionate 0.05 % crm, 0.05 % oint	Generic Preferred	ACLOVATE	
amcinonide 0.1 % crm, 0.1 % oint	Generic Preferred	CYCLOCORT	
amcinonide 0.1 % lot	Generic Preferred	CYCLOCORT	
betamethasone dipropionate 0.05 % crm, 0.05 % oint	Generic Preferred	DIPROSONE	
betamethasone dipropionate 0.05 % lot	Generic Preferred	DIPROSONE	
betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint	Generic Preferred	DIPROLENE	
betamethasone dipropionate aug 0.05 % lot	Generic Preferred	DIPROLENE	
betamethasone sod phos & acet 7 (4-3) mg/ml inj susp	Generic Preferred		
betamethasone sod phos & acet 6 (3-3) mg/ml inj susp	Generic Preferred	CELESTONE SOLUSPAN	
betamethasone valerate 0.1 % crm, 0.1 % oint	Generic Preferred	BETA-VAL	
betamethasone valerate 0.1 % lot	Generic Preferred	BETA-VAL	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
betamethasone valerate 0.12 % foam	Generic Preferred	LUXIQ	
clobetasol prop emollient base 0.05 % crm	Generic Preferred	TEMOVATE-E	
clobetasol propionate 0.05 % ext liq, 0.05 % lot, 0.05 % shampoo	Generic Preferred	CLOBEX	
clobetasol propionate 0.05 % foam	Generic Preferred	OLUX	
clobetasol propionate 0.05 % gel, 0.05 % oint	Generic Preferred	TEMOVATE	
clobetasol propionate 0.05 % ext soln	Generic Preferred	TEMOVATE	
clobetasol propionate 0.05 % crm	Generic Preferred	TEMOVATE-E	
clobetasol propionate e 0.05 % crm	Generic Preferred	TEMOVATE-E	
clobetasol propionate emulsion 0.05 % foam	Generic Preferred	OLUX-E	
clocortolone pivalate 0.1 % crm	Generic Preferred	CLODERM	
CLODAN 0.05 % shampoo	Generic Preferred		
cortisone acetate 25 mg tab	Generic Preferred	CORTONE	
DECADRON 0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab	Generic Preferred		
desonide 0.05 % crm, 0.05 % oint	Generic Preferred	DESOWEN	
desonide 0.05 % lot	Generic Preferred	DESOWEN	
desoximetasone 0.05 % crm, 0.05 % gel, 0.05 % oint, 0.25 % crm, 0.25 % oint	Generic Preferred	TOPICORT	
dexamethasone 1 mg tab, 1.5 mg (21) tab pack, 1.5 mg (35) tab pack, 2 mg tab	Generic Preferred		
dexamethasone 0.5 mg/5ml soln	Generic Preferred		
dexamethasone 0.5 mg/5ml oral elix	Generic Preferred	BAYCADRON	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	Generic Preferred	DECADRON	
dexamethasone 1.5 mg (51) tab pack	Generic Preferred	DEXPAK 13 DAY	
dexamethasone sod phosphate pf 10 mg/ml inj soln	Generic Preferred		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln	Generic Preferred		
dexamethasone sodium phosphate 10 mg/ml inj soln	Generic Preferred	HEXADROL	
DEXPAK 10 DAY 1.5 mg (35) tab pack	Generic Preferred		
DEXPAK 13 DAY 1.5 mg (51) tab pack	Generic Preferred		
DEXPAK 6 DAY 1.5 mg (21) tab pack	Generic Preferred		
diflorasone diacetate 0.05 % crm, 0.05 % oint	Generic Preferred	PSORCON	
fludrocortisone acetate 0.1 mg tab	Generic Preferred	FLORINEF	
fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint	Generic Preferred	SYNALAR	
fluocinolone acetonide 0.01 % ext soln	Generic Preferred	SYNALAR	
fluocinolone acetonide body 0.01 % ext oil	Generic Preferred	DERMA-SMOOTHE/FS	
fluocinolone acetonide scalp 0.01 % ext oil	Generic Preferred	DERMA-SMOOTHE/FS	
fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint	Generic Preferred	LIDEX	
fluocinonide 0.05 % ext soln	Generic Preferred	LIDEX	
fluocinonide 0.1 % crm	Generic Preferred	VANOS	
fluocinonide emulsified base 0.05 % crm	Generic Preferred	LIDEX-E	
flurandrenolide 0.05 % crm, 0.05 % oint	Generic Preferred	CORDRAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
flurandrenolide 0.05 % lot	Generic Preferred	CORDRAN	
fluticasone propionate 0.005 % oint, 0.05 % crm	Generic Preferred	CUTIVATE	
fluticasone propionate 0.05 % lot	Generic Preferred	CUTIVATE	
halobetasol propionate 0.05 % crm, 0.05 % oint	Generic Preferred	ULTRAVATE	
hydrocortisone 1 % crm	Generic Preferred	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	Generic Preferred	CORTEF	
hydrocortisone 1 % oint, 2.5 % crm, 2.5 % oint	Generic Preferred	HYTONE	
hydrocortisone 2.5 % lot	Generic Preferred	HYTONE	
hydrocortisone butyr lipo base 0.1 % crm	Generic Preferred	LOCOID LIPOCREAM	
hydrocortisone butyrate 0.1 % crm, 0.1 % oint	Generic Preferred	LOCOID	
hydrocortisone butyrate 0.1 % ext soln, 0.1 % lot	Generic Preferred	LOCOID	
HYDROCORTISONE IN ABSORBASE 1 % oint	Generic Preferred		
hydrocortisone valerate 0.2 % crm, 0.2 % oint	Generic Preferred	WESTCORT	
MEDROL 2 mg tab	Brand Preferred		
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	Generic Preferred	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	Generic Preferred	DEPO-MEDROL	
MILLIPRED 5 mg tab	Brand Preferred		
mometasone furoate 0.1 % crm, 0.1 % oint	Generic Preferred	ELOCON	
mometasone furoate 0.1 % ext soln	Generic Preferred	ELOCON	
prednicarbate 0.1 % crm, 0.1 % oint	Generic Preferred	DERMATOP	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prednisolone 5 mg tab	Generic Preferred	MILLIPRED	
prednisolone sodium phosphate 25 mg/5ml soln	Generic Preferred		
prednisolone sodium phosphate 10 mg/5ml soln	Generic Preferred	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	Generic Preferred	ORAPRED	
prednisolone sodium phosphate 15 mg/5ml soln	Generic Preferred	ORAPRED	
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	Generic Preferred	PEDIAPRED	
prednisolone sodium phosphate 20 mg/5ml soln	Generic Preferred	VERIPRED	
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	Generic Preferred		
prednisone 5 mg/5ml soln	Generic Preferred		
triamcinolone acetonide 50 mg/ml inj susp	Generic Preferred		
triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.147 mg/gm ext aer soln, 0.5 % oint	Generic Preferred	KENALOG	
triamcinolone acetonide 0.025 % lot, 0.1 % lot, 40 mg/ml inj susp	Generic Preferred	KENALOG	
triamcinolone acetonide 0.05 % oint	Generic Preferred	TRIANEX	
triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm	Generic Preferred	TRIDERM	
TRIANEX 0.05 % oint	Generic Preferred		
TRIDERM 0.1 % crm, 0.5 % crm	Generic Preferred		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
DDAVP RHINAL TUBE 0.01 % nasal soln	Brand Preferred		
desmopressin ace spray refrig 0.01 % nasal soln	Generic Preferred	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	Generic Preferred	DDAVP	
desmopressin acetate 4 mcg/ml inj soln	Generic Preferred	DDAVP	
desmopressin acetate pf 4 mcg/ml inj soln	Generic Preferred	DDAVP	
desmopressin acetate spray 0.01 % nasal soln	Generic Preferred	DDAVP	
prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab	Generic Preferred		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PROSTAGLANDINAS) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Prostaglandinas) - Medicamentos Para Reemplazo/Modificación De Hormonas]			
misoprostol 100 mcg tab, 200 mcg tab	Generic Preferred	CYTOTEC	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Anabolic Steroids - Hormone Replacement/Modifying Drugs [Esteroides Anabólicos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
oxandrolone 10 mg tab, 2.5 mg tab	Generic Preferred	OXANDRIN	
Androgens - Hormone Replacement/Modifying Drugs [Andrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ANDRODERM 2 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr	Brand Preferred		
danazol 100 mg cap, 200 mg cap, 50 mg cap	Generic Preferred	DANOCRINE	
methyltestosterone 10 mg cap	Generic Preferred	TESTRED	
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	Generic Preferred	ANDROGEL	
testosterone 30 mg/act td soln	Generic Preferred	AXIRON	
testosterone 10 MG/ACT (2%) td gel	Generic Preferred	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	Generic Preferred	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	Generic Preferred	DELATESTRYL	
Estrogens - Hormone Replacement/Modifying Drugs [Estrógenos - Medicamentos Para Reemplazo/Modificación De Hormonas]			
AMABELZ 0.5-0.1 mg tab, 1-0.5 mg tab	Generic Preferred		
CLIMARA PRO 0.045-0.015 mg/day tdwk patch	Brand Preferred		
COVARYX 1.25-2.5 mg tab	Generic Preferred		
COVARYX HS 0.625-1.25 mg tab	Generic Preferred		
DOTTI 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	Generic Preferred		
DUAVEE 0.45-20 mg tab	Brand Preferred		
EEMT 1.25-2.5 mg tab	Generic Preferred		
EEMT HS 0.625-1.25 mg tab	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
est estrogens-methyltest 1.25-2.5 mg tab	Generic Preferred	ESTRATEST	
est estrogens-methyltest ds 1.25-2.5 mg tab	Generic Preferred	ESTRATEST	
est estrogens-methyltest hs 0.625-1.25 mg tab	Generic Preferred		
estradiol 0.75 MG/1.25 GM (0.06%) td gel	Generic Preferred	ESTROGEL	
estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	Generic Preferred	CLIMARA	
estradiol 0.25 mg/0.25gm td gel, 0.5 mg/0.5gm td gel, 0.75 mg/0.75gm td gel	Generic Preferred	DIVIGEL	
estradiol 1 mg/gm td gel	Generic Preferred	DIVIGEL	
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	Generic Preferred	ESTRACE	
estradiol 0.1 mg/gm vag crm	Generic Preferred	ESTRACE	
estradiol 10 mcg vag tab	Generic Preferred	VAGIFEM	
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	Generic Preferred	VIVELLE-DOT	
estradiol valerate 10 mg/ml im oil	Generic Preferred		
estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil	Generic Preferred	DELESTROGEN	
estradiol-norethindrone acet 0.5-0.1 mg tab, 1-0.5 mg tab	Generic Preferred	ACTIVELLA	
FYAVOLV 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	Generic Preferred		
JINTELI 1-5 mg-mcg tab	Generic Preferred		
LOPREEZA 1-0.5 mg tab	Generic Preferred		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
MENEST 0.3 mg tab, 0.625 mg tab, 1.25 mg tab	Brand Preferred		
MIMVEY 1-0.5 mg tab	Generic Preferred		
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	Generic Preferred	FEMHRT	
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	Brand Preferred		
PREMARIN 0.625 mg/gm vag crm	Brand Preferred		
PREMPHASE 0.625-5 mg tab	Brand Preferred		
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	Brand Preferred		
YUVAFEM 10 mcg vag tab	Generic Preferred		
Progestins - Hormone Replacement/Modifying Drugs [Progestinas - Medicamentos Para Reemplazo/Modificación De Hormonas]			
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	Generic Preferred	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	Generic Preferred	MEGACE	
megestrol acetate 40 mg/ml susp, 625 mg/5ml susp	Generic Preferred	MEGACE	
norethindrone acetate 5 mg tab	Generic Preferred	AYGESTIN	
progesterone 50 mg/ml im oil	Generic Preferred		
progesterone 100 mg cap, 200 mg cap	Generic Preferred	PROMETRIUM	
progesterone micronized 10 % td crm	Generic Preferred		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs [Agentes Modificadores Selectivos Del Receptor De Estrógeno - Medicamentos Para Reemplazo/Modificación De Hormonas]			
raloxifene hcl 60 mg tab	Generic Preferred	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[1] [Requisitos/Límites]
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]			
EUTHYROX 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	Generic Preferred		
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	Generic Preferred	SYNTHROID	
levothyroxine sodium 100 mcg cap, 112 mcg cap, 125 mcg cap, 13 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap	Generic Preferred	TIROSINT	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	Generic Preferred	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	Brand Preferred		
thyroid 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	Generic Preferred		
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	Specialty Preferred		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PARATIROIDEA) - MEDICAMENTOS PARA SUPRIMIR LAS HORMONAS TIROIDEAS]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants [Agentes Hormonales, Supresores (Paratiroidea) - Supresor Hormonal]			
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	Generic Preferred	SENSIPAR	PA
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) - DRUGS TO REGULATE HORMONES [AGENTES HORMONALES, SUPRESORES (PITUITARIA) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants [Agentes Hormonales, Supresores (Pituitaria) - Supresores De Hormonas]			
bromocriptine mesylate 2.5 mg tab, 5 mg cap	Generic Preferred	PARLODEL	
cabergoline 0.5 mg tab	Generic Preferred	DOSTINEX	
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	Specialty Preferred		PA
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	Specialty Preferred		PA
LUPRON DEPOT (4-MONTH) 30 mg im kit	Specialty Preferred		PA
LUPRON DEPOT (6-MONTH) 45 mg im kit	Specialty Preferred		PA
LUPRON DEPOT-PED (1-MONTH) 11.25 mg im kit, 15 mg im kit, 7.5 mg im kit	Specialty Preferred		PA
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) im kit, 30 mg (ped) im kit	Specialty Preferred		PA
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	Specialty Preferred		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	Specialty Preferred	SANDOSTATIN	PA
ORILISSA 150 mg tab, 200 mg tab	Brand Preferred		PA
SYNAREL 2 mg/ml nasal soln	Specialty Preferred		PA
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)- DRUGS TO SUPPRESS SEX HORMONES/MODIFIERS [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES) - MEDICAMENTOS PARA REGULAR LAS HORMONAS]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Antiandrogens - Hormone Suppressants [Antiandrógenos - Supresores De Hormonas]			
abiraterone acetate 250 mg tab, 500 mg tab	Specialty Preferred	ZYTIGA	PA
bicalutamide 50 mg tab	Generic Preferred	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	Specialty Preferred		PA
flutamide 125 mg cap	Generic Preferred	EULEXIN	
nilutamide 150 mg tab	Specialty Preferred	NILANDRON	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	Generic Preferred	TAPAZOLE	
propylthiouracil 50 mg tab	Generic Preferred		
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]			
AMJEVITA 10 mg/0.2ml sc soln pfs, 20 mg/0.2ml sc soln pfs, 20 mg/0.4ml sc soln pfs, 40 mg/0.4ml sc soln auto-inj, 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln auto-inj, 40 mg/0.8ml sc soln pfs, 80 mg/0.8ml sc soln auto-inj	Specialty Preferred		PA
azathioprine 50 mg tab	Generic Preferred	IMURAN	SL
ENBREL 25 mg sc soln	Specialty Preferred		PA
ENBREL 25 mg/0.5ml sc soln, 25 mg/0.5ml sc soln pfs, 50 mg/ml sc soln pfs	Specialty Preferred		PA
ENBREL MINI 50 mg/ml sc soln cart	Specialty Preferred		PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	Specialty Preferred		PA
HADLIMA 40 mg/0.4ml sc soln pfs, 40 mg/0.8ml sc soln pfs	Specialty Preferred		PA
HADLIMA PUSHTOUCH 40 mg/0.4ml sc soln auto-inj, 40 mg/0.8ml sc soln auto-inj	Specialty Preferred		PA
HUMIRA 10 mg/0.1ml sc pfs kit, 20 mg/0.2ml sc pfs kit, 20 mg/0.4ml sc pfs kit, 40 mg/0.4ml sc pfs kit	Specialty Preferred		PA
HUMIRA (2 PEN) 40 mg/0.8ml sc pen-inj kit	Specialty Preferred		PA
HUMIRA (2 SYRINGE) 40 mg/0.8ml sc pfs kit	Specialty Preferred		PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml sc pfs kit, 80 mg/0.8ml sc pfs kit	Specialty Preferred		PA
HUMIRA PEN 40 mg/0.4ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	Specialty Preferred		PA
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml sc pen-inj kit, 80 mg/0.8ml sc pen-inj kit	Specialty Preferred		PA
HUMIRA-PS/UV/ADOL HS STARTER 40 mg/0.8ml sc pen-inj kit	Specialty Preferred		PA
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml sc pen-inj kit	Specialty Preferred		PA
methotrexate sodium 2.5 mg tab	Generic Preferred		SL
methotrexate sodium 1 gm inj soln	Specialty Preferred		SL
methotrexate sodium 250 mg/10ml inj soln, 50 mg/2ml inj soln	Specialty Preferred		SL
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	Specialty Preferred		SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
mycophenolate mofetil 250 mg cap, 500 mg tab	Generic Preferred	CELLCEPT	SL
mycophenolate mofetil 200 mg/ml susp	Generic Preferred	CELLCEPT	SL
ORENCIA 250 mg iv soln	Specialty Preferred		PA
ORENCIA 125 mg/ml sc soln pfs, 50 mg/0.4ml sc soln pfs, 87.5 mg/0.7ml sc soln pfs	Specialty Preferred		PA
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	Specialty Preferred		PA
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj	Brand Preferred		
RINVOQ 30 mg tab er 24 hr	Specialty Preferred		PA
RINVOQ 15 mg tab er 24 hr, 45 mg tab er 24 hr	Specialty Preferred		PA
TREXALL 10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab	Specialty Preferred		
XELJANZ 10 mg tab, 5 mg tab	Specialty Preferred		PA
XELJANZ 1 mg/ml soln	Specialty Preferred		PA
XELJANZ XR 11 mg tab er 24 hr, 22 mg tab er 24 hr	Specialty Preferred		PA
Immunomodulators - Immune System Drugs [Inmunomoduladores - Medicamentos Para El Sistema Inmune]			
BETASERON 0.3 mg sc kit	Specialty Preferred		PA
dimethyl fumarate 120 mg cap dr, 240 mg cap dr	Specialty Preferred	TECFIDERA	PA
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	Specialty Preferred	TECFIDERA STARTER PACK	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
glatiramer acetate 20 mg/ml sc soln pfs, 40 mg/ml sc soln pfs	Specialty Preferred	COPAXONE	PA
leflunomide 10 mg tab, 20 mg tab	Generic Preferred	ARAVA	
lenalidomide 25 mg cap	Specialty Preferred	REVLIMID	PA
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 5 mg cap	Specialty Preferred	REVLIMID	PA
teriflunomide 14 mg tab, 7 mg tab	Specialty Preferred	AUBAGIO	PA
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	Generic Preferred	COLAZAL	
mesalamine 800 mg tab dr	Generic Preferred	ASACOL HD	
mesalamine 1000 mg rect supp	Generic Preferred	CANASA	
mesalamine 400 mg cap dr	Generic Preferred	DELZICOL	
mesalamine 1.2 gm tab dr	Generic Preferred	LIALDA	
mesalamine 4 gm rect enema	Generic Preferred	ROWASA	
mesalamine er 0.375 gm cap er 24 hr	Generic Preferred	APRISO	
mesalamine er 500 mg cap er	Generic Preferred	PENTASA	
mesalamine-cleanser 4 gm rect kit	Generic Preferred	ROWASA	
SFROWASA 4 gm/60ml rect enema	Brand Preferred		
sulfasalazine 500 mg tab, 500 mg tab dr	Generic Preferred	AZULFIDINE	
Glucocorticoids - Drugs To Treat Inflammation [Glucocorticoides - Medicamentos Para Tratar Inflamación]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
budesonide 2 mg rect foam	Generic Preferred		
budesonide 3 mg cap dr prt	Generic Preferred	ENTOCORT	PA
budesonide er 9 mg tab er 24 hr	Generic Preferred	UCERIS	
COLOCORT 100 mg/60ml rect enema	Generic Preferred		
dexamethasone 1 mg tab, 2 mg tab	Generic Preferred		
dexamethasone 0.5 mg/5ml soln	Generic Preferred		
dexamethasone 0.5 mg/5ml oral elix	Generic Preferred	BAYCADRON	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	Generic Preferred	DECADRON	
dexamethasone sod phosphate pf 10 mg/ml inj soln	Generic Preferred		
dexamethasone sodium phosphate 100 mg/10ml inj soln, 120 mg/30ml inj soln, 20 mg/5ml inj soln, 4 mg/ml inj soln	Generic Preferred		
dexamethasone sodium phosphate 10 mg/ml inj soln	Generic Preferred	HEXADROL	
hydrocortisone 100 mg/60ml rect enema	Generic Preferred	CORTENEMA	
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	Generic Preferred	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	Generic Preferred	DEPO-MEDROL	
prednisolone 15 mg/5ml soln	Generic Preferred	PRELONE	
prednisolone sodium phosphate 25 mg/5ml soln	Generic Preferred		
prednisolone sodium phosphate 10 mg/5ml soln	Generic Preferred	MILLIPRED	
prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint	Generic Preferred	ORAPRED	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
prednisolone sodium phosphate 15 mg/5ml soln	Generic Preferred	ORAPRED	
prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln	Generic Preferred	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	Generic Preferred		
Sulfonamides [Sulfonamidas]			
sulfasalazine 500 mg tab, 500 mg tab dr	Generic Preferred	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	Generic Preferred	FOSAMAX	
alendronate sodium 70 mg/75ml soln	Generic Preferred	FOSAMAX	
calcitonin (salmon) 200 unit/act nasal soln, 200 unit/ml inj soln	Generic Preferred	MIACALCIN	
calcitriol 1 mcg/ml iv soln	Generic Preferred	CALCIJEX	
calcitriol 0.25 mcg cap, 0.5 mcg cap	Generic Preferred	ROCALTROL	
calcitriol 1 mcg/ml soln	Generic Preferred	ROCALTROL	
cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab	Generic Preferred	SENSIPAR	PA
doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	Generic Preferred	HECTOROL	PA
ibandronate sodium 150 mg tab	Generic Preferred	BONIVA	
ibandronate sodium 3 mg/3ml iv soln	Specialty Preferred	BONIVA	PA
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	Generic Preferred	ZEMPLAR	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
paricalcitol 2 mcg/ml iv soln, 5 mcg/ml iv soln	Generic Preferred	ZEMPLAR	PA
PREMARIN 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	Brand Preferred		
raloxifene hcl 60 mg tab	Generic Preferred	EVISTA	PA
risedronate sodium 150 mg tab, 30 mg tab, 35 mg tab, 5 mg tab	Generic Preferred	ACTONEL	
risedronate sodium 35 mg tab dr	Generic Preferred	ATELVIA	
teriparatide 600 mcg/2.4ml sc soln pen-inj	Specialty Preferred	FORTEO	PA
teriparatide (recombinant) 600 mcg/2.4ml sc soln pen-inj	Specialty Preferred	FORTEO	PA
testosterone 1.62 % td gel, 12.5 MG/ACT (1%) td gel, 20.25 MG/1.25GM (1.62%) td gel, 20.25 MG/ACT (1.62%) td gel, 25 MG/2.5GM (1%) td gel, 40.5 MG/2.5GM (1.62%) td gel, 50 MG/5GM (1%) td gel	Generic Preferred	ANDROGEL	
testosterone 30 mg/act td soln	Generic Preferred	AXIRON	
testosterone 10 MG/ACT (2%) td gel	Generic Preferred	FORTESTA	
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	Generic Preferred	DEPO-TESTOSTERONE	
testosterone enanthate 200 mg/ml im soln	Generic Preferred	DELATESTRYL	
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	Specialty Preferred		PA
zoledronic acid 5 mg/100ml iv soln	Specialty Preferred	RECLAST	PA
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS [AGENTES OFTÁLMICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OJOS]			
Ophthalmic Prostaglandin And Prostamide Analogs - Glaucoma Drugs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas - Medicamentos Para Glaucoma]			
bimatoprost 0.03 % ophth soln	Generic Preferred	LUMIGAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
latanoprost 0.005 % ophth soln	Generic Preferred	XALATAN	
LUMIGAN 0.01 % ophth soln	Brand Preferred		
travoprost (bak free) 0.004 % ophth soln	Generic Preferred	TRAVATAN	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs [Agentes Oftálmicos, Otros - Medicamentos Misceláneos Para Los Ojos]			
ak-poly-bac 500-10000 unit/gm ophth oint	Generic Preferred	POLYSPORIN	
ALTACAINE 0.5 % ophth soln	Generic Preferred		
atropine sulfate 1 % ophth oint	Generic Preferred		
atropine sulfate 1 % ophth soln	Generic Preferred	ISOPTO ATROPINE	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	Generic Preferred	POLYSPORIN	
cyclopentolate hcl 0.5 % ophth soln, 1 % ophth soln, 2 % ophth soln	Generic Preferred	CYCLOGYL	
cyclosporine 0.05 % ophth emul	Generic Preferred	RESTASIS	PA
homatropine hbr 5 % ophth soln	Generic Preferred		
neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint	Generic Preferred	NEOSPORIN	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	Generic Preferred	NEOSPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	Generic Preferred		
POLYCIN 500-10000 unit/gm ophth oint	Generic Preferred		
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	Generic Preferred	POLYTRIM	
proparacaine hcl 0.5 % ophth soln	Generic Preferred	ALCAINE	
TETCAINE 0.5 % ophth soln	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
tetracaine hcl 0.5 % ophth soln	Generic Preferred		
TETRAVISC 0.5 % ophth soln	Generic Preferred		
TETRAVISC FORTE 0.5 % ophth soln	Generic Preferred		
tropicamide 0.5 % ophth soln	Generic Preferred		
tropicamide 1 % ophth soln	Generic Preferred	MYDRIACYL	
XIIDRA 5 % ophth soln	Brand Preferred		PA
Ophthalmic Anti-Allergy Agents - Allergy, Infection And Inflammation Drugs [Agentes Oftálmicos Antialérgicos - Medicamentos Para Alergia, Infección E Inflamación]			
ALTAFRIN 10 % ophth soln, 2.5 % ophth soln	Generic Preferred		
azelastine hcl 0.05 % ophth soln	Generic Preferred	OPTIVAR	
bepotastine besilate 1.5 % ophth soln	Generic Preferred	BEPREVE	
cromolyn sodium 4 % ophth soln	Generic Preferred	OPTICROM	
dexamethasone sodium phosphate 0.1 % ophth soln	Generic Preferred	MAXIDEX	
olopatadine hcl 0.1 % ophth soln, 0.2 % ophth soln	Generic Preferred	PATADAY	
phenylephrine hcl 10 % ophth soln, 2.5 % ophth soln	Generic Preferred		
Ophthalmic Anti-Inflammatories - Allergy, Infection And Inflammation Drugs [Antiinflamatorios Oftálmicos - Medicamentos Para Alergia, Infección E Inflamación]			
bacitra-neomycin-polymyxin-hc 1 % ophth oint	Generic Preferred	CORTISPORIN	
bromfenac sodium 0.07 % ophth soln	Generic Preferred	PROLENSA	
bromfenac sodium (once-daily) 0.09 % ophth soln	Generic Preferred	BROMDAY	
dexamethasone sodium phosphate 0.1 % ophth soln	Generic Preferred	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	Generic Preferred	VOLTAREN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
difluprednate 0.05 % ophth emul	Generic Preferred	DUREZOL	
fluorometholone 0.1 % ophth susp	Generic Preferred	FML	
flurbiprofen sodium 0.03 % ophth soln	Generic Preferred	OCUFEN	
FML 0.1 % ophth oint	Brand Preferred		
ketorolac tromethamine 0.4 % ophth soln, 0.5 % ophth soln	Generic Preferred	ACULAR	
loteprednol etabonate 0.2 % ophth susp	Generic Preferred	ALREX	
loteprednol etabonate 0.5 % ophth gel	Generic Preferred	LOTEMAX	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	Generic Preferred	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	Generic Preferred	MAXITROL	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	Generic Preferred	CORTISPORIN	
NEO-POLYCIN HC 1 % ophth oint	Generic Preferred		
prednisolone acetate 1 % ophth susp	Generic Preferred	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	Generic Preferred		
sulfacetamide-prednisolone 10-0.23 % ophth soln	Generic Preferred	VASOCIDIN	
tobramycin-dexamethasone 0.3-0.1 % ophth susp	Generic Preferred	TOBRADEX	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs [Agentes Oftálmicos Antiglaucoma - Medicamentos Para Glaucoma]			
acetazolamide 125 mg tab, 250 mg tab	Generic Preferred	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	Generic Preferred	DIAMOX	
apraclonidine hcl 0.5 % ophth soln	Generic Preferred	IOPIDINE	
betaxolol hcl 0.5 % ophth soln	Generic Preferred	BETOPTIC	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
brimonidine tartrate 0.1 % ophth soln	Generic Preferred	ALPHAGAN P	
brimonidine tartrate 0.15 % ophth soln, 0.2 % ophth soln	Generic Preferred	ALPHAGAN	
brimonidine tartrate-timolol 0.2-0.5 % ophth soln	Generic Preferred	COMBIGAN	
brimonidine-dorzolamide 0.15-2 % ophth soln	Generic Preferred		
brinzolamide 1 % ophth susp	Generic Preferred	AZOPT	
carteolol hcl 1 % ophth soln	Generic Preferred	OCUPRESS	
dorzolamide hcl 2 % ophth soln	Generic Preferred	TRUSOPT	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml ophth soln	Generic Preferred	COSOPT	
dorzolamide hcl-timolol mal pf 2-0.5 % ophth soln	Generic Preferred	COSOPT	
latanoprost-timolol maleate 0.005-0.5 % ophth soln	Generic Preferred		
levobunolol hcl 0.5 % ophth soln	Generic Preferred	BETAGAN	
methazolamide 25 mg tab, 50 mg tab	Generic Preferred	NEPTAZANE	
PHOSPHOLINE IODIDE 0.125 % ophth soln	Brand Preferred		
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	Generic Preferred	ISOPTO CARPINE	
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	Generic Preferred	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	Generic Preferred	TIMOPTIC XE	
timolol maleate (once-daily) 0.5 % ophth soln	Generic Preferred	ISTALOL	
Ophthalmic Antibiotics - Drugs To Treat Eye Infections [Antibióticos Oftálmicos - Medicamentos Para Tratar Infecciones De Los Ojos]			
bacitracin 500 unit/gm ophth oint	Generic Preferred	BACI-IM	
ciprofloxacin hcl 0.3 % ophth soln	Generic Preferred	CILOXAN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
erythromycin 5 mg/gm ophth oint	Generic Preferred	ILOTYCIN	
gatifloxacin 0.5 % ophth soln	Generic Preferred	ZYMAXID	
gentamicin sulfate 0.3 % ophth soln	Generic Preferred	GARAMYCIN	
levofloxacin 0.5 % ophth soln	Generic Preferred	QUIXIN	
moxifloxacin hcl 0.5 % ophth soln	Generic Preferred	VIGAMOX	
moxifloxacin hcl (2x day) 0.5 % ophth soln	Generic Preferred	MOXEZA	
ofloxacin 0.3 % ophth soln	Generic Preferred	OCUFLOX	
tobramycin 0.3 % ophth soln	Generic Preferred	TOBREX	
OTIC AGENTS - DRUGS TO TREAT EAR CONDITIONS [AGENTES ÓTICOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LOS OÍDOS]			
Otic Agents - Drugs To Treat Ear Conditions [Agentes Óticos - Medicamentos Para Tratar Condiciones De Los Oídos]			
acetic acid 2 % otic soln	Generic Preferred	VOSOL	
ciprofloxacin hcl 0.2 % otic soln	Generic Preferred	CETRAXAL	
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	Generic Preferred	CIPRODEX	
ciprofloxacin-fluocinolone pf 0.3-0.025 % otic soln	Generic Preferred	OTOVEL	
CORTIC-ND 10-10-1 mg/ml otic soln	Brand Preferred		
exotic-hc 10-10-1 mg/ml otic soln	Generic Preferred		
FLAC 0.01 % otic oil	Generic Preferred		
fluocinolone acetonide 0.01 % otic oil	Generic Preferred	DERMOTIC	
hydrocortisone-acetic acid 1-2 % otic soln	Generic Preferred	VOSOL HC	
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp	Generic Preferred	CORTISPORIN	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
ofloxacin 0.3 % otic soln	Generic Preferred	FLOXIN	
PRAMOTIC 1-0.1 % otic liq	Brand Preferred		
RESPIRATORY TRACT/PULMONARY AGENTS - DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR - MEDICAMENTOS PARA TRATAR ALERGIAS, TOS, RESFRIADO, Y CONDICIONES DEL PULMÓN]			
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/lung Drugs [Antiinflamatorios, Corticosteroides Inhalados - Medicamentos Para Asma/Pulmón]			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	Brand Preferred		QL(30 / 30)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp, 1 mg/2ml inh susp	Generic Preferred	PULMICORT	QL(120 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	Generic Preferred	NASALIDE	
fluticasone propionate 50 mcg/act nasal susp	Generic Preferred	FLONASE	
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	Generic Preferred	ADVAIR DISKUS	QL(60 / 30)
mometasone furoate 50 mcg/act nasal susp	Generic Preferred	NASONEX	
PULMICORT FLEXHALER 180 mcg/act inh aer pwdr br act, 90 mcg/act inh aer pwdr br act	Brand Preferred		QL(1 / 30)
QVAR REDIHALER 40 mcg/act inh aer br act, 80 mcg/act inh aer br act	Brand Preferred		QL(21.2 / 30)
Antihistamines - Drugs To Treat Allergies [Antihistamínicos - Medicamentos Para Tratar Alergias]			
azelastine hcl 0.1 % nasal soln, 137 mcg/spray nasal soln	Generic Preferred	ASTELIN	
azelastine hcl 0.15 % nasal soln	Generic Preferred	ASTEPRO	
azelastine-fluticasone 137-50 mcg/act nasal susp	Generic Preferred	DYMISTA	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
carbinoxamine maleate 6 mg tab	Generic Preferred		
carbinoxamine maleate 4 mg tab	Generic Preferred	CLISTIN	
carbinoxamine maleate 4 mg/5ml soln	Generic Preferred	CLISTIN	
cetirizine hcl 1 mg/ml soln, 5 mg/5ml soln	Generic Preferred	ZYRTEC	
clemastine fumarate 2.68 mg tab	Generic Preferred	TAVIST	
cyproheptadine hcl 4 mg tab	Generic Preferred	PERIACTIN	
cyproheptadine hcl 2 mg/5ml syr	Generic Preferred	PERIACTIN	
desloratadine 5 mg tab	Generic Preferred	CLARINEX	
diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln	Generic Preferred	BENADRYL	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	Generic Preferred	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	Generic Preferred	ATARAX	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	Generic Preferred	VISTARIL	
levocetirizine dihydrochloride 5 mg tab	Generic Preferred	XYZAL	
levocetirizine dihydrochloride 2.5 mg/5ml soln	Generic Preferred	XYZAL	
olopatadine hcl 0.6 % nasal soln	Generic Preferred	PATANASE	
Antileukotrienes - Asthma/Lung Drugs [Antileucotrienos - Medicamentos Para Asma/Pulmón]			
montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew	Generic Preferred	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	Generic Preferred	ACCOLATE	
zileuton er 600 mg tab er 12 hr	Generic Preferred	ZYFLO CR	
Bronchodilators, Anticholinergic - Asthma/lung Drugs [Broncodilatadores, Anticolinérgicos - Medicamentos Para Asma/Pulmón]			

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	Brand Preferred		QL(4 / 30)
ipratropium bromide 0.03 % nasal soln, 0.06 % nasal soln	Generic Preferred	ATROVENT	
ipratropium bromide 0.02 % inh soln	Generic Preferred	ATROVENT	QL(360 / 30)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	Generic Preferred	DUONEB	QL(360 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	Brand Preferred		QL(4 / 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	Generic Preferred		
roflumilast 250 mcg tab, 500 mcg tab	Generic Preferred	DALIRESP	PA
theophylline 80 mg/15ml oral elix, 80 mg/15ml soln	Generic Preferred		
theophylline er 300 mg tab er 12 hr, 450 mg tab er 12 hr	Generic Preferred	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	Generic Preferred	UNIPHYL	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs [Broncodilatadores, Simpatomiméticos - Medicamentos Para Asma/Pulmón]			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	Generic Preferred	ACCUNEB	QL(540 / 30)
albuterol sulfate 2 mg tab, 4 mg tab	Generic Preferred	PROVENTIL	
albuterol sulfate 2 mg/5ml syr	Generic Preferred	PROVENTIL	
albuterol sulfate (5 MG/ML) 0.5% inh neb soln	Generic Preferred	PROVENTIL	QL(60 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	Generic Preferred	PROVENTIL	QL(540 / 30)
albuterol sulfate er 4 mg tab er 12 hr, 8 mg tab er 12 hr	Generic Preferred	VOSPIRE ER	
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	Generic Preferred	PROAIR HFA	QL(18 / 30)

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
arformoterol tartrate 15 mcg/2ml inh neb soln	Generic Preferred	BROVANA	QL(60 / 30)
epinephrine 0.15 mg/0.15ml inj soln auto-inj, 0.3 mg/0.3ml inj soln auto-inj	Generic Preferred	ADRENACLICK	QL(2 / 365)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	Generic Preferred	EPIPEN JR	QL(2 / 365)
epinephrine (anaphylaxis) 1 mg/ml inj soln	Generic Preferred		QL(2 / 365)
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	Generic Preferred	ADVAIR DISKUS	QL(60 / 30)
formoterol fumarate 20 mcg/2ml inh neb soln	Generic Preferred	PERFOROMIST	QL(60 / 30)
levalbuterol hcl 1.25 mg/0.5ml inh neb soln	Generic Preferred	XOPENEX	QL(60 / 30)
levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	Generic Preferred	XOPENEX	QL(252 / 28)
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	Brand Preferred		QL(60 / 30)
terbutaline sulfate 2.5 mg tab, 5 mg tab	Generic Preferred	BRETHINE	
terbutaline sulfate 1 mg/ml inj soln	Generic Preferred	BRETHINE	
TRELEGY ELLIPTA 200-62.5-25 mcg/act inh aer pwdr br act	Brand Preferred		QL(60 / 30)
Mast Cell Stabilizers - Drugs For The Lungs [Estabilizadores De Los Mastocitos - Medicamentos Para Los Pulmones]			
cromolyn sodium 20 mg/2ml inh neb soln	Generic Preferred	INTAL	QL(240 / 30)
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	Specialty Preferred		PA
ambrisentan 10 mg tab, 5 mg tab	Specialty Preferred	LETAIRIS	PA
bosentan 125 mg tab, 62.5 mg tab	Specialty Preferred	TRACLEER	PA

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

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
epoprostenol sodium 0.5 mg iv soln, 1.5 mg iv soln	Specialty Preferred	FLOLAN	PA
nifedipine 10 mg cap, 20 mg cap	Generic Preferred	PROCARDIA	
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	Generic Preferred	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	Generic Preferred	PROCARDIA XL	
OPSUMIT 10 mg tab	Specialty Preferred		PA
sildenafil citrate 20 mg tab	Specialty Preferred	REVATIO	PA
tadalafil (pah) 20 mg tab	Specialty Preferred	ADCIRCA	PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs [Agentes Del Tracto Respiratorio, Otros - Medicamentos Para Asma/Pulmón]			
acetylcysteine 10 % inh soln, 20 % inh soln	Generic Preferred	MUCOMYST	
ADVAIR HFA 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	Brand Preferred		QL(12 / 30)
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	Brand Preferred		QL(60 / 30)
benzonatate 100 mg cap, 200 mg cap	Generic Preferred	TESSALON	
benzonatate 150 mg cap	Generic Preferred	ZONATUSS	
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	Brand Preferred		QL(60 / 30)
epinephrine hcl (nasal) 0.1 % nasal soln	Generic Preferred		
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	Generic Preferred	ADVAIR DISKUS	QL(60 / 30)
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp er	Generic Preferred	TUSSIONEX PENNKINETIC ER	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
hydromet 5-1.5 mg/5ml soln	Generic Preferred	HYCODAN	
NEBUSAL 3 % inh neb soln	Generic Preferred		
promethazine-codeine 6.25-10 mg/5ml soln, 6.25-10 mg/5ml syr	Generic Preferred		AL
promethazine-dm 6.25-15 mg/5ml syr	Generic Preferred		
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syr	Generic Preferred		AL
promethazine-phenylephrine 6.25-5 mg/5ml syr	Generic Preferred	PHENERGAN VC	
pseudoeph-bromphen-dm 30-2-10 mg/5ml syr	Generic Preferred		
PULMOSAL 7 % inh neb soln	Generic Preferred		
ribavirin 6 gm inh soln	Specialty Preferred	VIRAZOLE	PA
sodium chloride 0.9 % inh neb soln, 10 % inh neb soln, 3 % inh neb soln	Generic Preferred		
sodium chloride 7 % inh neb soln	Generic Preferred	HYPERSAL	
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	Brand Preferred		QL(4 / 30)
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	Brand Preferred		
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	Brand Preferred		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	Generic Preferred		QL(60 / 30)
Cystic Fibrosis Agents - Drugs To Treat Cystic Fibrosis [Agentes Para La Fibrosis Quística - Medicamentos Para Tratar La Fibrosis Quística]			
tobramycin 300 mg/5ml inh neb soln	Specialty Preferred	TOBI	PA

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
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	Generic Preferred	SOMA	
carisoprodol-aspirin 200-325 mg tab	Generic Preferred	SOMA	
chlorzoxazone 500 mg tab	Generic Preferred	PARAFON FORTE	
cyclobenzaprine hcl 7.5 mg tab	Generic Preferred	FEXMID	
cyclobenzaprine hcl 10 mg tab, 5 mg tab	Generic Preferred	FLEXERIL	
metaxalone 400 mg tab, 800 mg tab	Generic Preferred	SKELAXIN	
methocarbamol 500 mg tab, 750 mg tab	Generic Preferred	ROBAXIN	
orphenadrine citrate er 100 mg tab er 12 hr	Generic Preferred	NORFLEX	
SLEEP DISORDER AGENTS - DRUGS FOR SEDATION AND SLEEP [AGENTES PARA TRASTORNOS DEL SUEÑO - MEDICAMENTOS PARA LA SEDACIÓN Y EL SUEÑO]			
GABA Receptor Modulators - Drugs For Sleeping [Moduladores Del Receptor De GABA - Medicamentos Para Dormir]			
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	Generic Preferred	LUNESTA	
flurazepam hcl 15 mg cap, 30 mg cap	Generic Preferred	DALMANE	
temazepam 15 mg cap, 22.5 mg cap, 30 mg cap, 7.5 mg cap	Generic Preferred	RESTORIL	
triazolam 0.125 mg tab, 0.25 mg tab	Generic Preferred	HALCION	
zaleplon 10 mg cap, 5 mg cap	Generic Preferred	SONATA	
zolpidem tartrate 10 mg tab, 5 mg tab	Generic Preferred	AMBIEN	
zolpidem tartrate 1.75 mg tab subl, 3.5 mg tab subl	Generic Preferred	INTERMEZZO	
zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er	Generic Preferred	AMBIEN CR	

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
Sleep Disorders, Other - Drugs For Sleeping [Desórdenes Del Sueño, Otros - Medicamentos Para Dormir]			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	Generic Preferred	NUVIGIL	PA, SL
doxepin hcl 3 mg tab, 6 mg tab	Generic Preferred	SILENOR	
modafinil 100 mg tab, 200 mg tab	Generic Preferred	PROVIGIL	PA, SL
ramelteon 8 mg tab	Generic Preferred	ROZEREM	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES [NUTRIENTES TERAPÉUTICOS/MINERALES/ELECTROLITO]			
Electrolyte/Mineral/Metal Modifiers [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
deferasirox 180 mg tab, 360 mg tab, 90 mg tab	Specialty Preferred	JADENU	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	Specialty Preferred	JADENU SPRINKLE	PA
deferiprone 500 mg tab	Specialty Preferred	FERRIPROX	PA
KIONEX 15 gm/60ml susp	Generic Preferred		
sodium polystyrene sulfonate oral pwdr	Generic Preferred	KAYEXALATE	
sodium polystyrene sulfonate 15 gm/60ml susp	Generic Preferred	SPS	
Electrolyte/Mineral Replacement - Vitamin, Mineral And Body Fluid Deficiency Drugs [Reemplazo De Electrolitos/Minerales - Medicamentos Para Deficiencia De Vitaminas, Minerales Y Fluidos Corporales]			
cyanocobalamin 1000 mcg/ml inj soln	Generic Preferred		
EFFER-K 25 meq tab eff	Generic Preferred		
folic acid 5 mg/ml inj soln	Generic Preferred		
folic acid 1 mg tab	Generic Preferred		
KLOR-CON 20 meq pckt, 8 meq tab er	Generic Preferred		
KLOR-CON 10 10 meq tab er	Generic Preferred		

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
KLOR-CON M10 10 meq tab er	Generic Preferred		
KLOR-CON M15 15 meq tab er	Generic Preferred		
KLOR-CON M20 20 meq tab er	Generic Preferred		
KLOR-CON SPRINKLE 10 meq cap er, 8 meq cap er	Generic Preferred		
KLOR-CON/EF 25 meq tab eff	Generic Preferred		
K-PRIME 25 meq tab eff	Generic Preferred		
na ferric gluc cplx in sucrose 12.5 mg/ml iv soln	Generic Preferred	FERRLECIT	
PHOSPHA 250 NEUTRAL 155-852-130 mg tab	Generic Preferred		
phosphorous 155-852-130 mg tab	Generic Preferred		
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 mg tab	Generic Preferred		
potassium chloride 20 meq pckt	Generic Preferred		
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	Generic Preferred	K-SOL	
potassium chloride crys er 10 meq tab er	Generic Preferred		
potassium chloride crys er 15 meq tab er, 20 meq tab er	Generic Preferred	KLOR-CON	
potassium chloride er 20 meq tab er	Generic Preferred	K-TAB	
potassium chloride er 10 meq tab er, 8 meq tab er	Generic Preferred	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	Generic Preferred	MICRO-K	
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	Generic Preferred	UROCIT-K	
potassium citrate-citric acid 1100-334 mg/5ml soln	Generic Preferred		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits[1] [Requisitos/Límites]
sod citrate-citric acid 500-334 mg/5ml soln	Generic Preferred	SHOHLS MODIFIED	
TARON-CRYSTALS 3300-1002 mg pckt	Generic Preferred		
MISCELLANEOUS THERAPEUTIC AGENTS [MISCELLANEOUS THERAPEUTIC AGENTS]			
Miscellaneous Therapeutic Agents [Miscellaneous Therapeutic Agents]			
deferoxamine mesylate 2 gm inj soln, 500 mg inj soln	Specialty Preferred	DESFERAL	PA
levocarnitine 330 mg tab	Generic Preferred	CARNITOR	
levocarnitine 1 gm/10ml soln	Generic Preferred	CARNITOR	
METHERGINE 0.2 mg tab	Generic Preferred		
methylergonovine maleate 0.2 mg tab	Generic Preferred	METHERGINE	
potassium iodide 1 gm/ml soln	Generic Preferred		

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

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

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

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)	
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)	
tamoxifen citrate oral tablet 10 mg, 20 mg	PA

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Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)	
raloxifene hcl oral tablet 60 mg	PA
Contraceptive Methods (Métodos Anticonceptivos)	
Cervical Cap (Cápsula Cervical)	
FEMCAP CERVICAL CAP 22MM, 26MM, 30MM	QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)	
PARAGARD INTRAUTERINE COPPER	QL (1EA per 3650 days)
Diaphragm (Diafragma)	
CAYA VAGINAL DIAPHRAGM	QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
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	
levonorgestrel oral tablet 1.5 mg	
MY WAY ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
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 ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AYUNA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)

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

KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)

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

TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	QL (28 tablets per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) [Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo)]	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
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)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
NORA-BE ORAL TABLET 0.35 MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%	QL (24 applicators per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30 MG	

Vaginal Ring (Anillo Vaginal)	
Etonogestrel-Ethinyl Estradiol Vaginal Ring	QL (1EA per 28 days)
EluRyng Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 0.275 (0.125 F) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 F) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)
Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral liquid 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral solution 75 (15 Fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
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.
Colorectal Cancer Screening (Detección de Cáncer Colorrectal)	
Laxatives (Laxantes)	
gavilyte-c oral solution reconstituted 240 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-g oral solution reconstituted 236 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-n oral solution reconstituted 420 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)

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

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
omeprazole-sodium bicarbonate 20-1100 mg cap	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	

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

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
esomeprazole magnesium 20 mg cap dr	NEXIUM
lansoprazole 15 mg cap dr	PREVACID
omeprazole 20 mg tab dr	PRILOSEC
omeprazole magnesium 20.6 (20 Base) mg cap dr	PRILOSEC
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]	
ALAWAY 0.025 % ophth soln	
ketotifen fumarate 0.025 % ophth soln	ZADITOR
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew	ZYRTEC
cetirizine hcl allergy child 5 mg/5ml soln	ZYRTEC
cetirizine hcl childrens 1 mg/ml soln	ZYRTEC
fexofenadine hcl 180 mg tab, 60 mg tab	ALLEGRA
fexofenadine hcl childrens 30 mg/5ml susp	ALLEGRA CHILDREN
levocetirizine dihydrochloride 5 mg tab	XYZAL
loratadine 10 mg cap, 10 mg tab	CLARITIN
loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr	CLARITIN CHILDREN
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
budesonide 32 mcg/act nasal susp	RHINOCORT
fluticasone propionate 50 mcg/act nasal susp	FLONASE
triamcinolone acetonide 55 mcg/act nasal aer	NASACORT
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr	ZYRTEC-D
fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr	ALLEGRA-D
loratadine-d 12hr 5-120 mg tab er 12 hr	CLARITIN D-12
loratadine-d 24hr 10-240 mg tab er 24 hr	CLARITIN D-24

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

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist 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.)	
ADAPALENE	Dermatólogo, Dermatólogo Pediatrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
ADAPALENE-BENZOYL PEROXIDE	Dermatólogo, Dermatólogo Pediatrico, Pediatra / Dermatologist, Pediatric Dermatologist, Pediatrician
AMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE SULFATE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AMPHETAMINE-DEXTROAMPHETAMINE /AMPHETAMINE-DEXTROAMPHETAMINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ARMODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AVITA	Dermatólogo, Pediatra / Dermatologist, Pediatrician
AZATHIOPRINE	Dermatólogo, Gastroenterólogo, Nefrólogo, Neumólogo, Reumatólogo / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist
CLONIDINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
CRESEMBA	Infectólogo / Infectologist
DEXMETHYLPHENIDATE HCL /DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

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Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
DEXTROAMPHETAMINE SULFATE /DEXTROAMPHETAMINE SULFATE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ENTRESTO	Internista, Cardiólogo / Internal Medicine, Cardiologist
GUANFACINE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
LACOSAMIDE	Neurólogo, Neurólogo Pediátrico / Neurologist, Pediatric Neurologist
METHAMPHETAMINE	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METHOTREXATE SODIUM	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo, / Rheumatologist, Pediatric Neurologist, Gastroenterologist
METHYLPHENIDATE HCL ER (CD)/ METHYLPHENIDATE HCL ER (LA)/ METHYLPHENIDATE HCL ER (XR)/ METHYLPHENIDATE HCL ER / METHYLPHENIDATE HCL	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
MODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist
MYCOPHENOLATE MOFETIL	Reumatólogo, Reumatólogo Pediátrico, Gastroenterólogo Pediátrico / Rheumatologist, Pediatric Rheumatologist, Pediatric Gastroenterologist
QUILLICHEW ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
QUILLIVANT XR	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
TADALAFIL	Urólogo / Urologist
TRETINOIN TOPICAL	Dermatólogo, Pediatra / Dermatologist, Pediatrician
VORICONAZOLE	Infectólogo, Hematólogo – Oncólogo, Intensivista, Pediatra / Infectologist, Hematologist – Oncologist, Intensivist, Pediatrician
ZENZEDI	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pedriatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist

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

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

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

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Domingos *Sunday*	11:00 a.m. - 5:00 p.m.

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